

Bacon Road Medical Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	10

Detailed findings from this inspection

Our inspection team	11
Background to Bacon Road Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bacon Road practice on 8 December 2015. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, and addressed but there had been a 6 month lapse in the review process. Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw one area of outstanding practice:

- The practice was a training and a teaching practice and had two GP trainees (registrar) at the time of our inspection. The trainee GPs received daily allocated debrief sessions with the GPs. It also facilitated medical training for the local University of East Anglia. The practice had its own training hub to facilitate training sessions.

The areas where the provider must make improvement are:

Summary of findings

- Ensure legionella testing is undertaken and implement the necessary actions resulting from the legionella risk assessment.

The areas where the provider should make improvement are:

- Ensure minutes of meetings are recorded appropriately with any resulting actions being recorded and allocated.

- Ensure policies and procedures are reviewed and kept up to date.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events but the review process had not been robust between April and November 2015.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example, for legionella risk assessment.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice in line with others for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. Several of these policies were overdue a review but were recognised as such with a plan in place to address this.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for recognising notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active but virtual.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice was a training and a teaching practice.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better compared to the CCG and national average. With the practice achieving 95.3%, this was 6.7% above the CCG average and 6.1% above the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



Summary of findings

- The practice had a comprehensive cervical screening programme. The practice's percentage of patients receiving the intervention was 77 %, which was above the CCG average by 1.8% and above the England average by 0.3%. Non attending patients were followed up with letters and via the telephone.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice carried out annual health checks for people with a learning disability and 29 out of 55 of these patients had received a review since April 2015.
- The practice worked closely with local services, which facilitated a stimulating environment for learning disability patients on referral from the practice.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had 46 registered
- 34 of 64 mental health patients had a care review recorded since April 2015.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing generally in line with the national and Clinical Commissioning Group (CCG) averages. There were 286 surveys sent out and 108 responses which was a response rate of 38%.

- 47% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 61% and a national average of 60%.
- 93% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 92% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 82% describe their experience of making an appointment as good compared with a CCG average of 74% and a national average of 73%.

- 53% feel they don't normally have to wait too long to be seen compared with a CCG average of 58% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 8 comment cards, of which seven were positive. One was negative around lack of compassion over the phone and around waiting times and these not being communicated effectively. All the other cards contained comments around the skills of the staff, the cleanliness of the practice, the treatment provided by the GPs and nurses, the helpfulness of staff and the way staff interacted with patients.

Comments on the cards referring to the practice included terms such as “nurses and doctors are all great and friendly”, “respectful and informative” and there was specific mention regarding children being seen quickly.

Areas for improvement

Action the service **MUST** take to improve

- Ensure legionella testing is undertaken and implement the necessary actions resulting from the legionella risk assessment.

Action the service **SHOULD** take to improve

- Ensure minutes of meetings are recorded appropriately with any resulting actions being recorded and allocated.
- Ensure policies and procedures are reviewed and kept up to date.

Outstanding practice

- The practice was a training and a teaching practice and had two GP trainees (registrar) at the time of our inspection. The trainee GPs received daily allocated

debrief sessions with the GPs. It also facilitated medical training for the local University of East Anglia. The practice had its own training hub to facilitate training sessions.

Bacon Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Bacon Road Medical Centre

The Bacon Road practice is situated in Norwich, Norfolk. The practice provides services for approximately 4700 patients. The practice holds a General Medical Services (GMS) contract.

According to Public Health England information, the patient population has a slightly higher than average number of patients aged under 18 compared to the practice average across England. It also has slightly higher proportions of patients aged 65 and above compared to the average across England. Income deprivation affecting children and older people is considerably higher than the practice average across England but the overall deprivation across its population is in line with the national average.

The practice has two GP partners, male and female, one female salaried GP and one salaried GP vacancy which was in the process of being filled at the time of our inspection. There are two practice nurses and a health care assistant. The practice also employs a practice manager and a reception/administration and secretarial team.

The Bacon Road practice is a training and a teaching practice and had two GP trainees (registrar) at the time of our inspection and facilitates training for the local University of East Anglia.

The practice's opening times at the time of the inspection were 08:00 to 13:00 and 14:00 to 18:00 Monday to Friday with early extended hours from 07:00 on Tuesday and late extended opening to 19:15 on Thursday.

