The Norwich Road 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?	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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Norwich Road Surgery on 26 January 2016. Overall the practice is rated as good.

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, 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.
- Improvements were needed for auditing of infection prevention and control measures and for cold chain management of medicines.
- 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:

- The practice had recognised the need to be supportive in providing care to ethnic minority patients with 11% of its population not having English as their first language. For example by proactively inviting non-English speakers to join the patient participation group and by requesting patients that they submit information to the practice about their (children's) immunisations so that medical records could be updated and additional vaccinations could be provided if required.

Summary of findings

The areas where the provider must make improvement are:

- Infection control audits must be undertaken and any required improvements implemented.
- Cold chain management of medicines must be implemented and monitored effectively.

The areas where the provider should make improvement are:

- Implement a robust risk assessment system, including premises related risks.
- Ensure staff are supported with timely appraisals.
- Ensure all consumable equipment is in date and fit for use.
- Ensure mandatory staff training is up to date for all members of staff.

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?

Requires improvement

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

- 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 and 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.
- The practice did not have effective systems or audits in place related to infection prevention and control.
- The practice did not have effective systems in place related to cold chain management of medications.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice generally in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Patients said 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.
- The practice had recognised the need to be supportive in providing care to ethnic minority patients. For example by proactively inviting non-English speakers to join the patient participation group and by sending a letter to patients requesting they submit information to the practice about (children's) immunisations so that medical records could be updated and additional vaccinations could be provided if required.
- The practice provided GP cover to a local probation hostel, patients from this hostel often presented without summaries and medication and required introduction time into the care of the GPs as well as close monitoring of medication use and delivery.
- The practice provided GP cover to a women's refuge. Patients from this location often presented with social problems as well as mental and physical health concerns. The practice also assisted habitants with other matters such as housing matters and personal touches. Two clinical members of staff had attended the refugee women's group to give a presentation on contraception, for those not speaking English a translator was present to translate everything there and then.
- The practice provided GP cover to a YMCA centre where the practice cared for 41 patients with varying and health-challenging situations.

Are services well-led?

Good

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

Summary of findings

- 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 being open and honest. The practice had systems in place for recognising notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active, undertook regular meetings which were attended by the practice manager and a GP and were involved in several developments related to the practice.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice was a training practice with the lead GP being a trainer for trainee GPs and medical students. Two further clinicians were associated trainers.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs. The practice provided GP cover to a local mixed residential home where a nurse practitioner provided weekly ward rounds.

People with long term conditions

Good

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

- Nursing and GP staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients with long term conditions such as diabetes, hypertension and heart disease were reviewed six monthly, which was more often than the National Institute for Health and Care Excellence(NICE) guidance recommends.
- The practice worked with local asthma and diabetes specialist nurses for those patients with more complex needs.
- Quality Outcome Framework performance for a variety of long term conditions was equal to or better than the CCG and national average.
- Longer appointments and home visits were available when needed.
- Long term condition clinics were held during which care plans could be modified in light of discussion with the patient.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, we saw evidence to confirm this.
- The practice had a comprehensive cervical screening programme. The practice's percentage of patients receiving the intervention according to 2014-2015 data was 77.8%, which was below the England average of 81.8%. Patients who didn't attend their appointment were followed up with letters in their own language (for non-English speakers) and via the telephone.
- A family planning clinic was held weekly, during which a GP could fit contraceptive coils and implants.
- 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.
- Childhood immunisation rates for the vaccinations given to under twos ranged from 89.9% to 100% compared to the local average of 94.8% to 97.1% and for five year olds from 88.1% to 93.6% compared to the local average of 92.6% to 97.2%.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments were available twice a week.
- The practice was proactive in offering telephone appointments and online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Outstanding

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a translation need or learning disability.

