

Lakenheath Surgery

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Lakenheath Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lakenheath Surgery on 20 April 2017. This inspection was a follow up to our previous comprehensive inspection at the practice on 28 July 2016 where breaches of regulation had been identified.

The overall rating of the practice following the 28 July 2016 inspection was requires improvement. It was rated as inadequate for providing safe services, good for providing effective, caring and responsive services, and requires improvement for providing well led services. You can read this report by selecting the 'all reports' link for Lakenheath Surgery on our website at www.cqc.org.uk.

At our inspection on 20 April 2017 we found that the practice had improved. The ratings for the practice have been updated to reflect our recent findings. The practice is now rated as good for providing safe, effective, caring, responsive and well led services.

Our key findings on 20 April 2017 were as follows:

- The practice had implemented and embedded systems and processes to manage risks to keep patients and staff safe, such as a three year contract for the annual calibration of equipment.
- Furthermore, the practice had reviewed the infection control policy and audit tool used to meet the standards as outlined in The Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance. We saw the practice held a record of all clinical staff immunisation records.
- The partners demonstrated that the clinical leadership within the practice had been improved. Regular meetings were held and minutes were available to ensure that actions were completed. Practice staff we spoke with confirmed that they had been engaged with the improvement plan and worked with the partners to ensure the improvements were made and sustained.
- The system used to ensure that all prescriptions were signed before medicines were dispensed to patients had been improved upon.
- The dispensary had been made more secure. For example, a key safe had been installed and the code was shared with appropriate staff.

Summary of findings

- All medicines and devices we checked were within their expiry date.
- The practice was continuing to identify carers at registration and from their patient list.
- The practice held detailed minutes of meetings, such as multidisciplinary team meetings and staff meetings.
- There was a system in place to record the arrival, actions taken, and learning shared from the safety alerts that were sent to the practice.
- The practice had commenced a schedule of audits to monitor and encourage improvement.
- The appointments system was flexible and ensured that same day appointments were available.
- The practice had good facilities including for those with reduced mobility.
- The practice had a number of policies and procedures to govern activity.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service, including having a patient participation group (PPG).

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?

Following our inspection on 28 July 2016 the practice was rated as inadequate for providing safe services. The practice is now rated as good for providing safe services.

- The practice had arrangements in place to safeguard patients from abuse and ensured enough staff were on duty to keep people safe. Staff were encouraged to identify areas for concern, however minor and to report them to the practice manager.
- The practice had improved systems and process to identify risks and keep patients and staff safe from harm. We found significant improvements to the management of infection prevention and control. All medicines we checked were within their expiry date and all equipment had been calibrated.
- In the dispensary, there were systems and processes in place for the safe management of medicines and these were well managed. All prescriptions were signed before medicines dispensed to patients and the security to the dispensary had been improved to ensure that only authorised staff had access.
- The practice had a business continuity plan in place to manage major incidents.
- Appropriate recruitment checks were carried out for the employed staff and all staff that acted as chaperones had received a Disclosure and Barring Service (DBS) check.

Good



Are services effective?

Following our inspection on 28 July 2016 the practice was rated as good for providing effective services. The practice remains rated as good for providing effective services.

- Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Data showed patient outcomes were in line with other practices in the locality. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing mental capacity and promoting good health.
- Staff had received training appropriate to their roles; additional training requests were identified, and where appropriate provided. There was evidence of appraisals and personal development plans for all staff. At our previous inspection, the

Good



Summary of findings

partners recognised that the clinical supervision given to the nursing team had been inconsistent. During this inspection the practice demonstrated that this had been addressed and staff we spoke with confirmed they were well supported.

- Staff worked with multidisciplinary teams including community nurses, health visitors, and school nurses. The practice had 176 patients who had been identified as vulnerable and as a result of joint working, a written care plan was held in all of those patient's medical records and the patients received an annual review.
- The GPs undertook all the annual reviews for patients with long term conditions; they ensured that medication reviews were completed at six or 12 month intervals as appropriate.

Are services caring?

Following our inspection on 28 July 2016 the practice was rated as good for providing caring services. The practice remains rated as good for providing caring services.