Appointments with GPs can be booked six weeks ahead (these are made by the GP directly with the patient following an initial telephone consultation) and with nurses or midwives eight weeks ahead. The practice has opted out of providing GP services to patients outside of normal working hours such as nights and weekends. During these times GP services are provided by IC24.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 December 2015. During our visit we:

Detailed findings

- Spoke with a range of staff (including GPs, nurses, reception, administration and managerial staff) and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an open, transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and an incident form was available on the practice's computer system.

Records and discussions with GPs identified that there was consistency in how significant events were recorded, analysed, reflected on and actions taken to improve the quality and safety of the service provided. The practice carried out an analysis of the significant events which included specific action and learning points. However, there had been a lapse in the review of significant events between April and November 2015. Although significant events had still been dealt with during this period, there had been no reviews, for example during meetings. The GPs explained that this was due to a change of practice manager with associated changes in the operational setup. We saw evidence that following November 2015 the practice had reinstated the review process to be undertaken every six weeks and that the reviews previously not undertaken had been addressed.

We reviewed safety records, significant event summaries for the current and the previous year and minutes of meetings where these were discussed. We found that minutes of meetings were not always recorded, providing a lack of evidence that learning from events had been shared to make sure action was taken to improve safety in the practice. However when we spoke with staff they were able to express an understanding of the current status of events.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The information was monitored by designated members of staff and shared with other staff electronically and during fortnightly educational meetings. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Safeguarding children and vulnerable adults' policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy team to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there was a system in place to monitor and track their use.
- Recruitment checks were carried out and staff files we reviewed showed that appropriate recruitment checks

Are services safe?

had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- The practice did not have a legionella risk assessment or certification in place at the time of our inspection, when we raised this with the practice they acted immediately and arranged for this to be done promptly after our inspection. We saw evidence this was acted on immediately.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Reception staff had the ability to cross over into each other's roles.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the reception area. Staff we spoke with knew of its location. The practice had a defibrillator available on the premises and oxygen with masks. All the medicines we checked were in date and fit for use.

The practice had up to date fire risk assessments and regular fire related tests were carried out.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included an arrangement with a local practice for relocating refrigerated supplies in the case of a power failure.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF - is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions e.g. diabetes and implementing preventative measures. The results are published annually). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. In 2014/2015 the practice achieved 99.1% of the total number of points available, which was above the national average of 93.5% and the local average of 97.0%. The practice reported 9.9% exception reporting (below CCG and above national average). Data from 2014/2015 showed:

- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, dementia, depression, epilepsy, heart failure, hypertension, learning disability, osteoporosis: secondary prevention of fragility fractures, palliative care, peripheral arterial disease, rheumatoid arthritis, secondary prevention of coronary heart disease and stroke and transient ischaemic attack were better or the same in comparison to the CCG and national averages with the practice achieving 100% across each indicator.
- Performance for diabetes related indicators was better compared to the CCG and national average. With the practice achieving 95.3%, this was 6.7% above the CCG average and 6.1% above the national average.
- Performance for mental health related indicators was 96.2% which was 1 percentage point above the CCG average and 3.4% above the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We discussed a number of clinical audits with the GPs on the day of the inspection. We were shown evidence of two clinical audits with two completed audit cycles where the improvements made were implemented and monitored. For example, a cervical smear taking audit and a leukopenia audit. The latter was undertaken following a clinical event connected with Olanzapine prescribing. As a result a change in practice had taken place involving more structural blood sample tests. On a re-audit a significant improvement had occurred in the prescribing process.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed members of staff that covered topics such as health and safety, confidentiality and organisation rules. This included an induction day with the practice manager and role specific induction. Staff underwent a six month probation period which included completion of mandatory e-learning. We spoke with a member of staff who was in their probation period and felt well supported and guided in her new role. They also mentioned the practice had proactively taken on their idea for development of patient communication.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to, and made use of, e-learning training modules, in-house and external training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of their capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Supporting patients to live healthier lives

Patients who might be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers and those at risk of developing a long-term condition. Patients were then signposted to the relevant service.

