Trinity and Bowthorpe Medical Practice

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?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Trinity and Bowthorpe Surgery on 11 September 2015. Overall the practice is rated as good.We found the practice to be safe, effective, caring, responsive to people's needs and well-led. The quality of care experienced by older people, by people with long term conditions and by families, children and young people is good. Working age people, those in vulnerable circumstances and people experiencing poor mental health also receive good quality care.Our key findings were as follows:

- The practice had a good understanding of the needs of the practice population and services were offered to meet these.
- Patients were satisfied with the service and felt they were treated with dignity, care and respect and involved in their care.
- There were systems in place to provide a safe, effective, caring and well run service. Practice staff were kind and caring and treated patients with dignity and respect.
- The practice was safe for both patients and staff. Robust procedures helped to identify risks and where improvements could be made.
- The clinical staff at the practice provided effective consultations, care and treatment in line with recommended guidance.
- The practice had strong visible leadership and staff felt supported by the management and were involved in the vision of providing high quality care and treatment. The practice proactively sought feedback from staff and patients, which it acted on.

We saw areas of outstanding practice:

- All GP partners at the practice undertook sessions with the local out of hours service to ensure continuity of care for the practice patient population.
- The practice continued to provide an unfunded acupuncture service to patients where required.

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?

Good

The practice was safe and is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and report significant events or other incidents. Lessons were learnt and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed and there were effective arrangements to identify and respond to potential abuse. Medicines were managed safely and the practice was clean and hygienic. There were enough staff working at the practice and staff were recruited through processes designed to ensure patients were safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were in line with the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing their mental capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams to ensure patients' needs were met.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Accessible information was provided to help patients understand the care available to them. Staff treated patients with kindness and respect ensuring confidentiality was maintained.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good

Summary of findings

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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. 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. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events. There was a strong focus on continuous learning and improvement at all levels within the 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

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

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. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to co-ordinate and deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the population group of families, children and young people. Staff were effective in identifying potential child abuse and the computerised alert system identified individual patient's risk to enable clinicians to consider issues for consultations with children who were known to be at risk of harm. There was a strong relationship with the Health Visiting service to manage and review risks to vulnerable children. There was a dedicated section on the practice web-site providing detailed information about family health. The community midwife also held ante-natal clinics at the practice. The practice provided a full family planning service including the fitting of contraceptive devices. The practice also provided chlamydia screening. Nationally reported data showed the immunisation rates were comparable to local and national averages for all standard childhood immunisations.

Working age people (including those recently retired and students)

Good

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

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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. The practice offered extended opening hours on Saturdays between 8am and 11am as well as daily telephone consultations. This benefitted people who were unable to attend the practice during working hours.

People whose circumstances may make them vulnerable

Good

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 and those with a learning disability. Of those patients with a learning disability 10.61% had either declined a health check or we were told by the practice were too young for an annual health check. Of those remaining patients on the register we were told 9.9% had received a health check since January 2015. The practice offered longer appointments for people with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. 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)

Good

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 proactively identified patients who may be at risk of developing dementia. The practice were aware of the number of patients they had registered who were suffering from dementia and additional support was offered. This included those with caring responsibilities. A register of dementia patients was being maintained and their condition regularly reviewed through the use of care plans. Patients were referred to specialists and on-going monitoring of their condition took place when they were discharged back to their GP. Annual health checks took place with extended appointment times if required. Patients were signposted to support organisations such as Improving Access to Psychological Therapies and the community psychiatric nurse for provision of counselling and support. Staff had a clear

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understanding of the 2005 Mental Capacity Act and their role in implementing the Act. The practice had a system in place to follow up patients who had attended accident and emergency (A&E) where they might have been experiencing poor mental health. It carried out advance care planning for patients with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015 showed the practice was performing in line with local and national averages. There were 119 responses which represented a response rate of 39%.