- The GP National Patient Survey data published in July 2016 showed that patients rated the practice generally in line with or above when compared with the national average in many aspects of care. For example, 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- The practice told us that they prioritised patient centred care. The percentage of patients who usually had an appointment or spoke with their preferred GP was 76%, compared with the CCG average of 63% and the national average of 59%. The practice told us that they offered personalised care and covered each other for leave. On occasions, the practice used locum GPs, these GPs were known to patients, as they regularly worked at the practice.
- Patients told us they were treated with compassion, dignity, and respect and they were involved in care and treatment decisions. We saw that staff treated patients with kindness and respect and in a way that was individual to those patients that needed extra support.
- The practice had identified 1% of their patients as carers and provided them with a carer's pack which gave information including details of support groups.

Good



Are services responsive to people's needs?

Following our inspection on 28 July 2016 the practice was rated as good for providing responsive services. The practice remains rated as good for providing responsive services.

Good



Summary of findings

- Practice staff described how they were aware of the needs of their practice population, and tailored their care and services accordingly.
- The appointment system was flexible and ensured that patients who requested to be seen on the same day were.
- Phlebotomy services were available, this meant that patients did not have to travel up to 15 miles to the community service.
- The premises were suitable for patients with limited mobility, and the practice provided wheelchairs for those that needed them.
- There was a complaints system in place that was fit for purpose. The complaints received had been dealt with in a timely and appropriate manner.

Are services well-led?

Following our inspection on 28 July 2016 the practice was rated as requires improvement for providing well led services. The practice is now rated as good for providing well led services.

- 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 it.
- Practice staff we spoke with told us that they had been engaged with the partners to ensure the improvements identified in our previous report were made and that they would be sustained. The practice demonstrated that there was clear leadership to support staff and encourage improvements.
- The overarching governance framework that supported the delivery of the strategy and good quality care had been improved. This included arrangements to monitor and improve quality and identify risk. For example, supervision and support to the nursing team.
- The practice 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 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.
- The team demonstrated that there was a focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for providing services to older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Home visits were available for those unable to attend the practice. Continuity of care was maintained for older people through a stable GP workforce and personalised patient centred care.
- The appointment system was flexible and ensured that patients who requested to be seen on the same day were provided with convenient appointments.
- The practice regularly reviewed attendances at the accident and emergency department to ensure that those patients identified as vulnerable to admission were reviewed.
- We saw evidence that the practice had worked with the community teams to ensure end of life care was well managed.

Good



People with long term conditions

The practice is rated as good for providing services to people with long term conditions.

- The GPs in the practice undertook all the chronic disease management; data showed that patient outcomes were similar when compared with other practices in the locality. Patients that had attended appointments had a structured annual review to check that their health and medication needs were being met.
- Home visits were available to those patients who could not attend the surgery.
- Longer appointments were available and could be booked by patients if required. The practice staff knew their patients and followed up patients who did not attend their appointments by telephone.
- The practice nurse was being supported to undertake further training to enhance the practice provision of long term conditions management.

Good



Families, children and young people

The practice is rated as good for providing services to families, children, and young people.

Good



Summary of findings

- 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 patients who had a high number of A&E attendances.
- Immunisation rates were in line with local averages for all standard childhood immunisations. Young children were given priority appointments for urgent needs.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 75%, which was in line with the local and national averages of 81%.
- Appointments were available outside of school hours.
- The health visiting team attended the practice once a month, which allowed parents without transport to see a member of the team at the surgery rather than travelling to the clinic in Mildenhall.
- The premises were suitable for children and babies.
- We saw examples of joint working with midwives, health visitors, and school nurses.

Working age people (including those recently retired and students)

The practice is rated as good for providing services to working age people (including those recently retired and students).

- The needs of the working age population, including 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 reflected the needs for this age group.
- The practice did not restrict patients to certain appointment times to attend for their annual reviews; patients who worked were able to book at times that were convenient to them.
- Telephone consultations were available for those patients who wished to seek advice from a GP.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for providing services to people whose circumstances may make them vulnerable.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice offered longer appointments to these patients and carried out annual health checks.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. We saw the practice provided vulnerable patients with information about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse or neglect 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.
- Practice staff were intuitive to the needs of this group of patients and demonstrated that they had a personalised approach to helping them.
- The GPs were proactive in caring for their patients that were nearing the end of their lives. The GPs told us that they believed in continuity of care for their patients and their relatives during this time.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for providing services to people experiencing poor mental health (including people with dementia).

