

The Leiston 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Leiston Surgery on 29 October 2015. Overall the practice is rated as good.

We found the practice to be safe, effective, caring, responsive to people's needs and well-led. The quality of care experienced by older people, by people with long term conditions and by families, children and young people is good. Working age people, those in vulnerable circumstances and people experiencing poor mental health also receive good quality care.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed, and addressed.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.
- 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.

We saw one area of outstanding practice:

Summary of findings

- The practice's branch surgery provided a specialist assessment, diagnosis and early intervention centre for patients with suspected and/or a mild to moderate dementia in a local and friendlier, less clinical environment.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should;

- Ensure that staff that undertake chaperone duties have received a disclosure and barring check (DBS) or have a written risk assessment completed.
- Ensure there are protocols in place for the handling, analysis, audit and review of dispensing errors. Which

includes formalising recording and discussion at the quarterly dispensing team meetings. In addition ensure near-miss dispensing errors were recorded so that trends of these errors could be monitored and actions taken where necessary.

- Improve the arrangements to track blank prescription forms through the practice in accordance with national guidance.
- Improve the security of medicines being transported from the dispensary to the practice's branch surgery.

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

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were above average for the local Clinical Commissioning Group (CCG) and national average. CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice highly. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. Staff treated patients with kindness and respect, and maintained their confidentiality. Support was available at the practice and externally for those suffering bereavement or who had caring responsibilities for others.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the

Good



Summary of findings

NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. The practice carried out proactive succession planning. The practice sought feedback from staff and patients, which it acted on and the patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events. An ethos of learning and improvement was present amongst all staff.

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 the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. A hearing loop was available for patients who had hearing impairments. The practice branch surgery provided a specialist assessment, diagnosis and early intervention centre for patients with suspected and/or a mild to moderate dementia in a local less clinical environment.

Good



People with long term conditions

The practice is rated as good for the population group of people with long term conditions. Emergency processes were in place and referrals made for patients in this group that had a sudden deterioration in health. When needed, longer appointments and home visits were available. The practice's call and recall systems ensured that patients who had long-term conditions or required review were invited and seen at the practice in a timely way. Patients with long term conditions had a named GP and structured annual reviews to check their health and medication needs were being met. For those patients with the most complex needs the named GP and a GP buddy worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the population group of families, children and young people. Systems were in place for identifying and following-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 and we saw evidence that children and young people were treated in an age appropriate way and recognised as individuals. Telephone on the day appointments were available. The premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors. Antenatal care was referred in a timely way to external healthcare professionals. Mothers we spoke with

Good



Summary of findings

were very positive about the services available to them and their families at the practice. Emergency processes were in place and referrals made for children and pregnant women who had a sudden deterioration in health.

Working age people (including those recently retired and students)

Good



The practice is rated as good for the population group of the 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 offer continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening at the practice which reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice was accessible for any vulnerable group. The practice had identified patients with learning disabilities and treated them appropriately. Patients were encouraged to participate in health promotion activities, such as breast screening, cancer testing, and smoking cessation. The clinicians provided patients with referral to a health trainer, who attended the practice weekly to support patients in improving their mobility, manage body weight and maintain a healthy lifestyle. The practice offered telephone consultations and contact via email. There was a booking in touch screen in the reception area with a variety of languages for people whose first language was not English. A hearing loop was available for patients who had hearing impairments.

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia). The practice was aware of the number of patients they had registered who had dementia and additional support was offered. This included those with caring responsibilities. A register of patients with dementia was maintained and their condition regularly reviewed through the use of care plans. Patients were referred to specialists and then on-going monitoring of their condition took place when they were discharged back to their GP. Annual health checks took place with extended appointment times if required. Patients were signposted to support organisations and referred to

Summary of findings

other professionals for counselling and support according to their level of need. The practice branch surgery provided a specialist assessment, diagnosis and early intervention centre for patients with suspected and/or a mild to moderate dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015 showed the practice was above local and national averages. There were 120 responses and a response rate of 46%.

