Orchard Surgery

Quality Report

Commercial Road
Dereham
Norfolk
NR19 1AE
Tel: 01362 693029
Website: www.orchardsurgerydereham.co.uk

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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 Orchard Surgery on 22 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- 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 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw two areas of outstanding practice:

- The practice had been recognised as finalists in the National Health Service Journal Efficiency Awards for their work in piloting the South Norfolk Integrated Care Organisation. The benefit of the Integrated Care Organisation is that care is closer to home for patients, with GPs at the centre of care management.
- The practice was involved with local and national research studies, and was recognised within the top 10 practices in the county for their high level of

Summary of findings

research activity. A sample of the research studies the practice engaged with included the prevention of diabetes, the effect of stress on parents and children, and bowel screening participation.

The areas where the provider should make improvement are:

- Ensure that all staff receive timely appraisals.

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 is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- 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.
- Risks to patients were assessed and well managed.

Are services effective?

Good

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.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice above others for several aspects of care.
- Patients we spoke to on the day 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.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

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. For example, the practice had piloted the South Norfolk Integrated Care Project, which focused on primary care being at the centre of care management for older adults. The practice had been recognised as finalists in the National Health Service Journal Efficiency Awards for their work in this area.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually 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.

Are services well-led?

Good

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.
- 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

Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. Furthermore, the practice manager was involved in a project to improve training programmes for staff at local care homes to reduce hospital admissions.
- The practice was involved with local and national research studies, and was recognised within the top 10 practices in the county for their high level of research activity.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice looked after older adults living in seven local care homes, with a dedicated doctor assigned to each home to maintain continuity of care. Feedback from staff working at these care homes was positive.
- The practice contributed to the development of a local Integrated Care Organisation, which provided them with direct access to social workers, community matrons, a community geriatrician and a dementia practitioner. The practice held monthly multidisciplinary team meetings to discuss the case management of patients.
- The practice manager was involved in a project to improve training in local care homes to reduce hospital admissions.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were above local and national averages.
- Flu vaccination uptake for patients aged over 65 was 68%.

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.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2014/2015 showed that performance for diabetes related indicators was 99.9%, which was above the CCG average by 8.2% and above the national average by 10.8%.
- Longer appointments and home visits were available when needed.

Summary of findings

- All of these patients had a named GP and a structured annual review to check their health and medicines needs were being met. There was a robust recall system in place to ensure that patients were invited and attended annual reviews.
- 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.

Families, children and young people

Good

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. Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 76%, this was in line with local and national averages.
- 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)

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 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.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years. The practice was able to refer patients to a health trainer to encourage lifestyle changes.

Summary of findings

- Extended hours appointments were available between 6.30pm and 7.30pm on Mondays. Appointments were also available from 7.30am on Wednesdays.

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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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. For example, the practice worked with a local drug and alcohol misuse support service.
- Patients who were carers were proactively identified and signposted to local carers' groups. Furthermore, the practice had produced information packs to be given to carers.
- 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).

- 99% of patients diagnosed with dementia had received a face to face care review in the last 12 months, which was above the national average.
- 95% of patients experiencing poor mental health had a comprehensive care plan, which was above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- 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.

Summary of findings

- 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.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in January 2016. The results showed the practice was performing below local and national averages in some areas. 248 survey forms were distributed and 118 were returned. This represented a 48% completion rate.

- 56% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 73% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).
- 67% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 78%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. One comment card noted that getting an appointment could be difficult, but the clinical care received was 'excellent'. Patients praised the professionalism and compassion of the staff.

We spoke with seven patients during the inspection. All seven patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients we spoke with felt that the GPs and nurses at the practice 'went the extra mile' for patients.

Orchard Surgery

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 nurse specialist adviser.

Background to Orchard Surgery

Orchard Surgery is a purpose built practice situated in Dereham, Norfolk The practice provides services for approximately 10,500 patients. It holds a General Medical Services contract with South Norfolk CCG.

According to information taken from Public Health England, the patient population has a higher than average number of patients aged over 60 years old in comparison to the practice average across England. The practice is in an area with mixed levels of deprivation.

