

Saxmundham Health

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Saxmundham Health on 30 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance but improvement was needed for the prescribing protocol and associated procedures.
- 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.

The areas where the provider must make an improvement is:

- Controlled drugs held within the practice other than in the controlled drugs' safe, for example in GP bags, were not properly registered in line with the same regulations. The practice must ensure it follows legislation for controlled drug storage at all times.

Summary of findings

- Prescriptions were reviewed and signed by GPs before they were given to the patient, however, following discharge from hospital and outpatient appointments dispensers made changes to patient's medicines which were not checked by GPs to ensure safety. The practice must ensure this takes place in all instances.
- Improve the prescribing protocol to ensure GPs have good oversight of prescribing to patients, including review dates for patients on medication. For example, for those patients using salbutamol or thyroxin we noticed a number of reviews were overdue.

The areas where the provider should make improvements are:

- Ensure that staff who access and use patient sensitive data have received a Disclosure and Barring Service (DBS) check or have a written risk assessment completed.

- Whilst an external legionella risk assessment had been undertaken, required actions that were raised had not been addressed despite the assessment taking place in May 2015.
- Improve patient recall systems, consistently code patient groups and produce accurate performance data.

We saw one area of outstanding practice:

- The practice was very proactive in trialling and delivering innovative projects that aimed to improve patients' care, knowledge and experiences. The local CCG confirmed this was the case and considered the practice's approach to innovation to be very positive. Not all proposed projects had come to fruition or had been successful but several had been and were (or had been) active in the practice's area. Amongst others there were for example, "Advice Letter Listing (ALL)", "Instantcare" and "i-Van".

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- 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 generally well assessed and well managed but improvement was needed in addressing findings from the legionella assessment.
- The storage and recording of controlled drugs was not consistently in line with current legislation.
- The prescribing protocol required improvement, including robust processes for review dates for patients on medication.
- Following discharge from hospital and outpatient appointments dispensers made changes to patient's medicines which were not checked by GPs to ensure safety.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were higher or in line with local and national averages. Exception reporting in 2014/15 was high. Although this had significantly decreased in 2015/16 there were further improvements required.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice higher than others for most aspects of care.

Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

Good



Are services well-led?

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

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

Good



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels, and the practice was proactive in undertaking innovative projects aimed to improve patient care, knowledge and experience.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- 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.
- 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.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management, and patients at risk of hospital admission were identified as a priority.
- The practice participated in the Quality and Outcomes Framework (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions e.g. diabetes, and implementing preventative measures. The results are published annually). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. In 2014/2015 the practice achieved 100% of the total number of points available, which was above the national average of 94.7% and the local average of 94.1%. The practice reported 22.1% exception reporting which was 13.9% above local, and 12.9% above national average.
- Longer appointments and home visits were available when needed.
- 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.
- All of these patients had a named GP and most had a structured annual review to check their health and medicines needs were being met.
- Housebound patients could receive home visits by a nurse to undertake annual reviews.

Summary of findings

- The practice hosted monthly community diabetic services in collaboration with the local hospital.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were 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 practice's uptake for the cervical screening programme was 81.2%, which was in line with the national average.
- 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.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years.
- One of the GPs at the practice had developed several videos which were posted online to aid patients manage common illnesses such as sore throat, nosebleeds and common cold amongst others. These could be accessed through the practice's website or YouTube.

Good



People whose circumstances may make them vulnerable

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

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 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.
- The practice kept a register of patients that were carers.
- GPs carried out home visits for patients with palliative care needs.
- 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. .
- The practice carried out annual health checks for people with a learning disability and 36 out of 45 of these patients had received a review since April 2015. Five patients had declined and four were due to be undertaken.

People experiencing poor mental health (including people with dementia)

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

- 92.1% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan, which was 8% above the CCG average and 3.8% above the national average. The exception reporting for this indicator was 54.2%, which was 39.9% above the CCG average and 41.6% 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's waiting room had been refurbished recently before our inspection and was designed to be dementia friendly, for example clear signage and use of depictions. The practice's receptionists were well versed to be able to deal with patients with dementia and were promoted as "dementia friendly" by the practice.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.

Good



Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they might have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice had 96 registered patients with dementia, of which 64 had received an annual review since April 2015. Eight patients had declined or were not eligible and 24 were overdue.
- 47 of 85 patients with mental health needs had a care review recorded since April 2015. 33 of 85 patients were not eligible or had declined and five were due a review.