Summary of findings

- The practice offered tailored information and advice about the NHS to patients that were refugees in their own language. The practice was proactive in ascertaining the immunisation status of refugees with young children by means of a specially written letter for when these patients registered
- The practice carried out annual health checks for people with a learning disability and seven out of 38 of these patients had received a review since April 2015. The practice explained that it had recently added this list to their register and were in the process of inviting all remaining patients within a month of our inspection.
- 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 and supported a local women's refuge.
- The practice provided GP services to a local YMCA, seeing people at short notice if required.
- The practice provided GP cover to a local probation hostel, which involved liaison with prison staff and implementation of special arrangements around prescribing for patients residing there. Patients from this hostel often presented without summaries and medication and required introduction time into the care of the GPs as well as close monitoring of medication use and delivery.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had 97 registered patients with dementia, of which 87 were deemed to require annual reviews, of which 82 had received an actual review since April 2015.
- The practice had 79 registered patients with mental health conditions, of which 46 were deemed to require annual reviews, of which 39 had received an actual review since April 2015.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing generally in line with the national and Clinical Commissioning Group (CCG) averages. There were 272 surveys sent out and 108 responses which was a response rate of 38%.

- 87% 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%.
- 77% describe their experience of making an appointment as good compared with a CCG average of 79% and a national average of 73%.
- 57% 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 58%.
- 39% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 60% and a national average of 60%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards, most of which were positive. Four cards contained comments from patients experiencing difficulty in getting an appointment of their preference. Three cards contained comments suggesting staff had not always been friendly or attentive. The 37 other cards contained positive comments around the skills of the staff, the cleanliness of the practice, the treatment provided by the GPs and nurses, the helpfulness of staff and the way staff interacted with patients. Patients said they felt the practice felt clean, offered a safe and satisfactory service and staff were helpful and caring. Several cards stated that staff treated patients with dignity and respect.

Areas for improvement

Action the service MUST take to improve

- Infection control audits must be undertaken and any required improvements implemented.
- Cold chain management of medicines must be implemented and monitored effectively.

Action the service SHOULD take to improve

- Implement a robust risk assessment system, including premises related risks.
- Ensure staff are supported with timely appraisals.
- Ensure all consumable equipment is in date and fit for use.
- Ensure mandatory staff training is up to date for all members of staff.

Outstanding practice

- The practice had recognised the need to be supportive in providing care to ethnic minority patients with 11% of its population not having English as their first language. For example by proactively inviting non-English speakers to join the patient participation group and by requesting patients that they submit information to the practice about their (children's) immunisations so that medical records could be updated and additional vaccinations could be provided if required.

The Norwich Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector**.** The team included a GP specialist adviser, a nurse specialist adviser and a practice manager specialist advisor.

Background to The Norwich Road Surgery

The Norwich Road Surgery is situated in Ipswich, Suffolk. The practice provides services for approximately 9800 patients. The practice holds a Personal Medical Services (PMS) contract.

According to Public Health England information, the patient population has a higher number of patients aged 25 to 29 compared to the practice average across England. It has slightly lower proportions of patients aged five to 20 and 35 to 54 compared to the average across England. The number of male patients over 65 years of age is above average. Other age groups are in line with the practice average across England. Income deprivation affecting children and older people is slightly below the practice average across England, as is the overall deprivation across the practice population.

The practice has three GP partners, one male and two female and one female salaried GP, who was due to leave the day after our inspection. There are four nurse practitioners, five practice nurses and two health care assistants. The practice also employs a practice manager and office teams with individual leads.

The practice is a training practice and had one GP trainee at the time of our inspection.

The practice's opening times at the time of the inspection were 08:00 to 18:30 Monday to Friday. Extended hours were available on Monday evenings from 18:30 until 20:00 and Wednesday mornings from 07:00 until 08:00. During out-of-hours, appointments were available with GP+ (an Ipswich GP based out-of-hours provider) 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 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 26 January 2016. During our visit we:

- Spoke with a range of staff (including GPs, nurses, reception, administration and managerial staff) and spoke with patients who used the service.
- 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an open, transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and an incident form was available on the practice's computer system or in paper form. When relevant, complaints received by the practice were automatically treated as a significant event. Records and discussions with GPs identified that there was consistency in how significant events were recorded, analysed, reflected on and actions were taken to improve the quality and safety of the service provided. The practice carried out an analysis of the significant events. If a significant event was urgent it was dealt with on the day.

We reviewed safety records, significant events for the current year and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw minutes that confirmed significant events were discussed and had led to increased staff vigilance around the recording of samples from patients.