- 93% find it easy to get through to this surgery by phone compared with a CCG average of 81% and a national average of 73%.
- 92% find the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 68% with a preferred GP usually get to see or speak to that GP compared with a CCG and national average of 60%.
- 91% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 90% and a national average of 85%.
- 97% say the last appointment they got was convenient compared with a CCG average of 94% and a national average of 92%.
- 91% describe their experience of making an appointment as good compared with a CCG average of 79% and a national average of 73%.
- 72% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65%.
- 66% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 56%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. These findings were also reflected during our conversations with patients during and after our inspection. We spoke with eight patients during our inspection and a representative of the patient participation group. The feedback from patients was extremely positive. Patients told us they were able to speak to or see a GP on the day and where necessary get an appointment when it was convenient for them with the GP of their choice. We were given clear examples of effective communication between the practice and other services. Patients told us they felt the staff respected their privacy and dignity and the GPs, nursing, dispensary, reception and the management team were all approachable and supportive. We were told they felt confident in their care and liked the continuity of care they received at the practice. The patients we spoke with told us they felt their treatment was professional and effective and they were very happy with the service provided. Patients we spoke with told us they received an efficient dispensing service run by pleasant and helpful staff. They reported that it was easy to order repeat prescriptions and the quality of advice given by dispensing staff was good.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that staff that undertake chaperone duties have received a disclosure and barring check (DBS) or have a written risk assessment completed.
- Ensure there are protocols in place for the handling, analysis, audit and review of dispensing errors. Which includes formalising recording and discussion at the

quarterly dispensing team meetings. In addition ensure near-miss dispensing errors were recorded so that trends of these errors could be monitored and actions taken where necessary.

- Improve the arrangements to track blank prescription forms through the practice in accordance with national guidance.
- Improve the security of medicines being transported from the dispensary to the practice's branch surgery.

Summary of findings

Outstanding practice

The practice's branch surgery provided a specialist assessment, diagnosis and early intervention centre for patients with suspected and/or a mild to moderate dementia in a local and friendlier, less clinical environment.

The Leiston Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Leiston Surgery

Leiston Surgery provides primary medical services to approximately 6,700 patients. The practice area comprises of the town of Leiston and the surrounding villages. The main surgery is situated in a recently extended health centre in the town of Leiston and has a dispensary. There is a branch surgery in the village of Yoxford. Compared to other towns in Suffolk, Leiston has a high level of deprivation, and a higher proportion of over 65s (22% of the practice population). In addition there is a local challenge of drug abuse and crime, low weekly household income and poverty. The local high school has a lower than average educational attainment.

The current locations provide treatment and consultation rooms on two levels with a lift and wheelchair access. Parking is available with level and ramp access and automatic doors. The practice is accredited as a training practice.

The practice has a team of six GPs meeting patients' needs and a GP trainee. Five GPs are partners, meaning they hold managerial and financial responsibility for the practice. There is a team of practice nurses, which include two practice nurses, two health care assistants and a phlebotomist who run a variety of appointments for long term conditions, minor illness and family health.

There is a deputy practice manager who is supported by a team of dispensary and non-clinical administrative, secretarial and reception staff who share a range of roles, some of whom are employed on flexible working arrangements. Community midwives run sessions once a week at the practice.

The practice provides a range of clinics and services, which are detailed in this report, and operates generally between the hours of 8.30am and 6pm, Monday to Friday. 'Early Worker' appointments are available from 7am to 8am Monday mornings, 7.15am to 8am Wednesday mornings and 7.30am to 8am Thursday and Friday mornings. Appointments are available from 10.30 to 12noon Monday, Wednesday and Friday mornings at the branch surgery in Yoxford. In addition to pre-bookable appointments which can be booked up to six weeks in advance, urgent appointments are also available for people that needed them.