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 above or line with local and national averages. 239 survey forms were distributed and 147 were returned. This was a 62% response rate.

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

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection; we collected 36 completed cards. All of the comment cards we received contained positive and complimentary patient views about the service. Two cards contained comments that indicated waiting times could occasionally extend beyond expectation. Patients said they felt the practice offered a good service and that staff were polite, helpful, caring and treated them with dignity and respect.

We spoke with seven patients, who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They spoke highly of the services offered by the practice and the attitudes of all staff in the practice.

Areas for improvement

Action the service **MUST** take to improve

- Controlled drugs held within the practice other than in the controlled drugs' safe, for example in GP bags, were not properly registered in line with the same regulations. The practice must ensure it follows legislation for controlled drug storage at all times.
- Prescriptions were reviewed and signed by GPs before they were given to the patient, however, following discharge from hospital and outpatient appointments dispensers made changes to patient's medicines which were not checked by GPs to ensure safety. The practice must ensure this takes place in all instances.
- Improve the prescribing protocol to ensure GPs have good oversight of prescribing to patients, including review dates for patients on medication. For example, for those patients using salbutamol or thyroxine we noticed a number of reviews were overdue.

Action the service **SHOULD** take to improve

- Ensure that staff who access and use patient sensitive data have received a Disclosure and Barring Service (DBS) check or have a written risk assessment completed.
- Whilst an external legionella risk assessment had been undertaken, required actions that were raised had not been addressed despite the assessment taking place in May 2015.
- Improve patient recall systems, consistently code patient groups and produce accurate performance data.

Summary of findings

Outstanding practice

- The practice was very proactive in trialling and delivering innovative projects that aimed to improve patients' care, knowledge and experiences. The local CCG confirmed this was the case and considered the practice's approach to innovation to be very positive.

Not all proposed projects had come to fruition or had been successful but several had been and were (or had been) active in the practice's area. Amongst others there were for example, "Advice Letter Listing (ALL)", "Instantcare" and "i-Van".

Saxmundham Health

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector. The team included a GP specialist adviser, a practice manager specialist adviser and a CQC medicine optimisation inspector.

Background to Saxmundham Health

Saxmundham Health Centre is situated in Saxmundham, Suffolk. The practice provides services for approximately 9100 patients. The practice also dispenses medications to patients. The practice holds a Personal Medical Services contract with NHS Ipswich and East Suffolk CCG.

According to Public Health England, the patient population has a considerably lower than average number of patients aged under 15 and 20 to 40 compared to the practice average across England. It has a higher proportion of patients aged 50 and above compared to the practice average across England, with a significantly higher than average number of patients aged 65 to 69. Income deprivation affecting children and older people is lower than the practice average across England, but in line with the local average.

The practice team consists of six GP partners, two female and four male. There are also two salaried GPs, one female and one male. The nursing team consists of one nurse practitioner, four practice nurses, two phlebotomists and three health care assistants. The clinical staff is supported by a team of dispensary, secretarial, administration and

reception staff led by team managers as well as a business and practice manager. The practice's opening times at the time of the inspection were 08:00 to 18.30 Monday to Friday.

During out-of-hours appointments were available with GP+ between 18:30 and 21:00 on weekdays and between 09:00 and 21:00 during weekends. During the remaining out-of-hours times GP services were provided by CareUK.

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 30 March 2016. 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/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice had a 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. 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. For example, the practice recorded several incidents of confusion in dispensing two similarly named medications, which were kept close to each other in the dispensary. The medications were relocated so that a re-occurrence of incorrect issuing was minimised, and dispensary staff were made aware of the changes. When appropriate, complaints were also treated as significant events. The practice held bi-weekly meetings during which significant events were discussed, and also reviewed these on a six monthly basis. We saw meeting minutes confirming this.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidelines and guidance alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The information was monitored by designated members of staff and shared with other staff electronically. Updates and alerts had to be confirmed when seen. We saw that actions were taken if required. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

We reviewed safety records, incident reports, patient safety alerts and updates, and we saw minutes of clinical meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies were available to all staff, and clearly outlined who to contact

for further guidance if they 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.