- 63% find it easy to get through to this surgery by phone compared with a CCG and national average of 73%.
- 86% find the receptionists at this surgery helpful compared with a CCG and national average of 87%.
- 63% 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%.
- 88% 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%.
- 93% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 69% describe their experience of making an appointment as good compared with a CCG average of 74% and a national average of 73%.
- 71% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG and national average of 65%.
- 61% feel they don't normally have to wait too long to be seen compared with a CCG and 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 38 comment cards which were all very positive about the standard of care received. However seven respondents expressed concerns with the telephone and appointment system. Comments cards also included positive comments about the services available at the practice, the skills of the staff, the treatment provided by the GPs and nurses, the cleanliness of the practice, the support and helpfulness of the staff and the way staff listened to their needs. Patients recorded they were extremely happy with the care and treatment they received.

These findings were also reflected during our conversations with patients during and after our inspection. We spoke with four patients during our inspection and two representatives of the patient participation group. The feedback from patients was extremely positive. Patients told us about the ability to speak or see a GP on the day and where necessary get an appointment when it was convenient for them with the GP of their choice. We were given clear examples of effective communication between the practice and other services. Patients told us they felt the staff respected their privacy and dignity and the GPs, nursing, reception and the management teams were all very approachable and supportive. We were told they felt confident in their care and liked the continuity of care they received at the practice. The patients we spoke with told us they felt their treatment was professional and effective and they were very happy with the service provided. In addition we spoke with visiting health professionals both during and after our inspection whose comments reflected this feedback.

Outstanding practice

- All GP partners at the practice undertook sessions with the local out of hours service to ensure continuity of care for the practice patient population.
- The practice continued to provide an unfunded acupuncture service to patients where required.

Trinity and Bowthorpe Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Trinity and Bowthorpe Medical Practice

Trinity and Bowthorpe Medical Practice, provides general medical services to around 10,257 patients divided between the two sites and living in Bowthorpe, Norwich and the surrounding area. The practice provides general medical services from Trinity Street Surgery, Trinity Street, Norwich and from the branch surgery at Bowthorpe Health Centre, Bowthorpe, Norwich. We visited both surgeries as part of our inspection. The Trinity Street premises has been a GP surgery for approximately 100 years and the Bowthorpe Health Centre premises are purpose built and have recently undergone some extensive redesign and decorating. All treatment and consultation rooms are situated at ground level at both sites. Parking is available at Bowthorpe Medical Practice with level access and automatic doors. However parking is limited at Trinity surgery, with one disabled parking bay at the front of the building and ramp access to the front door. Entrance doors at Trinity were not automatic, however we saw an external doorbell was available for patients to call for assistance should they need support accessing the building and we saw the practice worked closely with the patient participation group to continually review improvements to access and facilities at these premises.

The practice has a team of seven GPs meeting patients' needs. Six GPs are partners, meaning they hold managerial and financial responsibility for the practice. We were told the practice were was also in the process of recruiting a GP. There is a team of two advanced nurse practitioners, three practice nurses, a health care assistant and a receptionist/ phlebotomist who run a variety of appointments for long term conditions, minor illness and family health.

There is a practice manager, two surgery managers, a personal assistant to the practice manager, a nurse administrator, an IT lead and a team of non-clinical administrative, secretarial and reception staff who share a range of roles, some of whom are employed on flexible working arrangements. Community midwives run sessions weekly at the practice.

The practice provides a range of clinics and services, which are detailed in this report, and operates generally between the hours of 8.30am and 6.00pm, Monday to Friday. Appointments are from 8.30am to 11.30am at Bowthorpe Health Centre and 8.30am to 12am at Trinity surgery every morning. Weekly afternoon appointments are available from 3pm to 5.30pm at both Bowthorpe Health Centre and Trinity Surgery daily. Saturday morning 15 minute appointments are available with GPs at Bowthorpe Health Centre from 8am to 11am, with pre-booked telephone consultations from 11am to 1pm. The practices are both open between 8.00am and 6pm Monday to Friday. Both surgeries have an early closing day with each surgery providing cover for emergencies. Trinity surgery closes

Detailed findings

Thursday afternoons from 1pm and Bowthorpe Health Centre closes Wednesday afternoons from 1pm. In addition to pre-bookable appointments which can be booked up to four weeks in advance, urgent appointments are also available for people that needed them.