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

Why we carried out this inspection

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

Detailed findings

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

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

The inspection team :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC's intelligent monitoring systems.
- Carried out an announced inspection visit on 29 October 2015 at the main surgery in Leiston, we did not visit the branch surgery at Yoxford.
- Spoke with staff and patients.
- Spoke with a member of the patient participation group.
- Spoke with staff at local care and nursing homes.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

The practice used a range of information to identify risks and improve quality in relation to patient safety including incidents, comments, complaints and national patient safety alerts. The practice had policies and procedures for reporting and responding to accidents, incidents and near misses. Staff we spoke with told us that they were aware of the procedures for reporting and dealing with risks to patients and concerns. They told us that the procedures within the practice worked well.

There were systems for dealing with the alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA). The alerts contained safety and risk information regarding medication and equipment, often resulting in the withdrawal of medicines from use and return to the manufacturer. We saw that MHRA alerts received by the practice had been actioned where relevant. There were also arrangements for reviewing and acting on National Patient Safety Agency (NPSA) alerts. These are alerts that are issued to help reduce risks to patients who receive NHS care and to improve safety. From the minutes of practice meetings, the practice intranet, communicated emails to staff and through discussion with staff we saw that information was shared with staff so as to improve patient safety.

Complaints, accidents and other incidents such as significant events were reviewed regularly and discussed at clinical practice meetings to monitor the practice's safety record and to take action to improve on this where appropriate. We found that not all events were reviewed at all staff meetings. However staff we spoke with could give examples of learning or changes to practices as a result of complaints received or incidents. We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last two years. However we noted that dispensing significant events were not regularly discussed as part of the regular dispensing team meetings to ensure learning could be formally recorded and shared.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff told us they understood their responsibilities and would report any concerns to the GPs or management team. All staff had received training relevant to their role but were not familiar with the location of contact information for other safeguarding services outside of the practice. We discussed this with the partners who agreed to ensure this was readily available for all staff.
- We saw there were notices displayed in the waiting room, advising patients that chaperones were available if required. We were told all clinical staff who acted as chaperones were trained for the role and had undertaken a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However not all non-clinical staff who told us they acted as a chaperone had undertaken a DBS check or had a clear understanding of their role as a chaperone.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was a GP and practice nurse infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and

Are services safe?

staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. Records we viewed demonstrated that all members of staff involved in the dispensing process were appropriately qualified and their competence to undertake a range of dispensing tasks had been checked. The dispensary where medicines were stored was well organised, secure and clean. We found that medicines were stored safely. 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 to be managed. We checked a small sample of controlled drugs (CDs) and found appropriate records were kept, and the amount in stock tallied with the amount recorded as being in stock. However, controlled drugs were not kept in a locked container whilst being transported from the dispensary to the practice's branch surgery to ensure their security. Processes were in place to check that all medicines were within their expiry date and suitable for use, and we viewed completed stock checks that took place every three months. Blank prescription pads were kept securely in locked facilities; however, improvements were needed to track blank prescription forms through the practice in accordance with national guidance. The practice had appropriate written procedures in place for a range of dispensing activities which reflected current practice. These had been signed by all dispensing staff to indicate they understood them, and would abide by them. However, we noted that there was no written procedure for handling dispensing errors. Although dispensing errors were recorded on a note pad in the dispensary, there was no analysis or audit of these errors and they were not discussed at the quarterly dispensing team meetings. Also near-miss dispensing errors had not been recorded so that trends of these errors could be monitored and actions taken where necessary. Dispensing staff we spoke with were well aware of how to report significant events, and gave us a specific example of a recent event, and the action taken in its light to prevent its reoccurrence. All prescriptions were reviewed and signed by a GP before

they were given to the patient. The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. Records demonstrated that vaccines and medicines requiring refrigeration had been stored within the correct temperature range. Staff described appropriate arrangements for maintaining the cold-chain for vaccines following their delivery. Information provided by the practice showed that they regularly analysed and reviewed their prescribing habits, and also followed prompts from the prescribing team at the CCG. The GPs used a specialist computer programme to support medicine prescribing decisions and prescribing rates were similar or lower to CCG or national figures for hypnotics, non-steroid anti-inflammatory drugs, antibacterials and antibiotics.