- Notices in the waiting room advised patients that chaperones were available. Nurses or health care assistants acted as chaperones if required. All staff, other than nurses, who acted as chaperones were trained for the role and had received a 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 might have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and tidy. A practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. We saw evidence that annual IPC audits were undertaken and actions had been taken to address any shortfalls identified as a result, for example wrist operated taps were highlighted as requiring replacement with elbow operated taps. We saw that waste segregation and labelling took place appropriately. Appropriate standards of cleanliness and hygiene were followed and we met with a representative of the external cleaning company who evidenced a detailed cleaning arrangement the practice had in place with the company. The practice had recently refurbished their waiting room, which had new flooring and seats that were considered an appropriate height for patients with poor mobility to get in and out and that were easy to clean.
- Recruitment checks were carried out and staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to staff's employment. For example, references, qualifications, registration with the appropriate professional body and the checks through the DBS checking system. However, not all of the non-clinical staff had undergone DBS checks. The practice manager explained that they were not aware these staff required this. There were no risk assessments in place to determine the need of these staff members

Are services safe?

having a DBS. We saw that some of these staff handled patient identifiable data and as such required a valid DBS check. The practice manager explained that they would undertake DBS checks or risk assessments immediately after the inspection.

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- There were procedures in place for monitoring and managing risks to patient and staff safety. Several areas of the practice's premises were directly overseen by CCTV and notices were in place notifying patients this was in use. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and dedicated staff members trained as fire marshals. The practice had a variety of other risk assessments in place to monitor safety of the premises, such as control of substances hazardous to health and infection control. The practice had undertaken an external risk assessment for legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings) in May 2015. The assessment had raised several recommendations that needed addressing which included the need for a designated member of staff to be trained to undertake water tests. These recommendations had not yet been addressed but we saw evidence that the practice had obtained quotes for plumbing work that was required, which was also detailed in the assessment.
- All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly.
- Written patient notes were kept along walls in corridors and offices of the practice. Although these notes were kept in a secure area of the practice it was evident that the notes took up valuable space were not stored in line with recommendations. The practice manager advised that the practice was considering options for an appropriate cost effective solution.

Medicines management

- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service

was maintained. Dispensary staffing levels were in line with DSQS guidance. However, the practice had not yet conducted quality assurance of their dispensing service to show good outcomes for patients. Dispensing staff were appropriately qualified, were provided some on-going training opportunities and had their competency annually reviewed.

- The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed. There were a variety of ways available to patients to order their repeat prescriptions and there were arrangements in place to provide medicines in compliance aids and a weekly delivery service for some vulnerable patients. Prescriptions were reviewed and signed by GPs before they were given to the patient, however, following discharge from hospital and outpatient appointments dispensers made changes to patient's medicines which were not checked by GPs to ensure safety.
- We reviewed the practice's prescribing protocol and found that this did not provide a robust framework to provide GPs with a good oversight of prescribing to patients, including review dates for patients on medication. For example, for those patients using salbutamol or thyroxin we noticed a number of reviews were overdue.
- Blank prescription forms were recorded and tracked through the practice. Secure arrangements were in place for prescription forms and medicines held in the dispensary. Records showed medicine refrigerator temperature checks were carried out which ensured medicines requiring refrigeration were stored at appropriate temperatures. Arrangements were in place to check medicines stored within the dispensary areas were within their expiry date and suitable for use.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. Frequent controlled drug checks were carried out. There were arrangements in place for the destruction of controlled drugs. Members of dispensary staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area. However, controlled drugs were not stored in a separate cabinet as specified by controlled drugs regulations. In addition, controlled drugs held

Are services safe?

elsewhere within the practice were not properly registered in line with the same regulations. We were provided with evidence that the practice had installed an appropriate safe for controlled drug storage immediately after the inspection.

- We saw a positive culture in the practice for reporting and learning from medicine incidents and errors. Dispensing errors were logged, reviewed to monitor trends and appropriate actions were taken to prevent similar errors occurring.

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Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency, but not all staff

were aware of how to use this. There was also an emergency alert system in place through use of the telephone, this was the preferred option for most staff we spoke with.