Outside of these hours, medical care is provided by Integrated Care 24 Limited (IC24). Primary medical services are accessed through the NHS 111 service.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014. 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.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

The inspection team :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC's intelligent monitoring systems.
- Carried out an announced inspection visit on 11 September 2015.
- Spoke with staff and patients.
- Spoke with visiting health professionals.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach by staff and a system in place for reporting and recording significant events. The practice referred to these as 'incidents'. Patients affected by incidents received a timely and sincere apology and were told about any actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. This form contained a risk rating of the incident reoccurring, the consequence of the incident, the outcome from the practice meeting and a six monthly review date. All relevant complaints received by the practice were entered onto the system and automatically treated as an incident. The practice carried out an analysis of the incidents and this also formed part of the GPs' individual revalidation process.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw that, where samples such as blood and urine were taken by the practice, there was a system of double checking patient information on the sample and accompanying paperwork to ensure the correct patient information had been recorded. We saw that where issues had been identified for vulnerable patients with multiple secondary care needs, the multidisciplinary team worked closely to plan and co-ordinate care.

Safety was monitored using information from a range of sources, including national patient safety alerts (NPSA) and the national institute for health and care excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

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 were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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 was displayed in the waiting and treatment rooms, advising 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 check (DBS). (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). Male GPs were available to provide chaperoning for male patients when required.
- 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. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as risk assessments for members of staff who were pregnant, risk assessments for the control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed both premises to be clean and tidy. There was a GP and a practice nurse infection control clinical lead. We saw they 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 regularly undertaken and we saw evidence that action was taken to address any improvements identified. The practice had identified where further actions were required and had put risk assessments in place with planned actions when financially viable. For example where carpets or flooring needed replacing.

Good

Are services safe?

- 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 teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the five staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave and sickness. The rota for the day of the inspection evidenced that staff rostered were on duty as expected.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on both premises and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current 2013/2014 results were 92.8% of the total number of points available, with 8.5% exception reporting. Data from 2013/2014 showed;

- Performance for diabetes related indicators was worse when compared to the Clinical Commissioning Groups (CCG) and national average. With the practice achieving 73.4%, this was 12.6 percentage points below the CCG average and 16.7 percentage points below the national average. It was noted that the practice had a very low exception reporting rate. In addition the practice took part in the national diabetes audit and was awaiting the latest outcome figures for the year 2014 to 2015, to review their performance.
- Performance for asthma, cancer, dementia, depression, epilepsy, heart failure, hypothyroidism, learning disabilities, mental health, osteoporosis and palliative care were better or the same in comparison to the CCG and national averages with the practice achieving 100% across each indicator.
- Performance for hypertension related indicators was 77.7% which was 3.8% below CCG average and 10.7% below national average.
- The dementia diagnosis rate was below 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. There had been 14 clinical audits completed in the last two years, all 14 were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring that male patients taking medicines for erectile dysfunction had an annual review of their health and review of the risk factors for cardiovascular disease. Where audits had taken place these were part of a cycle of re-audit to ensure that any improvements identified had been maintained. The practice worked closely with a senior clinical pharmacist to carry out prescribing audits and develop action plans for continued monitoring.

Information about patient outcomes was used to make improvements, such as ensuring patients at high risk of repeated hospital admissions were regularly monitored and had open access to GP appointments.

Effective staffing

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

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 on-going support during sessions, appraisals, staff meetings, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months and each member of staff had future training needs and plans identified from their appraisal.
- 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 and in-house training.