- The practice had a comprehensive cervical screening programme. The practice's percentage of patients receiving the intervention was 77 %, which was above the CCG average by 1.8% and above the England average by 0.3%. Patients that had not attended for a screening appointment were followed up with letters and via the telephone.
- Flu vaccination rates for September 2013 up to, and including January 2014 for the over 65s were 79.9% compared to the national average of 73.2%; and at risk groups 59.8% compared to the national average of 52.3%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Where abnormalities or risk factors were identified, the practice informed us that appropriate follow-ups on the outcomes of health assessments and checks were made. Only six patients had received their health check out of a potential 1834 patients. However, the practice was looking to actively invite patients in for this service in 2016 when additional nursing time would be introduced. These additional hours would include Tuesday morning extended hours slots to enable those working to also attend.
- Out of 1126 eligible patients, 1013 had their smoking status assessed. Of these 75.4% were offered support which was provided by an external service.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 8 comment cards, of which seven were positive. One was negative around lack of compassion over the phone and around waiting times and these not being communicated effectively. All the other cards contained comments around good care that was received and the caring and understanding nature of all staff.

We spoke with two members of the patient participation group (PPG), which was virtual, meaning contact between the PPG and the practice was mostly electronically rather than face to face. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They said that patients were treated in an age appropriate way and that their needs for care were met.

Results from the national GP patient survey showed patients were happy with how they were treated. The practice performed generally in line with the average for its satisfaction scores on consultations with doctors and nurses. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 84% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%

- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- 88% said the nurse gave them enough time compared to the CCG average of 91% and national average of 92%.
- 88% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with and comment cards we reviewed indicated health issues were discussed with patients and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to, supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with the local and national averages, for example:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%.

Patient and carer support to cope emotionally with care and treatment

Information in the patient waiting rooms told patients how to access a number of support groups and organisations. The practice had two information screens in the waiting room as well as ample information leaflets and posters directing patients to a variety of support groups if required.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 80 patients on the practice list had been identified as carers and were being supported, for example, by offering health checks, extended appointments if required and referral for organisations such as social

Are services caring?

services for support. 106 patients were identified as being cared for. Written information was available for carers to ensure they understood the various avenues of support available in the practice's waiting room and on their website. There was a dedicated staff member who dealt with all carer related administration matters.

Staff told us that if patients had suffered bereavement, their usual GP contacted them either in person or via the phone. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice worked with the local Norwich Practices Ltd (a Norwich based group of GPs and medical professionals that claim to 'work with the NHS and local partners to improve the health of the local community by developing and delivering first class health care services') to plan services and to improve outcomes for patients in the area.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care.

- Online appointment booking and prescription ordering was available for patients, with access to basic medical records planned to be in place by March 2016.
- There were longer appointments available for carers, patients with a learning disability or patients who needed a translation service; or for any other patient that required this.
- Home visits were available for older patients or patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice offered extended opening times on Tuesday morning and Thursday evening for working patients who could not attend during normal opening hours.
- Telephone consultations were available for patients that chose to use this service.
- Flexible appointments were available rather than set clinic times. For example, for asthma or diabetic focussed consultations.
- There were disabled facilities and translation services available, with level patient access throughout the practice.
- All clinical rooms had wide door frames and large rooms with space for wheelchairs and prams/pushchairs to manoeuvre.
- A notice in the waiting room indicated arrangements for breast feeding mothers if this was required.
- A midwife held clinics at the practice on a weekly basis.

- The practice hosted the Norfolk Recovery Partnership on a weekly basis for patients who required their support.
- Staff told us that translation services were available for patients who did not have English as a first language. The receptionist and the website informed patients this service was available. The practice's login screen in the waiting room could be used in four different languages.

Access to the service

The practice's opening times at the time of the inspection were 08:00 to 13:00 and 14:00 to 18:00 Monday to Friday with early extended hours from 07:00 on Tuesday and late extended hours to 19:15 on Thursday. The extended hours' appointments were available with a male or female GP. The practice was introducing Tuesday morning phlebotomy clinics as of January 2016.

Appointments with GPs could be booked six weeks ahead and with nurses or midwives eight weeks ahead. The practice had opted out of providing GP services to patients outside of normal working hours such as nights and weekends. During these times GP services were provided by IC24.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was generally in line with the local and national averages. For example:

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 86% patients said they could get through easily to the surgery by phone compared to the CCG average of 73% and national average of 73%.
- 82% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 61% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints' policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the

Are services responsive to people's needs? (for example, to feedback?)

practice. A policy explained how patients could make a complaint and included the timescales for acknowledgement and completion. The process included an apology when appropriate and whether learning opportunities had been identified.