- 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, along with oxygen with adult and children's masks.
- There was a first aid kit available in the practice. Emergency medicines were easily accessible to staff near the reception 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 risk matrices and emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including 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 people's needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF - a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions e.g. diabetes and implementing preventative measures. The results are published annually). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. In 2014/2015 the practice achieved 100% of the total number of points available, which was above the national average of 94.7% and the local average of 94.1%. The practice reported 22.1% exception reporting which was 13.9% above local, and 12.9% above 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):

- Exception reporting for asthma related indicators reached as high as 70.5% for patients with asthma, on the register, who had received an asthma review in the preceding 12 months that includes an assessment of asthma control. This was 63.1 percentage points above the CCG average and 63.0 percentage points above the national average.
- Exception reporting for dementia related indicators reached as high as 70.5% for patients with a new diagnosis of dementia recorded in the preceding 1 April to 31 March with a record of FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin

B12 and folate levels recorded between 6 months before or after entering on to the register. This was 66.1 percentage points above the CCG average and 68.5 percentage points above the national average.

- Exception reporting for mental health related indicators reached as high as 54.2% for patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This was 39.9 percentage points above the CCG average and 41.6 percentage points above the national average
- Exception reporting for rheumatoid arthritis related indicators reached as high as 60.3% for patients with rheumatoid arthritis, on the register, who have had a face-to-face annual review in the preceding 12 months. This was 53.0 percentage points above the CCG average and 52.9 percentage points above the national average.

When we discussed the high levels of exception reporting with the practice they explained that there had been some clinical coding issues during the 2014/15 period and that all outcomes had been discussed with the local CCG. The CCG were aware and discussions had been held to avoid this happening in the future.

The exception reporting indicated that it applied to approximately 1000 patients. In the following year (2015/16) the practice showed us evidence that this had reduced to approximately 400 patients. This data is not yet publicly available and has not yet been verified by governing bodies, but indicates that the practice had learnt from the reporting during 2014/15 and acted appropriately in dealing with coding issues.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw evidence of completed audit cycles where the improvements found were implemented and monitored. Findings were used by the practice to improve services. We discussed a number of clinical audits with the GPs on the day of the inspection. For example, an audit on patients that were prescribed lithium (a drug used in the treatment of manic depression) assessed whether these patients were

Are services effective?

(for example, treatment is effective)

monitored in line with national guidance. Following audit the practice was able to highlight outstanding monitoring of weight for two patients and of blood pressure for three patients and address accordingly.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered topics such as health and safety, confidentiality and organisation rules.
- Staff had good access to appropriate training to meet learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. Appraisals were consistently undertaken and all staff had received an appraisal within the last 12 months.
- Staff received mandatory training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to, and made use of, e-learning training modules, in-house and external training. The training record we reviewed were comprehensive and reflective. We saw that for one GP most mandatory training elements were overdue, although basic life support and safeguarding children was up to date. The practice manager explained that this would be addressed following our inspection.
- We saw evidence that appropriate actions were taken when required relating to performance management and compliance with the practice's policies and protocols.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results.
- The practice had introduced a notice board under the name "COLIN" on which they displayed relevant updates and important policies for improved access for staff, for example the whistleblowing policy was available on COLIN.

- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. The practice had developed an innovative approach to referral booking. When appropriate the practice would use their Advice Letter Listing (ALL), a project that uses Choose & Book technology, but rather than sending a referral letter, this system allowed a GP to send information to a hospital Consultant who can then recommend an out-patient appointment or other alternative management plan. This could save the patient travelling to the hospital and avoided the cost involved with an out-patient appointment.
- We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.
- Information such as NHS patient information leaflets were available in the patient waiting room.

Consent to care and treatment

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

Supporting patients to live healthier lives

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

- The practice had a comprehensive cervical screening programme. The practice's percentage of patients receiving the intervention according to 2014-2015 data

Are services effective?

(for example, treatment is effective)

was 81.2%, which was in line with the England average of 81.8%. Patients that had not attended for a screening appointment were followed up with letters and via the telephone.

- Childhood immunisation rates for the vaccinations given to under twos in 2014/2015 ranged from 97.3% to 98.6% compared to the local average of 94.8% to 97.7%, and for five year olds from 90.2% to 96.7% compared to the local average of 93.5% to 97.2%.

- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Where abnormalities or risk factors were identified, the practice informed us that follow-ups on the outcomes of health assessments and checks were made. The practice had undertaken 319 of these health checks since April 2015.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that 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 and that conversations taking place in these rooms could not be overheard.