- Recruitment checks were carried out and the six files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, and qualifications. Not all staff that undertook chaperone duties had received a disclosure and barring check (DBS) or had a written risk assessment completed. We saw DBS checks had been undertaken for all clinical staff.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs and the deputy practice manager showed us a recent staffing analysis he had undertaken to review the skills mix within the practice to ensure patients' needs could be met.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

The practice had a comprehensive business continuity plan in place for major incidents such as power failure, building damage or loss of access to the building. The plan included emergency contact numbers for staff and utility services.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw that guidance from local commissioners was readily accessible in all the clinical and consulting rooms. We discussed with the GPs and nurses how NICE guidance was received into the practice. They told us this was downloaded from the website and disseminated to staff. We saw minutes of clinical meetings which showed this was then discussed and implications for the practice's performance and patients were identified and required actions agreed. Clinical staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Staff described how they carried out comprehensive assessments which covered all health needs and were in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with respiratory diseases were having regular health checks and were being referred to other services when required. Feedback from patients confirmed they were referred to other services or hospital when required. Patients received appropriate advice about the management of their condition including how they could improve the quality of their lives. We saw extensive evidence of comprehensive care planning for patients with long term conditions, patients in care homes and those patients receiving palliative care. Anticipatory care planning reflected patients' wishes relating to hospital admission and end of life care. The practice ensured care plans were accessible to other agencies, such as out of hours services to ensure their full involvement and to facilitate sharing of information. The practice referred patients appropriately to secondary and other community care services.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 95.5% of the total number of points available, which was above both CCG and national averages. With 7.4% clinical exception reporting which was below both CCG and National averages. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was worse in comparison to the CCG and national average. With the practice achieving 84.9% this was 5.5 percentage points below the CCG average and 4.3 percentage points below the national average. However this was an improvement on the previous year's outcomes.
- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, depression, epilepsy, heart failure, hypertension, learning disability, mental health, palliative care, peripheral arterial disease, rheumatoid arthritis, secondary prevention of coronary heart disease and stroke and transient ischemic attack were all above or in-line with CCG and national averages with the practice achieving 100% across each indicator.
- Performance for both dementia and osteoporosis indicators were worse in comparison to the CCG and national averages with the practice achieving 76.9% for dementia indicators and 33.3% for osteoporosis indicators.
- The dementia diagnosis rate was above the national average.

The practice provided cover for five care homes in the area. One home specialised in the care of patients with a diagnosis of dementia, with a total of over 60 patients registered at the practice. This created a high demand at the practice. We were told there was a designated GP for each of the five homes and ward rounds were undertaken at two homes weekly. We spoke with staff from two care homes and were told the managers of the homes met with the GPs at the practice to discuss patient care and treatment. In addition the practice provided information packs for each home which offered guidance on 999 calls,

Are services effective?

(for example, treatment is effective)

urinary infections and dressing formularies. We were told this had information had resulted in a reduction in emergency calls from the homes and improved working relationships and trusts with staff and the practice.

There was a system of GP peer review or 'a second pair of eyes' to review GP referrals and referral rates. We were told this ensured all the GPs were supported in their decision making and all GPs were referring in-line with each other. The practice ran a GP buddy system to cover administration workload during absence or sick leave. This system was also used in the support of palliative care patients, we were told patients were given the choice of the GP and buddy GP to ensure coordination of care and support the patients' choice.