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 75% of patients diagnosed with dementia had received a face to face care review in the last 12 months, which was below the local average of 83% and the national average of 84%. Exception reporting for this QOF indicator was 8%, which was in line with the local average of 6% and the national average of 7%.
- 90% of patients experiencing poor mental health had a comprehensive care plan, which was above the local and national averages of 89%. Exception reporting for this QOF indicator was 16%, which was in line with the local average of 16% and the national average of 13%.
- Same day appointments and telephone triage with a GP was offered to ensure that any health needs were quickly assessed for this group of patients.

Good



Summary of findings

- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Staff had knowledge on how to care for 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 on 7 July 2016. The results showed the practice was performing in line with or above the local and national averages. 221 survey forms were distributed and 108 were returned. This represented a 49% completion rate and 2% of the practice's patient population.

- 96% of patients found it easy to get through to this practice by phone compared to the CCG average of 81% and the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 78%.

We spoke with seven patients registered at the practice. All patients said they were satisfied with the care they received and thought staff were approachable, committed, and caring. Patients told us that they found it easy to make an appointment and that they were seen quickly on arrival. One patient commented on how friendly the staff were, and how they felt that they could speak very openly with their GP.

Lakenheath Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A Care Quality Commission (CQC) lead inspector led our inspection team. The team included a GP specialist adviser and a second CQC inspector.

Background to Lakenheath Surgery

Lakenheath Surgery provides a range of medical services to approximately 5,200 patients in the town of Lakenheath, and the nearby villages of Eriswell, Sedge Fen, Holywell Row, Wangford, Hockwold and Feltwell. The practice is in the NHS West Suffolk Clinical Commissioning Group.

The practice holds a General Medical Services contract to provide GP services. The practice is able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy. The practice dispenses medicines to approximately 1,000 patients.

Data from Public Health England shows the practice serves an area where income deprivation affecting children and older patient's people is lower than the England average. The practice has a slightly above average number of older patients and a lower number of patients aged 10 to 40 years.

The practice has a team of four GPs (two male and two female) meeting patients' needs. All four GPs are partners meaning they hold managerial and financial responsibility

for the practice. There is one practice nurse, and one health care assistant. There are two dispensers. A team of four receptionists and an administrative/secretary support the practice manager.

Patients using the practice have access to a range of services and visiting healthcare professionals. These include midwives and a mental health worker.

The practice is open from Monday to Friday from 8am to 6.30pm, with appointments available from 8.30am to 6pm. Outside of practice opening hours the patients contact 111 for an emergency service. Details of how to access emergency and non-emergency treatment and advice is available within the practice and on its website.

Why we carried out this inspection

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.

This inspection was a follow up to our previous comprehensive inspection at the practice in July 2016 where breaches of regulation had been identified. The overall rating of the practice following the July 2016 inspection was requires improvement.

Detailed findings

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 20 April 2017. 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 in reception and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

At our inspection on 28 July 2016, we rated the practice as inadequate for providing safe services as arrangements for identifying and managing risks to patients and staff needed to be improved. These arrangements had improved when we undertook a follow up inspection on 20 April 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents, comments, and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

Specifically designed forms were available to staff to report incidents and near misses. These were reported to the practice manager and shared with the GP partners. Significant events were discussed further at staff meetings. We saw evidence of shared learning; for example in the minutes of a staff meeting held in March 2017.

Overview of safety systems and processes

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

- Arrangements reflected relevant legislation and local requirements. The practice policies that were accessible to all staff outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding and multi-disciplinary team meetings were held at the practice each month, minutes were available for staff. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Practice staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- Vulnerable patients were highlighted on the practice electronic system. This included children subject to child protection plans and patients with a diagnosis of dementia.

- At our inspection in July 2016, we found the practice had a system for managing safety alerts, but there was scope for this to be improved. During this inspection we saw that improvements had been implemented. The practice manager cascaded the alerts to the GPs. We saw evidence that following a recent medicines alert the practice had taken the necessary actions to identify and review patients. The practice recorded the alerts and actions taken to ensure reflective and shared learning and for future monitoring. The practice did not have a programme to regularly re-run these, but shared their plan to do this with us.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who undertook this role had been trained and had a Disclosure and Barring System (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).
- On our inspection in July 2016 we found the practice did not have systems and processes to ensure that infection prevention and control was well managed. The practice did not have a record of the immunisation status of clinical staff. During this inspection we observed the premises to be clean and tidy. There was a general cleaning schedule in place and the practice nurses were responsible for cleaning the equipment. A sharps injury policy was in place and staff were aware of the actions to take. All clinical waste was well managed. The practice had a record of staff immunisation status.
- There was a recruitment process in place. We reviewed five personnel files which all contained evidence of the appropriate recruitment checks that had been undertaken prior to employment. All clinical staff had received a DBS check.