Patient phone calls were taken in a designated office area away from the reception desk, ensuring privacy and confidentiality. The reception desk had an indicated queuing line and notice and patients could request a private room to speak to a receptionist.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection; we collected 36 completed cards. All of the comment cards we received contained positive and complimentary patient views about the service. Two cards contained comments that indicated waiting times could occasionally extend beyond expectation. Patients said they felt the practice offered a good service and that staff were polite, helpful, caring and treated them with dignity and respect.

We spoke with seven patients, who all told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. They spoke highly of the services offered by the practice and the attitudes of all staff in the practice. Comments such as "excellent care" and "dispensing works well" were used. Patients did not comment negatively about any aspects of care they received.

Results from the National GP Patient Survey published in January 2016 were above CCG and national averages for patient satisfaction scores in most areas. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 96% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.

- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 96% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 94% patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 97% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 94% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.
- 95% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 93% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Information in the patient waiting rooms told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were carers, 297 patients (approximately 3%) on the

practice list had been identified as carers and were being supported, for example, by offering them health checks and referral for organisations such as social services for support. 162 patients were identified as being cared for.

Staff told us that if families had suffered bereavement, their usual GP contacted them via phone or provided a home visit as appropriate to the situation.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with NHS England and the CCG to plan services and to improve outcomes for patients in the area. The practice held information about the prevalence of specific diseases. This information was reflected in the services provided through screening programmes, vaccination programmes and family planning.

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

- Online appointment booking and prescription ordering was available for patients.
- Home visits were available for older patients or patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- The practice's waiting room had been refurbished recently before our inspection and was designed to be dementia friendly, for example clear signage and use of depictions. The practice's receptionists were well versed to be able to deal with patients with dementia and labelled as "dementia friendly" by the practice.
- All clinical rooms had space for wheelchairs and prams/ pushchairs to manoeuvre.
- GPs visited local care homes at least once a week.
- The practice hosted external services such as carers support, wellbeing clinics and counselling services to allow these services to be delivered to patients closer to their home and to eradicate the need to travel to the hospital for this. The practice provided facilities free of charge for these services.
- One of the GPs at the practice had developed several videos which were posted online to aid patients manage common illnesses such as sore throat, nosebleeds and common cold amongst others. These could be accessed through the practice's website or YouTube.
- Flexible appointments were available as well as set clinic times.
- The practice provided nurse led clinics for a variety of patient groups. For example for those with long term conditions, rheumatoid arthritis, weight management and diabetes.

- Midwives provided regular clinics from the practice's premises.
- Housebound patients could receive home visits by a nurse to undertake annual reviews.
- The practice hosted monthly community diabetic services in collaboration with the local hospital.

Access to the service

The practice's opening times at the time of the inspection were 08:00 to 18.30 Monday to Friday.

During out-of-hours appointments were available with GP+ between 18:30 and 21:00 on weekdays and between 09:00 and 21:00 during weekends. During the remaining out-of-hours times GP services were provided by CareUK.

Results from the National GP Patient Survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was in most cases higher than local and national averages:

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 92% patients said they could get through easily to the surgery by phone compared to the CCG average of 81% and national average of 73%.
- 84% patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 52% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69% and national average of 65%.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints, compliments 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. Complaints were discussed at practice and clinical meetings.

We saw that information was available to help patients understand the complaints system on the practice's website and at the reception desk. Information about how

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

to make a complaint was available at reception and on the website and patients we spoke with were aware how to raise a complaint. 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 “promote and deliver effective family healthcare to the highest achievable standard” with core values encompassing that “all patients will be treated with dignity and respect, regardless of age, race, religion, gender, sexual orientation or disability”.

The practice had a robust strategy and supporting business plan which reflected the vision and values which were monitored. The local CCG confirmed that the practice worked actively with the CCG and was considered a forward thinking and innovative practice.

Governance arrangements

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

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was a clear staffing structure and planning and staff were aware of their own roles and responsibilities. Some staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness.
- The repeat prescribing protocol and systems in place to ensure GPs had a good oversight of prescribing and medicine management required improvement.
- The practice used clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Communication across the practice was structured around key scheduled meetings. There were bi-weekly meetings involving the GPs and the practice manager, regular nurses' meetings and staff meetings involving all administrative staff. 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.
- GPs were supported to address their professional development needs for revalidation.
- Learning from incidents and complaints was shared with staff through meetings.