The practice had reviewed its process for recalling patients with a learning disability for health checks and reviews. A system was in place to write to patients with a health questionnaire, the patient was then invited for an appointment at an appropriate time. Longer appointments were provided to ensure patients with a learning disability had sufficient time to discuss their health needs. Since the introduction of this system the practice had seen a 50% improvement in patients attending for their health check on the previous year.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from areas of interest to them or the QOF. We reviewed ten clinical audits that had been undertaken in the last 12 months. We looked in detail at two of these audits which were completed audits where the practice was able to demonstrate the changes resulting since the initial audit. For example the practice had initially looked in detail at the prescribing of psychoactive and cyclopyrrolone medicines from February 2013 to July 2013. The practice had been found to be the 11th highest spending practice within the CCG which highlighted room for improvement. The practice undertook a reaudit of the same data for the year ending June 2015. The aim of the reaudit was to look again at patients on long term psychoactive and cyclopyrrolone medicines and to access

the quality of monitoring taking place. The results of the reaudit evidenced the practice was the fifth lowest spending practice within the local CCG, which evidenced a significant improvement.

The second audit evidenced that 83 patients were identified as being prescribed psychoactive and cyclopyrrolone medicines compared to 105 patients at the first audit. In addition 41 patients were found to have been prescribed this medicine long term compared to 70 patients previously. Local CCG guidance from August 2015 states these medicines should only be prescribed for short term use. In addition that existing long term patients should be gradually withdrawn. The practice recognised from this audit there was still work to be done with regard to prescribing psychoactive and cyclopyrrolone medicines and continued to monitor and audit this.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results.

Are services effective?

(for example, treatment is effective)

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

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

Each care home supported by the practice had a designated GP and GP buddy to provide continuity of care to the residents living there. The practice also undertook weekly 'ward rounds' at two of the larger homes as part of a programme of proactive care. The practice had hosted meetings of care home managers to discuss working together to deliver care. In addition the practice provided homes with a pack of resources which gave guidance on homely remedies and dressing formularies.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. 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. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Smoking cessation advice was available from a local support group.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 85.01% which was above the national average of 81.88%. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.6% to 98% and five year olds from 92.1% to 98.4%.

There was a variety of information available for health promotion and prevention throughout the practice, in the waiting area and on the practice website. Seasonal flu vaccinations were available to at risk patients such as patients aged 65 or over, patients with a serious medical condition or those living in a care home. Flu vaccination rates for the over 65s were 76.42%, and at risk groups 51.71%. These were also comparable to national averages.

Patients had access to appropriate health assessments and checks. These included NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that patients were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff told us that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 23 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were very happy with how they were treated and that this was with compassion, dignity and respect. The practice was well above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 97% 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 87% and national average of 85%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 92% 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 we spoke with on the day of our inspection told us that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. They told us that the GPs were caring, took their concerns seriously and spent time explaining information in relation to their health and the treatment to them in a way that they could understand. Patient feedback on the comment cards we received was also overwhelmingly positive and each of the nine patients we spoke with told us that they were happy with their involvement in their care and treatment.

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

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%

Staff told us that the vast majority of patients registered with the practice were English speaking. They told us that translation services would be made available for patients who did not have English as a first language. An electronic appointment check-in system was available to reflect the most common languages in the area. Staff had access to an interpretation and translation service.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room, on the TV screen, in the new patient registration pack and patient website told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was a carer. There was a practice register of all patients who had been identified as carers. Written information was available for carers to ensure they understood the various avenues of support available to them.

Are services caring?

The practice had access to a range of mental health services, which could provide additional support to patients when required. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a

patient consultation when required and/or by giving them advice on how to find a support service. We didn't speak with any patients who had suffered bereavement, however staff we spoke with confirmed this support was provided and we saw examples of thank you letters from patients and their families where support had been given.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG and other health organisations to plan services and to improve outcomes for patients in the area. For example, the practice branch surgery had been awarded a grant of £15,000 via the Improving the Environment of Care for People with Dementia fund. This money was used to improve and refurbish the branch surgery at Yoxford with the aim to create a friendlier environment for patients with a diagnosis of dementia. In addition the practice won a bid to host the Community Memory Assessment Centre at the Yoxford branch surgery, this provided patients with a suspected and/or mild to moderate dementia with an early intervention centre in a local friendlier and less clinical environment.