Medicines management

There were clear operating procedures in place for the dispensary that accurately reflected practice. Dispensary staff recorded significant events and described a comprehensive system for their analysis and review. Dispensary staff used an error log to record near misses, which enabled the identification of errors for the analysis of trends.

On our previous inspection in July 2016 we found that there was a repeat prescription policy for dispensary staff

Are services safe?

to follow. However, the practice did not follow their policy to ensure that all prescriptions were signed within 24 hours. We found a significant number of prescriptions that had not been signed within seven days. During this inspection we found that an effective system had been implemented to ensure that all prescriptions were signed before medicines were dispensed to patients.

There was a comprehensive programme of medicine audits at the practice. We saw that there were effective systems in place to ensure people received the appropriate monitoring required with high risk medicines.

All dispensary staff had received appropriate training and held qualifications in line with the requirements of the Dispensary Services Quality Scheme (DSQS), a national scheme that rewards practices for providing high quality services to patients of their dispensary. Dispensary staff had annual appraisals leading to the production of development plans as well as annual competency checks.

The practice held stocks of controlled drugs (CDs) (medicines that require extra checks and special storage requirements because of their potential for misuse) and had in place suitable arrangements for the storage, recording and destruction of CDs. For example, access to the CD cupboard was restricted and keys held securely, and there were appropriate arrangements in place for the destruction and recording of both patient returned and out of date CDs. Dispensary staff told us they understood how to investigate a CD discrepancy and were aware of how to contact the regional CD accountable officer.

Medicines were stored securely in the dispensary and access was restricted to relevant staff. Dispensary staff checked stock to ensure medicines were within their expiry date on a monthly basis. All of the medicines we checked were within their expiry date.

On our previous inspection in July 2016 we found that the practice did not monitor the fridge temperatures in the dispensary or treatment room appropriately. The practice did not record the maximum and minimum temperatures, nor did they use a second thermometer or have the one used calibrated regularly. During this inspection, we found that staff had received the appropriate training to ensure that they were able to correctly check the temperatures of clinical fridges and act accordingly in the event of a fridge failure.

Uncollected prescriptions were highlighted to the GPs to ensure patient safety. Blank prescription forms were held securely on arrival in the practice and records were held of the serial numbers of the forms received. Staff had a process for tracking prescription stationery through the surgery.

Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific direction from a GP.

On our previous inspection we found that the security arrangements for the dispensary could be improved upon. During this inspection we saw that the dispensary had been made more secure. For example, a key safe had been installed and the code was shared with appropriate staff.

Monitoring risks to patients

Significant improvements had been made by the practice in managing and recognising risks to patients and were well managed.

- There was a health and safety policy available with a poster in the office. This policy had been reviewed in July 2016.
- A full fire risk assessment had been carried out in December 2016 and this was reviewed six monthly. The practice staff carried out weekly alarm checks to ensure that the systems were safe.
- The fire extinguishers were checked in December 2016. The practice undertook annual training and fire drills.
- All electrical equipment was checked annually to ensure that it was fit for purpose.
- During our inspection July 2016 we found not all equipment available for use had been calibrated. During this inspection we saw all clinical equipment had been calibrated in August 2016 and the practice had signed a contract with specialist contractors to undertake this work each year.

Arrangements to deal with emergencies and major incidents

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to an emergency.
- 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 masks available. A first aid kit and accident book was available.

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. Copies of this were held in the GP partner's homes. The practice was able to manage a power failure effectively in conjunction with the plan. The power failure had resulted in a loss of medicines because of sustained loss of power to medicines fridges. We saw the practice had extracted learning from this significant event and further improvements including some to the business continuity plan had been made.

Are services effective?

(for example, treatment is effective)

Our findings

Following our inspection on 28 July 2016 the practice was rated as good for providing effective services. The practice remains rated as good for providing effective services.

Effective needs assessment

The GPs were familiar with best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and locally produced quality standards. The practice held a weekly clinical meeting where guidelines were reviewed and best practice shared.