The practices provided us with 19 case studies that evidenced a variety of practices addressing individual patient needs and good quality care. These case studies included evidence that best practice was followed and patient safety and confidentiality was a primary consideration for the practice. The case studies showed reflective practice and provided qualitative evidence, for example:

- Medical alerts were acted on; we reviewed a case study around a high risk drug prescription for a patient suffering with dementia which was stopped but the patient had not attended monitoring appointments. The lead GP proactively encouraged the patient to attend a consultation and addressed the patient's needs in cooperation with their next of kin, at all times considering confidentiality and safety.
- Tailored care was delivered to patients in individual scenarios; we reviewed a case study which evidenced tailored care for a patient with learning disabilities and other emotional and physical conditions. One of the measures to support the patient was to schedule appointments at times that were considered difficult periods for the patient, for example during times of stress and anxiety.
- a personal touch was present when delivering care; we reviewed a case study which highlighted a multi-disciplinary approach for a cancer patient through the final stages of their life with a focus on making the patient comfortable, pain free and maintain a quality of life. The GP involved attended the patient's funeral at the family's request.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The information was monitored by the practice manager and a dedicated GP and electronically shared with other staff. Any actions required as a result where researched by a designated staff member and brought to the attention of the relevant clinician to ensure this was dealt with. Clinicians we spoke with confirmed this took place and worked well.

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 to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Safeguarding children and vulnerable adults' 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, as did specific guides available in all clinical rooms. 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. During our inspection we witnessed an incident that required immediate safeguarding intervention from a nurse practitioner for which the appropriate actions were taken and other parties were appropriately informed. All this was in line with practice policy.
- There were notices displayed in the waiting room advising patients that chaperones were available if

required. Clinical staff acted as chaperones and had received a Disclosure and Barring Service check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- 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 the different staffing groups to ensure that enough staff were on duty. The staff in the different teams were able to cover each other's roles and there were designated leads for clinical areas such as asthma, cancer and epilepsy as well as for general work areas, such as infection prevention and control, safeguarding and practice education.
- Appropriate standards of cleanliness and hygiene were not always followed. We observed the premises to be clean and tidy. There was a dedicated infection prevention and control (IPC) 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. The practice was unable to provide evidence of IPC audits or actions taken to address any improvements identified as a result. We saw cleaning schedules were in place and needle stick protocols were displayed in consultation and treatment rooms, guiding staff to what action to take in the case of such an event.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy team to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there was a system in place to monitor and track their use. The practice had a protocol to guide prescribing for over-the-counter basic medication to avoid patients being supplied with these; this was a CCG initiated project. The practice did not have a cold chain policy for medicines that had to be kept refrigerated. When we checked records we found that minimum and maximum temperatures of the fridges were not always monitored and/or recorded. We saw that there was ice at the back of a fridge which was used for vaccination storage.
- 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 displayed in the reception area but the poster did not include any named representative. The practice had a variety of risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella. The practice had a lift for access to the first floor consultation and treatment rooms and staff monitored if patients required assistance in the use of the lift. An emergency call button was present in the lift. Other premises related risks and hazards had been addressed but were not documented in any risk assessments or a risk register.
- Staff told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments and there were sufficient stocks of equipment and single-use items required for a variety of interventions. We found a number of pieces of consumable equipment were out of date. For example, we found that there were out of date syringes and needles. The practice acted on this immediately and removed all out of date consumables. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated to ensure it was working properly.

Arrangements to deal with emergencies and major incidents

Staff identified and responded to changing risks to patients who used the practice through the safe management of medical emergencies. The majority of staff received annual basic life support training but for one nurse practitioner this training was overdue by six months and for some other staff members we were not provided with evidence that this training had been undertaken. Emergency medicines were available and staff we spoke with knew of its locations. The practice had automated external defibrillators and oxygen with masks for use on the premises in an emergency situation. All the medicines we checked were in date and fit for use. In the first floor waiting room, we saw that patients were monitored by staff via CCTV for deteriorating health and wellbeing. Panic buttons were present on the computers and at front reception in case of an emergency.

Requires improvement

Are services safe?