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;

- The practice offered an 'Early Worker' appointments on Monday, Wednesday, Thursday and Friday mornings at Leiston surgery for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice reviewed patient admissions data monthly.
- The practice worked with the local learning disabilities team to ensure patients on its learning disability register had been correctly identified and received the correct support.
- A diabetic nurse facilitator was available at the practice.
- All new patients were offered a health check with a member of the healthcare team to ensure their medical history, any tests required, medicines and medical history were correct and up to date.
- There were nurse led chronic disease and wound care appointments available.
- There were disabled facilities, hearing loop and translation services available.

- The practice worked closely with multidisciplinary teams to improve the quality of service provided to vulnerable and palliative care patients. Meetings were minuted and audited and data was referred to the local CCG.
- The practice worked closely with the medicines management team towards a prescribing incentive scheme (a scheme to support practices in the safe reduction of prescribing costs).
- Online appointment booking, prescription ordering and access to basic medical records was available for patients.
- Chlamydia test kits were available at the practice.
- The practice liaised closely with local pharmacies where prescription collection and delivery service were available.
- Emergency contraception was available at the practice.
- Community midwives, mental health link workers, substance abuse and alcohol support workers provided services from the main surgery premises.

Access to the service

The main practice at Leiston was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30 to 10.30 every morning and 3.30pm to 5.30pm daily. Extended hours or Early Worker surgeries were offered from 7am to 8am Monday, 7.15am to 8am Wednesday and 7.30am to 8am Thursday and Friday mornings. Appointments were from 10.30am to 12noon Monday Wednesday and Friday mornings at the branch surgery in Yoxford. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

There was a dispensary at the main surgery and a medication collection and delivery service was provided at the branch surgery in Yoxford.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages and people we spoke with on the day were able to get appointments when they needed them. For example:

- 91% of patients were satisfied with the practice's opening hours compared to the CCG average of 88% and national average of 85%.
- 93% patients said they could get through easily to the surgery by phone compared to the CCG average of 81% and national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 91% patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 72% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

Listening and learning from concerns and complaints

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

The policy explained how patients could make a complaint and included the timescales for their acknowledgement and completion. The process included an apology when appropriate and whether learning opportunities had been identified. The system included cascading the learning to staff at practice meetings. If a satisfactory outcome could not be achieved, information was provided to patients about other external organisations that could be contacted to escalate any issues.

All staff were aware of the complaints procedure and were provided with a guide that helped them support patients and advise them of the procedures to follow. Complaints forms were readily available at reception and the procedure was published in the practice leaflet.

Patients we spoke with had not had any cause for complaint. We looked at seven complaints recorded in the last 12 months and saw that these had been dealt with in a timely manner and learning outcomes had been cascaded to staff within the practice. For example, the practice had reviewed customer service training with staff following a concern raised regarding the attitude of staff.

A summary of each complaint included, details of the investigation, the person responsible for the investigation, whether or not the complaint was upheld, and the actions and responses made. We saw that complaints had all been thoroughly investigated and the patient had been communicated with throughout the process.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice mission statement was built around the name of the main practice and was clearly displayed in the entrance and waiting areas;

- **L**eiston surgery aims to provide
- **E**xceptional care
- **I**nformed choices
- **S**afe environment
- **T**rained staff to the highest standard
- **O**bserving national guidelines
- **N**ever compromised patient care

Throughout our visit we saw a consistent caring and compassionate approach to patients that supported this vision. The practice leadership team were aware of the importance of forward planning to ensure that the quality of the service they provided could continue to develop. The partners were committed to improving primary healthcare and recognised the value of training and staff development. It was evident from our interviews with the management team, the GPs and the staff that the practice had an open and transparent leadership style and that the whole team adopted a philosophy of care that was patient centred and put patient outcomes first.