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 were 92% of the total number of points available; this was below the CCG average of 98% and below the national average of 95%. The practice exception reporting rate was 9%; this was 2% below the CCG average and 1% below the national average (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).

Data from QOF 2015/2016 showed:

- Performance for diabetes related indicators was 76%; this was 20% below the CCG average and 14% below the national average. The practice exception reporting rate was 10%; this was below the CCG and national average of 13%.
- Performance for chronic obstructive pulmonary disease related indicators was 97%; this was 2% below the CCG average and 1% above the national average. The practice exception reporting rate was 10%; this was below the CCG average of 12% and national average of 13%.
- Performance for mental health related indicators was 99%; this was 6% above the CCG and national average. The practice exception reporting rate was 18%; this was above the CCG average of 13% and the national average of 12%.

At our inspection July 2016, the practice explained to us that they had been challenged with QOF during the period 2014/2015. The practice had changed their clinical system, this had been complex, and there had been issues with the performance data merging. The practice was assured that the content of the medical records was safe but that code matching had not gone smoothly. The practice performance figures for 2015/2016 showed improvement and unverified data the practice shared with us for 2016/2017 showed further improvements had been made. The practice nurse was being supported with additional training to further improve the management of patients with diabetes.

The practice had completed one full audit cycle since the inspection in July 2016, which looked the management of urinary tract infections. Following the first cycle, the practice had implemented a new protocol and the second cycle of the audit showed a 20% increase from 80% to 100% of correct recording of symptoms in the medical records. This audit helped the practice to treat urinary tract infections more effectively.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered 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 their learning needs and to cover the scope of their work.
- Practice meetings were held for all staff, staff we spoke with thought these were useful. We saw minutes of meetings held and examples of learning shared for example in November 2016, the practice discussed and raised awareness of topics such as female genital mutilation.

Coordinating patient care and information sharing

- Referrals for patients to secondary care or other agencies were well managed. Routine referrals were usually sent the same day or within 48 hours and urgent referrals within 24 hours.

Are services effective?

(for example, treatment is effective)

- The practice staff worked with other services to meet patients' needs and manage those patients with more complex needs. This included community nursing teams and health visitors. The practice worked with community teams when co-ordinating end of life care. Regular meetings with the wider health team were held to manage and plan patient care.
- Special patient notes and comprehensive care plans were completed by the practice on the electronic system and this ensured that emergency services staff had up to date information of vulnerable patients. We reviewed care plans and found them to be comprehensive.

Patients' individual records were written and managed in a way to help ensure safety. Experienced practice staff summarised patients' medical records. Practice staff who undertook this role told us that they were well supported by the GPs. Records were kept on an electronic system, which collated all communications about the patient including, scanned copies of letters and test results from hospitals. All correspondence communication was sent to the GPs, who undertook any required actions. We reviewed this system and found this to be well managed to ensure that patients were safe.

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 patients, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the

assessment. All staff were aware of Gillick competency and applied it in practice. Staff recorded patients' verbal consent in the medical records and written consent for procedures such as minor surgery.

Supporting patients to live healthier lives

The practice's uptake for the cervical screening programme was 75%, which was in line with 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- The number of women screened for breast cancer was 76%; this was in line with the CCG average of 78% and above the national average of 72%.
- The number of patients screened for bowel cancer was 61% this was in line with the CCG average of 62% and higher than the national average of 58%.

The practice showed evidence that they had met the 90% target for childhood immunisation rates.

- Under two year olds ranged from 93% to 94%.
- Five year olds ranged from 94% to 98% compared to with CCG range 88% to 94%.

We discussed these results with the practice, they told us they recognised that their population base included families from the American air base and that some families chose to undertake this health prevention opportunities privately or abroad. The practice was proactive in gaining the data from the patients to update their records.

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 years.

Are services caring?

Our findings

Following our inspection on 28 July 2016 the practice was rated as good for providing caring services. The practice remains rated as good for providing caring services.

Kindness, dignity, respect and compassion

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

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

Patients we spoke with said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the National GP Patient Survey published in July 2016 also showed patients felt they were treated with compassion, dignity, and respect. The practice was in line or above the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 92%.

- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 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.

Results from the National GP Patient Survey published in July 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 or above the local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- 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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice encouraged patients to register as a carer when they join the practice. A carer's leaflet was available. The practice had identified 1% of the patients as carers.

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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Following our inspection on 28 July 2016 the practice was rated as good for providing responsive services. The practice remains rated as good for providing responsive services.