- From a review of records including action points from staff meetings, audits, complaints and significant event recording, we saw that information was reviewed to identify areas for improvements and to help ensure that patients received safe and appropriate care and treatments.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- Nurse led clinics and duty clinical staff provided responsive care if required.
- GPs had undertaken clinical audits which were used to monitor quality and systems to identify where action should be taken and drive improvements.
- The GPs adopted a variety of innovative ideas and trials to improve patients' experiences, reduce hospital admissions and increase health awareness amongst its population, including obesity and sexual health awareness.
- The practice had introduced a notice board under the name “COLIN” on which they displayed relevant updates and important policies for improved access for staff, for example the whistleblowing policy was available on COLIN.

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.

Staff told us that various regular team meetings were held and that there was an open culture within the practice. They had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected and valued by the partners in the practice. We saw in minutes from meetings that a variety of topics were openly discussed with staff. Staff were involved in discussions about how to develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

One of the GP partners was a member of the CCG's Clinical Executive setup.

Are services well-led?

Good 

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

The practice held annual strategic away days, during which the partners and management discussed business matters related to current and future operations of the practice.

We were told by management and staff that the practice had organised at least two social events in the last year for all staff to attend.

The practice GPs had adopted to name themselves Sax Quax, which brought a friendly and welcoming air to the practice. This was reflected in the design of the practice's website, which was welcoming and user friendly.

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

The practice encouraged and valued feedback from patients by proactively engaging patients in the delivery of the service.

There was an active patient participation group (PPG) which met formally on a quarterly basis and informally on an intermittent basis. These meetings were attended by the practice management and a GP. We spoke with two representatives of the PPG which had ten members at the time of our inspection. They commented that suggestions from the PPG were welcomed by the practice and that they had been consulted on their patients' viewpoint on a regular basis. They had been involved with assisting the practice during 'flu days' by signposting patients and were actively attempting to recruit further members. The PPG commented that staff were friendly and helpful.

The practice had also gathered feedback from staff through staff meetings, away days, appraisals and daily informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

The practice provided a newsletter for patients which was available on the website but the version available at the time of our inspection was dated back to Summer 2015.

The practice had introduced the NHS Friends and Family test (FFT) as another way for patients to let them know how well they were doing. We reviewed FFT results and noted that there were not enough returns to use to assess patient satisfaction levels.

Continuous improvement

The practice had recently successfully applied to become a training practice for medical students.

A health care assistant in the practice was being supported through a foundation nursing degree.

The practice had been active in a variety of innovative projects to deliver improved patient care. This was driven by one GP specifically. The local CCG confirmed this was the case and considered the practice's approach to innovation to be very positive. Not all proposed projects had come to fruition or had been successful but several had been and were (or had been) active in the practice's area. Amongst others there were:

- "Facelook": a local project to try to tackle social isolation in rural East Suffolk communities using set top boxes and communications and multimedia technology to allow conversations between the elderly and family, friends and British Red Cross volunteers through televisions rather than computers.
- The "i-van": a mobile clinic for glaucoma patients, eradicating the need for these patients to travel and providing a full glaucoma test service.
- "Instantcare", an admission avoidance scheme enabling short notice provision of a short term live-in carer for vulnerable patients.
- "Hospital Rides", a car sharing scheme for out-patients and visitors at the local hospital. This was supported by the local hospital and a nearby coffee shop (for free coffee) but was discontinued at the time of our inspection.
- "Advice Letter Listing (ALL)", a project that uses Choose & Book technology, but rather than sending a referral letter, this system allowed a GP to send information to a hospital Consultant who can then recommend an out-patient appointment or other alternative management plan. This could save the patient travelling to the hospital and avoided the cost involved with an out-patient appointment.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>(1) Care and treatment must be provided in a safe way for service users.</p> <p>Controlled drugs were not always stored in line with current legislation. Suitable procedures were not in place to ensure that controlled drugs held within the practice were not always properly registered in line with the regulations.</p> <p>Prescriptions were reviewed and signed by GPs before they were given to the patient, however, following discharge from hospital and outpatient appointments dispensers made changes to patient's medicines which were not checked by GPs to ensure safety. The practice must ensure this takes place in all instances.</p> <p>Medication reviews must be part of, and align with people's care and treatment</p>