The practice team consists of seven GPs, a practice manager, a data manager, three practice nurses and three healthcare assistants. It also has teams of reception, administration and secretarial staff. The practice is a teaching practice for medical students and an accredited training practice for GP registrars.

The practice currently operates on a ratio of 2150 patients per GP. The patient list at the practice is currently closed by NHS England due to high demand in the area and low doctor-patient ratio. This means that people moving in to Dereham are allocated a GP surgery in the area by NHS England, rather than directly registering at a practice of their choice.

Orchard Surgery is open from Monday to Friday. It offers appointments from 8.30am to 11am and 4pm to 6pm daily. Extended hours appointments are available between 6.30pm and 7.30pm on Mondays, and from 7.30am on Wednesdays. Out of hours care is provided by the NHS 111 service via 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 22 March 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and family members.

Detailed findings

- 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.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. 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 and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults 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. GPs were trained to Safeguarding level 3 for children.
- 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. The 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 medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice had a system in place to cascade and action Medicine and Healthcare Regulatory Action (MHRA) alerts.
- We reviewed a number of personnel files and found 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 DBS system.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

Good

Are services safe?

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 and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to 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 the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 assessed needs and delivered care 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 keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' 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 used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 100% of the total number of points available, with 13.5% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was 99.9%, which was above the CCG average by 8.2%, and the national average by 10.8%.
- Performance for hypertension related indicators was 100%, which was above the CCG average by 0.3% and the England average by 2.2%. The exception reporting rate for this area 2.7%, which was below local and national averages.
- Performance for mental health related indicators was 100%, which was above the CCG average by 5.4% and the England average by 7.2%. Exception reporting for mental health related indicators was 23.6%, which was above local and national averages. This was discussed with the practice, who explained that they had excluded patients who had no recent history of poor mental health from the QOF target.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Clinical audits demonstrated quality improvement. Clinical audits had been completed in the last year, two of these were completed audits where the improvements made were implemented and monitored. For example, the practice had undertaken an audit to ensure the adequate monitoring of patients who were prescribed amiodarone (a medicine used to treat cardiac arrhythmias).

The practice had made use of the Gold Standards Framework for end of life care. It had a palliative care register and had regular meetings to discuss the care and support needs of patients and their families with all services involved.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It included training on safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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 their 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 revalidating GPs. Most

members of staff had an appraisal undertaken within the past twelve months, and there was a plan in place to ensure that the outstanding appraisals were undertaken.

- 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.

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, 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 ongoing 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

Staff sought patients' consent to care and treatment 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, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- 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. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 77% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer screening. The breast cancer screening rate for the past 36 months was 81% of the target population, which was comparable to the CCG average of 80% and above the national average of 72%. Furthermore, the bowel cancer screening rate for the past 30 months was 66% of the target population, which was comparable to the CCG average of 67% and above the national average of 58%.

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 in 2014/2015 ranged from 94% to 98% and five year olds from 92% to 97%.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff could offer them a private room to discuss their needs.

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven patients and one member of the patient participation group. They told us they were 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 National GP Patient Survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice results were comparable to or above average for satisfaction scores on consultations with GPs and nurses. For example:

- 92% said the GP was good at listening to them, compared to the CCG average of 89% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 87%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 84% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us 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 positive and aligned with these views.

Results from the National GP Patient Survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 89% said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 88% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

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. Furthermore, languages spoken by GPs in the practice included German, Portugese, Tamil, Kannada and Hindi.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room 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. The practice had identified 90 patients as carers. Patients who were carers were signposted to local carers' groups. Furthermore, the practice had produced information packs to be given to carers.

Good

Are services caring?

Staff told us that families who had suffered bereavement were contacted by their usual GP. 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.

Good

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. For example, the practice had piloted the South Norfolk Integrated Care Project, which focused on primary care being at the centre of care management for older adults. The benefit of the Integrated Care Organisation is that care is closer to home for patients, with GPs at the centre of care management. The practice had been recognised as finalists in the National Health Service Journal Efficiency Awards for their work in this area.