Good

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people 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, planning and co-ordination of care, support for family and carers and care plans were routinely reviewed and updated. Clinical staff we spoke with told us about the daily clinical meetings/coffee breaks where issues and concerns could be addressed with colleagues, we saw that staff were open about asking for and providing colleagues with advice and support. We were told there was an open invitation to all health teams to attend these meetings and where required non-clinical staff were encouraged to attend to discuss any patient incidents or concerns. Staff we spoke with told us the clinicians and management team were all very approachable and supportive and they were confident they could raise concerns regarding patients with them. We saw that this also took place during clinical meetings and the minutes we reviewed confirmed that this happened.

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 capacity to consent were also carried out in line with relevant guidance. We discussed the process for monitoring consent through records audits to ensure it met the practice responsibilities within legislation and followed relevant national guidance. Following our inspection we saw the practice had put this in place. We saw that 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.

Health promotion and prevention

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, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation, carers and patients suffering bereavement. Patients were then signposted to the relevant service. The practice provided a designated room for the use of other healthcare services and support services; these included a counselling service, optician, hearing aid clinic and a midwifery service. These were available on the premises in addition to smoking cessation advice from a local support group. Patients who may be in need of extra support were identified by the practice.The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 88.93% which was above the national average of 81.89%.There was a policy to offer letter and telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Chlamydia information and screening kits were discreetly positioned and available for patients to help themselves when required.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 66.7% to 95.8% and five year olds from 83.3% to 94.9%. Flu vaccination rates for the over 65s were 73.37% and at risk groups 50.62%. These were also comparable to national averages.

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. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Up to date information on a range of topics and health promotion literature was readily available to patients at the practice and on the practice website. This included information about services to support them in doing this,

Good

Are services effective?

(for example, treatment is effective)

such as smoking cessation and alcohol intake advice. Information for patients who might be suffering domestic abuse was available this included contact information and access to support services. Patients were encouraged to take an interest in their health and to take action to improve and maintain it. This included advising patients on the effects of their life choices on their health and well-being.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that each consultation and treatment room doors at the Bowthorpe surgery had key pad locks. We saw doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed; we were told they could offer them a private room to discuss their needs.All of the 38 patient CQC comment cards we received were very positive about the service experienced. However seven respondents raised concerns about making appointments and appointment availability. Patients said they felt the practice offered a very good service and staff were professional, helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) before the day of our inspection (this is a group of patients registered with the practice who have an interest in the service provided by the practice). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the July 2015 national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was comparable 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 and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.
- 88% 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%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also very positive and aligned with these views.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 and results were in line with local and national averages. For example:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 85% 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%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available and there was information available in over 80 languages through the practice website.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting rooms told patients how to access a number of support groups and organisations.

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 17.3% of the practice list had been identified as carers and were being supported, for example,

Good

Are services caring?

by offering health checks and referral for organisations such as social services for support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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. The practice website provided information on bereavement and signposted patients to support groups and organisations.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice was aware of future challenges, an increase in local dementia housing development had the potential to impact on the provision of services at the practice. There was a possibility of a rapid and unsafe increase in demand from patients who would require a high level of additional support. We were told the practice had liaised with the local CCG to ensure an even and safe distribution of patient services across the area. The practice continually monitored the impact of challenges on the provision of its service.

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

- The practice offered bookable appointments on Saturday mornings from 8.00am until 11am for all patients including patients who could not attend during normal opening hours. In addition these appointments were extended to 15 minute appointments to provide patients with the opportunity to discuss their health care needs.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice worked closely with multidisciplinary teams to improve the quality of service provided to vulnerable and palliative patients. Meetings were minuted and audited and data was referred to the local CCG.
- The practice worked closely with the medicines management team towards a prescribing incentive scheme (a scheme to support practices in the safe reduction of prescribing costs).
- Online appointment booking, prescription ordering and access to basic medical records was available for patients.
- The practice liaised closely with local pharmacies where prescription collection and delivery service were available.
- Text services were available for patients who provided a mobile telephone number. These were used to confirm appointments, send reminders and other practice information to patients.
- Part of the practice ethos included an expectation that all GP partners undertook out of hours sessions to ensure continuity of care to the practice patient population.