Responding to and meeting people's needs

Staff at the practice worked hard to understand the needs of their patients. Both clinical and non-clinical staff demonstrated a clear understanding of the concept of personalised care for the patients according to their individual needs. The practice area was subject to large planning and development of a substantial sized new housing estate, the practice had identified that an expansion their premises would need to be undertaken to meet this need.

The practice was proactive in engaging with other services and providing facilities for them to enable patients to be seen at the practice, closer to their homes for additional services. For example, a mental health link worker attended the practice to see patients who needed extra support.

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

- There were longer appointments or home visits available for patients with a learning disability or dementia. The practice had a lead GP for dementia.
- There were male and female GPs available to meet patients' needs.
- Home visits were available for older patients and others that needed one. The practice had a system in place to assess whether a home visit was clinically necessary, and the urgency of the need for medical attention.
- Facilities for patients with disabilities were available. There were automatic doors, and appropriate toilet

facilities in place. There was not a hearing loop available for patients who wore hearing aids; however, staff described how they would communicate with this group of patients appropriately.

- The practice offered specialist referral for smoking cessation advice and weight management advice.

Access to the service

The practice was open and appointments were available between 8.00am and 6.30pm Monday to Friday. Pre-bookable appointments could be booked up to four weeks in advance and urgent appointments were available on the day for people that needed them.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 96% of patients said they could get through easily to the practice by phone compared to the CCG average of 81% and the national average of 73%.

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. The practice manager was responsible for dealing with these.

We saw that information was available to help patients understand the complaints system. There were leaflets and posters displayed in the waiting area and information was available on the web site. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

There had been seven complaints recorded since June 2015, we looked at all seven complaints and found these had been dealt with appropriately.

Are services well-led?

Good 

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

Our findings

Following our inspection on 28 July 2016, we rated the practice as requires improvement for providing well led services as the practice did not have clear leadership and overarching governance arrangements in place to support the delivery of safe care or make improvements to issues identified on the inspection. These arrangements had significantly improved when we undertook a follow up inspection on 20 April 2017. The practice is now rated as good for providing well-led services.

Vision and strategy

Practice staff exhibited an open, transparent attitude. They described a consistent vision and ethos to offer good care and treatment to their patients. The staff we spoke with told us they were disappointed with the findings of the previous report but recognised the practice needed to improve. The partners had engaged the whole team to develop and deliver the improvement plan and to ensure that all the improvements were sustained.

The practice staff were aware of and had systems in place to ensure compliance with the requirements of the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

The practice had systems in place that ensured that when things went wrong with care and treatment. The practice gave affected people reasonable support, detailed information, a verbal and written apology.

Governance arrangements

Our inspection on 28 July 2016 showed the practice needed to improve their overarching governance framework which supported the delivery of the strategy and good quality care and outlined the structures and procedures in place. During our inspection 20 April 2017 the practice demonstrated that they had made significant improvements.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies had been reviewed, implemented, monitored, and made available to all

staff. For example the practice had not been meeting the requirements of infection prevention and control, however the improvements that had been made showed the practice were fully complying with those requirements as outlined in the Health and Social Care Act 2008: Code of practice for health and adult social care on the prevention and control of infections and related guidance.

- The performance of the practice was monitored through the quality and outcomes framework and a programme of continuous clinical and internal audit to monitor quality and make improvements.
- The arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions had been significantly improved. This included the logging of actions, learning identified, and changes made to encourage improvement.

Leadership and culture

On the day of inspection the partners and management team in the practice demonstrated they had the experience, capacity, and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care, and had developed a working relationship within the practice to achieve this. Practice staff told us the partners and managers were approachable and always took the time to listen to all members of staff.

The leadership had been strengthened to ensure oversight and management of the practice.

- The practice held meetings and recorded minutes which were made available to all staff. This assured us that there was reflective and shared learning.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued, and supported, particularly by the manager and partners in the practice.

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.

Are services well-led?

Good 

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was set up in 2011. The practice had struggled to recruit high numbers so the GP telephoned members when they were not able to attend a meeting. The practice had improved the notice boards in the waiting area and added a “community” noticeboard in

the main entrance. In 2015, with the PPG feedback the practice upgraded the practice telephone system to allow better patient access and increase the availability for telephone based consultations.

The practice had gathered feedback from staff through meetings, and one to ones. Practice staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.