- The practice offered a 'Commuter's Clinic' on a Monday evening until 7.30pm, and on a Wednesday morning from 7.30am, for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- The practice looked after older adults living in seven local care homes, with a dedicated doctor assigned to each home to maintain continuity of care.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open from 8am to 6pm. Appointments were available from 8.30am to 12.30pm and 3pm to 5.30pm Monday to Friday. Extended hours appointments were available between 6.30pm and 7.30pm on Mondays, and from 7.30am on Wednesdays. Out of hours care was provided by the NHS 111 service via IC24.

Results from the National GP Patient Survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 63% of patients were satisfied with the practice's opening hours, compared to the CCG average of 70% and national average of 75%.
- 56% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 39% patients said they always or almost always see or speak to the GP they prefer (CCG average 58%, national average 59%).

The practice were aware of these results, and were proactively working to resolve the issues reported by patients. The practice had implemented a new appointment system to reduce the rate of patients not attending pre-booked appointments. The practice were planning to review this system throughout the year, and proactively sought patient feedback on the topic.

People told us on the day of the inspection that they were usually able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective 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.

We saw that information was available to help patients understand the complaints system on the practice's website and in their information leaflet. Information about how to make a complaint was also displayed on the wall in the waiting area. Reception staff showed a good understanding of the complaints' procedure.

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

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 clear vision to deliver high quality care and promote good outcomes for patients. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

There was a proactive approach to succession planning in the practice. The practice had clearly identified potential and actual changes to the practice, and made in-depth consideration to how they would be managed.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had a comprehensive list of policies and procedures in place to govern its activity, which were readily available to all members of staff. We looked at a number of policies and procedures and found that they were up to date and had been reviewed regularly.

There was a clear leadership structure with named members of both clinical and administration staff in lead roles. Staff we spoke with were all clear about 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.

Communication across the practice was structured around key scheduled meetings. Multidisciplinary team meetings were held monthly. We found that the quality of record keeping within the practice was good, with minutes and records required by regulation for the safety of patients being detailed, maintained, up to date and accurate.

There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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 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 knowing about notifiable safety incidents.

There was a clear leadership structure in place and staff felt supported by management. Staff told us that there was an open, non-hierarchical culture within the practice and they had the opportunity to raise any issues at team meetings. 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.

Staff throughout the practice spoke highly of the practice manager, praising their ability to motivate the team and ensure that high standards were maintained. Staff praised their friendly, approachable nature, and told us that they felt very well supported by them.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had an active PPG who held regular meetings at the surgery. In addition to this, the practice had a virtual PPG of approximately 100 patients. We spoke with one member of the group, who was passionate about the practice and was proactive in supporting practice staff to achieve good outcomes for patients. They reported that the suggestions made by the PPG to improve the service were listened to and acted upon by the practice. For example, the practice had commenced extended hours appointments with a healthcare assistant following a suggestion from the PPG. The PPG undertook regular surveys at the practice and found that these provided topics to be considered by the practice to improve patient care.

The practice had also gathered feedback from staff through staff meetings, appraisals, discussion and away days. Staff told us they would not hesitate to give feedback and

Are services well-led?

Good

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

discuss any concerns or issues with colleagues and management. Staff told us that they felt empowered by management to make suggestions or recommendations for practice.

Continuous improvement

The practice were involved in local and national research studies, and were recognised within the top 10 practices in the county for their high level of research activity. The practice were involved in 13 research studies, including the BARACK-D study. This investigates an effective treatment for cardiovascular disease associated with chronic kidney disease. Other research studies being undertaken at the practice included the prevention of diabetes, the effect of stress on parents and children, and bowel screening participation.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team could demonstrate their forward thinking approach, and were involved with local pilot schemes to improve outcomes for patients in the area. For example, the practice held regular education meetings that were attended by both practice staff and other primary health care professionals from the locality. Examples of outside speakers who at presented at these education meetings included a specialist physiotherapist, a consultant rheumatologist and a consultant gastroenterologist.

Nursing staff at the practice had a protected 30 minute education slot each month, where they were able to share knowledge from any recent courses or articles read. The practice supported nursing staff through their upcoming revalidation process.

The practice also employed apprentices. Two recent apprentices had won 'Apprentice of the Year' awards from a local college. The practice's first apprentice had recently left to undertake a nursing degree, and the other apprentice had commenced a permanent role at the practice.