Access to the service

The practice was open between 8.25am and 6pm Monday to Friday. Appointments were available from 8.30am to 11.30am at Bowthorpe Health Centre and 8.30am to 12am at Trinity surgery Monday to Friday mornings and 3.00 to 5.30pm at Bowthorpe Health Centre and Trinity Surgery weekdays. Extended hours pre-bookable 15 minute appointments were offered every Saturday morning from 8am to 11am at Bowthorpe Health Centre, with pre-booked telephone consultations from 11am to 1pm.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. Appointments were not available at Bowthorpe Health Centre on Wednesday afternoon; however patients could access appointments at Trinity surgery. In addition Trinity surgery closed on Thursday afternoons and patients could access appointments at Bowthorpe Health Centre.

Results from the July 2015 national GP patient survey showed that patients' satisfaction with how they could access care and treatment was low in comparison to local and national averages. People we spoke with on the day told us they were able to get appointments when they needed them. However of the 38 comment cards we received seven raised concerns at the availability of appointments and accessing the practice through the telephone. Results from the July 2015 national GP patient survey showed that patients' satisfaction with how they could access care and treatment was low in comparison to local and national averages. For example:

- 62% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 63% patients said they could get through easily to the surgery by phone compared to the CCG and national average of 73%.
- 69% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of73%.
- 71% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG 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 practice. The 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. The system included cascading any learning to staff at practice meetings. 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 in the practice and on the practice website, and summary leaflets were available. Some of the patients we spoke with were aware of the process to follow if they wished to make a complaint others told us they would speak with their GP or write to the practice manager.

We looked at a log of 22 complaints received in the last 19 months. Records showed complaints had been dealt with in a timely way and the practice's responses were open and transparent. There was an active review of complaints and where appropriate, and improvements made as a result. Positive feedback from patients was also shared and celebrated among the staff.We saw that where lessons were learnt and individual complaints had been acted on in a timely manner with learning outcomes cascaded to staff within the practice. Patients' comments made on the NHS Choices website were monitored. These were discussed at practice meetings and where changes could be made to improve the service these were put in place.

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 web-site carried their mission statement which was centred on providing the highest quality care and services to patients. This was reflected in the practice's statement of purpose they had submitted to the CQC as part of their registration responsibilities with the principal aim stated as 'To promote the health and wellbeing of the community through providing and developing primary health services'. We were told the practice ethos was to ensure an appropriate work/life balance across the teams with high quality of care for patients. It was evident from our interviews with the management team, the GPs and the staff that the practice had an open and transparent leadership style and that the whole team adopted a philosophy of care that was patient centred and put patient outcomes first.

The GPs, practice manager and the staff we spoke with often referred to the patients as being at the heart of their approach and this demonstrated that all staff had thought about and adopted this key value. Throughout our visit we saw a consistent, kind, caring and compassionate approach to patients that supported this assertion. The practice leadership team were aware of the importance of forward planning to ensure that the quality of the service they provided could continue to develop. The partners were committed to improving primary healthcare and recognised the value of training and research. The practice used clinical audit to monitor the effectiveness of the care and treatment they provided and were a host practice for NHS primary care research initiatives.

The practice provided patients with information about this so that they were aware that they may be contacted to be invited to take part in research projects based at the practice.