We reviewed a log of complaints received in the last 12 months, this included three complaints, raised verbally and written. When we reviewed the summary we noticed that one appropriate complaint was raised as significant events.

Records showed complaints had been dealt with in a timely way. If a satisfactory outcome could not be achieved, information was provided to patients about other external organisations that could be contacted to escalate any issues.

We saw that information was available to help patients understand the complaints system for example information was available on the practice website and leaflets were available at the front desk.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a vision to deliver and promote principles of high quality and evidence-based care, and preserving consistency for patients. The practice had a robust strategy and supporting business plans which reflected the vision and values.

The objectives included:

- 'A provision of a personal service based on continuity of provision of care to registered patients.'
- 'To develop long-term trusting relationships between patients and GPs with a whole-person approach to patient care delivered by highly-trained clinical generalists.'

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and planning and staff were aware of their own roles and responsibilities. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness.
- The practice used clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- The GPs were supported to address their professional development needs for revalidation.
- Staff were supported through appraisals and continued professional development.
- From a review of records including notes from staff meetings, audits, complaints and significant event recording, we saw that information was reviewed to identify areas for improvement and to help ensure that patients received safe, appropriate care and treatments. Although there had been a gap in significant event revision there was evidence of continuous case by case attention with staff involvement.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings. We found that a number of these policies had

not been reviewed for over three years. When we raised this with the practice manager we were informed that this was commenced and on-going since she had joined the practice three months previous.

- There were systems in place to monitor and improve quality and to identify and manage risk.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty with a 'no blame' culture.

The practice manager had joined the practice three months prior to our inspection and explained that many of their plans to improve operations in the practice were still ongoing and not yet all up and running. For example, the introduction of practice meetings was commenced approximately three weeks prior to our inspection. Historically these practice wide meetings were not held.

Staff confirmed this and told us that there was an open culture within the practice but very much welcomed the practice meetings.

Staff told us they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected and valued by the partners in the practice. Staff were involved in discussions about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, the practice produced a quarterly patient newsletter following suggestion, and with input from, from a staff member with journalism credentials.

The practice manager attended monthly practice management meetings with the practice managers of practices within the Norwich Clinical Commissioning Group during which best practices and learning points were shared with other practice managers..

The practice manager also informed us that a staff away day was planned for Spring 2016.

Seeking and acting on feedback from patients, the public and staff

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

The practice encouraged and valued feedback from patients by proactively engaging patients in the delivery of the service. It had gathered feedback from patients through the virtual patient participation group (PPG), the NHS friends and family test and through surveys and complaints received. There was a patient survey available in the waiting room for patients to complete.

We spoke with two members of the PPG who explained they had received good care at the practice and would recommend it to friends and family. They recognised the recent changes in the practice (such as the new practice manager) had led to increased stability following uncertain times. They said that patients were treated in an age appropriate way and that their needs for care were met. They informed us that they were invited to participate in teaching sessions for GPs focussing on their specific care requirements.

The practice manager informed us of their plans to encourage the PPG to meet on face to face basis going forward.

The practice informed us plans were in place to increase community engagement. For example, the training hub facility at the practice was intended to be used as a meeting place for specific patient groups to meet following the closure of a local café where this used to occur.

The practice had a community noticeboard in the foyer available for use by anyone in the community (within the confines of decency).

The practice informed us they regularly invited patients that showed interest (for example those with long term conditions) to the practice to act as example patient for the GPs when they were delivering training to medical students at their training hub.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking to improve outcomes for patients in the area. For example, the practice informed us plans were in place to increase community engagement. For this, the training hub facility at the practice was intended to be used as a meeting location for specific local patient groups to meet following the closure of a local café where this used to occur. The practice planned to tie this in with flu clinics and visits from other organisations that could be informative for these patients.

Staff had opportunities to undertake training sessions at other local practices which promoted cross-practice learning. This also developed staffing resilience across the area with staff from the different practices being able to support each other. The practice was a training and a teaching practice and had two GP trainees (registrar) at the time of our inspection. The trainee GPs received daily allocated debrief sessions with the GPs. It also facilitated medical training for the local University of East Anglia. The practice had its own training hub to facilitate training sessions.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment
Maternity and midwifery services	The practice must carry out checks and/or risk assess for legionella.
Surgical procedures	Regulation 15 HSCA (RA) Regulations 2014 (2) The registered person must, in relation to such premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used.
Treatment of disease, disorder or injury	