The practice had robust strategy and supporting business plans which reflected the vision and values which were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place. For example: there was a clear staffing structure and staff were aware of their roles and responsibilities. The deputy practice manager was responsible for the day to day running of the practice, supported in their role by a visiting practice manager who provided a mentoring role and attended the practice one day per week. The GPs were all supported to address their professional development needs for revalidation. Staff were supported through appraisals and continued professional development. The GPs had learnt from incidents and complaints.

The practice had a full range of policies and procedures in place to govern activity and these were available to staff on the practice's computer systems. We viewed a number of the practice's policies and procedures with last and next review dates. Although these policies had been signed as reviewed by staff recently, not all of the staff we spoke with had a clear understanding of some of the policies. We were told the practice was using away days with staff to work through the policies and ensure they remained relevant and accurate.

Communication across the practice was structured around key scheduled meetings. There were weekly partner and management meetings, and the partners met every six to eight weeks away from the practice to discuss strategy and planning. Educational meetings were held weekly and members of the multi-disciplinary team were invited where relevant. Departmental meetings were held and quarterly whole staff meetings.

The practice was pro-active in identifying potential risks and challenges to its business. We viewed a comprehensive range of risk audits which covered potential risks to the practice. This included health and safety, fire risk assessments and appointment audits were undertaken to ensure patient access was maximised. Each risk had been rated and regularly reviewed. The practice were aware of the potential impact and challenges on local services and the growth of the local community with the proposed expansion of a local nuclear power facility. The future planning of services and development of the building were being discussed and planned with the aim of providing a number of outreach services for patients in a locally at the main surgery.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

We saw regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. We also noted that quarterly whole staff meetings were held. Staff said they felt respected, valued and supported,

Are services well-led?

Good 

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

particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining their feedback and engaging them in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys, complaints and a comments book in the entrance lobby of the main surgery. We saw this book was actively used by patients with 17 comments logged since 1 October 2015. Comments included praise about specific members of staff and suggestions for improving signposting and notice boards in the practice. We saw that where required the practice had responded with explanation or details of the action taken.

There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, we were told PPG members attended team away days and brainstorming sessions to develop improvements at the practice. There was an allocated PPG notice board in the waiting room area, and information on the practice website giving patients details on how to get involved with the PPG and the minutes of meetings. The PPG were working with the deputy practice manager to develop and disseminate information to patients in the community through local publications and newsletters. We were told GPs attended PPG meetings and were listening and working with PPG members to audit and improve services. Members of the PPG attended flu clinics to engage with patients, encourage recruitment to the PPG and audit patient responses to the provision and quality of the service. We were told this had proved a useful exercise. The PPG were also working with the deputy practice manager to investigate ways of encouraging feedback from different population groups. For example by attending local schools to encourage involvement from a student population.

The practice had also gathered feedback from staff through staff away days and generally through staff meetings,

appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. However staff told us not all information regarding changes and outcomes at the practice was disseminated to staff.

All staff had received an annual review of their performance during an appraisal meeting. This gave staff an opportunity to discuss their objectives, any improvements that could be made and training that they needed or wanted to undertake. We saw evidence of a staff training needs analysis that ensured all staff training requirements were addressed. Clinicians also received appraisal through the revalidation process. Revalidation is where licensed GPs are required to demonstrate on a regular basis that they are up to date and fit to practise.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice branch surgery had utilised a grant to improve and refurbish the branch surgery at Yoxford with the aim to create a friendlier environment for patients with a diagnosis of dementia. In addition the practice won a bid to host the Community Memory Assessment Centre at Yoxford branch surgery.

The practice was an accredited centre for training GP registrars and undertook a rolling programme for training medical students from Cambridge and Norwich medical schools. The practice also provided a programme for GPs who required re training.

The practice was in the process of undertaking health promotion sessions at the local high school. In addition this was to encourage career promotion for future GPs and nurses.

The practice placed a strong focus on valuing and empowering staff through effective appraisal, training opportunities and communication to develop their skills and potential. The partners had recently introduced a quarterly staff award, the winner of which was voted for by other staff members.