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. For example:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- 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 all supported to address their professional development needs for revalidation. Staff were supported through appraisals and continued professional development. The GPs had learnt from incidents and complaints.
- There was a comprehensive list of internal meetings that involved staff both in a formal and informal setting. Patients and procedures were discussed to improve outcomes and these were then shared with an equally comprehensive list of meetings with external stakeholders.
- There were policies and procedures for every aspect of practice business. These included both clinical and administrative areas. Staff we spoke with had a clear working knowledge of them. Practice specific policies were implemented and were available to all staff through the practice intranet and a number of policies were available for patients through the practice website.
- The management team had a comprehensive understanding of the performance of the practice.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had completed reviews of incidents, compliments and complaints. Records showed that regular clinical and non-clinical meetings and audits were carried out as part of their quality improvement process to improve the service and patient care. Completed audit cycles showed that essential changes had been made to improve the quality of the service and to ensure that patients received safe care and treatment. Where audits had taken place these were part of a cycle of re-audit to ensure that any improvements identified had been maintained.

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. We found that the leadership style and culture reflected the practice vision of putting patients first. The partners and the practice manager were open, highly visible and approachable and we learned that an 'open-door' policy existed for all staff to raise issues

Are services well-led?

Good

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

whenever they wished. Staff told us that regular team meetings were held and there was an open culture within the practice. We were told staff felt they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did. Staff told us they were encouraged to contribute their views and to have some ownership of the delivery of the practice vision.

The practice held regular team days were held every three months. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. However we were told not all incidents were shared with all staff. The practice manager told us this was something the practice was working to improve.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys, met with patients at the surgery and at practice patient participation events and submitted proposals for improvements to the practice management team. For example, access to the toilet facilities at the Trinity surgery was limited for people who might have a disability. The practice liaised with patients and sought their advice and as a result were making recommended alterations to the toilet to improve access. Members of the PPG told us the practice encouraged a local pharmacy to attend PPG meetings, and we were told there was an active GP presence at these meetings.The practice had also gathered feedback from staff through staff training days and generally through staff meetings, appraisals and discussions. In addition the practice encouraged staff to complete training feedback forms which were evaluated by the practice management team. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example one member of staff described the changes and development of templates they had created to improve recording of patient information.

Another member of staff described the work they had undertaken to develop the practice website. Staff told us they felt involved, engaged and encouraged to improve how the practice was run.

Innovation

The practice ensured its staff were multi-skilled and had learned to carry out a range of roles. This applied to clinical and non-clinical staff and enabled the practice to maintain its services at all times. Care and treatment provision was based upon relevant national guidance, which was regularly reviewed. Care and treatment provision was based upon relevant national guidance, which was regularly reviewed. The practice team was forward thinking and worked to improve outcomes for patients in the area. The practice was accredited to provide training for students which included foundation year doctors and specialist or general practice training doctors who were training to be qualified as GPs. The practice was a Royal College of General Practitioners/National Institute for Health Research accredited research practice. The practice had also recently applied to participate in the University of East Anglia pharmacy shadowing programme, enabling pharmacy students to spend time with GPs within a primary care setting as part of their training. Some GPs had areas of special clinical interest, for example traditional Chinese medicine and acupuncture which was offered to patients as required despite the practice receiving no funding for this service. One GP partner had gained the 'Member of Royal College of General Practitioners' qualification (MRCGP) while working at the practice, another partner was a longstanding instructor with the Resuscitation Council and was an associate GP trainer at the practice. In addition one GP was active in the Royal College of GPs, and was the president elect for the World Organisation of Family Doctors. One nurse practitioner was a nurse specialist in the management of asthma and chronic pulmonary disease and an independent prescriber, another nurse practitioner had gained a diploma in coronary heart disease prevention and was an independent prescriber. The practice had also introduced work based staff apprenticeships for administration and reception roles.

It was clear to us that clinical staff found the daily informal coffee meetings to be of great benefit. GPs, nurses and, when available, other health professionals attended these and used the opportunity to review referrals and correspondence. GPs attended CCG GP forum meetings.

Are services well-led?

Good

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

The practice had a strong working relationship with the community teams including the district nurses, health visitors, community matron, midwives, and the community mental health teams.