The practice had up to date fire risk assessments and a business continuity plan in place for major incidents such as power failure or building damage. The plan included up to date emergency contact numbers for utilities and practice staff and several copies were held off site.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

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 95.9% of the total number of points available, which was above the national average of 93.5% and above the local average of 94.1%. The practice reported 9.7% exception reporting, which was slightly above the CCG and national average. Data from 2014/2015 showed:

- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, depression, epilepsy, heart failure, hypertension, learning disability, mental health, osteoporosis: secondary prevention of fragility fractures, palliative care, rheumatoid arthritis and stroke and transient ischaemic attack were better or the same in comparison to the CCG and national averages with the practice achieving 100% across each indicator.
- Performance for chronic obstructive pulmonary disease related indicators was higher than the CCG and national average. With the practice achieving 97.1%, this was 0.9 percentage points above the CCG average and 1.1 percentage points above the national average.
- Performance for dementia related indicators was higher than the CCG and national average. With the practice achieving 96.2%, this was 5.3 percentage points above the CCG average and 1.7 percentage points above the national average.
- Performance for diabetes related indicators was higher than the CCG and national average. With the practice achieving 94.2%, this was 3.8 percentage points above the CCG average and 5 percentage points above the national average.
- Performance for peripheral arterial disease related indicators was 83.3% which was 11.8 percentage points below the CCG average and 13.4 percentage points below the national average.
- Performance for secondary prevention of coronary heart disease related indicators was 97.8% which was 4.1 percentage points above the CCG average and 2.8 percentage points above the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw evidence of various audits that the practice had undertaken. We saw evidence of completed audit cycles in several of those 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 lead GP on the day of the inspection. For example, an audit on fragility fractures. The audit had highlighted issues around coding and follow ups of these types of fractures at the local hospital. A follow up audit indicated that these issues persisted. As a result, the lead GP took appropriate steps to remind staff about coding and reminded clinical staff to be proactive in dealing with alerts and letters. This learning was also shared with the local commissioners.

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 opportunities to raise concerns, clinical and non-clinical during discussion at coffee break times or impromptu meetings.
- Staff mostly received training, which 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. For one clinical member of staff we saw that basic life support training was overdue by six months.

Good

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care plans, medical records, investigations and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example; when referring patients to other services.

Staff worked together and with other health and social care services, to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital (they were reviewed by a nurse practitioner). We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. In addition, monthly palliative care meetings were held and unplanned admissions were discussed on a monthly basis.

The practice premises provided facilities to other health care providers in addition to the practice, for example the out-of-hours services for the area, delivered by CareUK. The practice manager explained that this aided working relationships between the practice and other services.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Clinical 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. We saw evidence of a significant event which related to consent taking where the practice had acted appropriately and made relevant recordings. We were informed that administrative staff had not always undergone Mental Capacity Act training.

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 was 77.8%, which was below the England average of 81.8%. Patients that had not attended for a screening appointment were followed up with letters and via the telephone.
- Flu vaccination rates for September 2013 up to, and including January 2014, for the over 65s were 82.1% compared to the national average of 73.2%; and at risk groups 50.7% compared to the national average of 48.4%.
- Childhood immunisation rates for the vaccinations given to under twos ranged from 89.9% to 100% compared to the local average of 94.8% to 97.1% and for five year olds from 88.1% to 93.6% compared to the local average of 92.6% 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.

Smoking cessation services were also offered, 1592 patients were offered this service in the 24 months prior our inspection.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients, both attending at the reception desk and on the telephone. We saw that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards, most of which were positive. Four cards contained comments from patients experiencing difficulty in getting an appointment of their preference. Three cards contained comments suggesting staff had not always been friendly or attentive. The 37 other cards contained positive comments around the skills of the staff, the cleanliness of the practice, the treatment provided by the GPs and nurses, the helpfulness of staff and the way staff interacted with patients. Patients said they felt the practice felt clean, offered a safe and satisfactory service and staff were helpful and caring. Several cards stated that staff treated patients with dignity and respect.

Results from the national GP patient survey showed patients were happy with how they were treated. The practice performed generally in line with the averages 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 87%.
- 91% 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%.
- 82% 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%.
- 92% 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%.
- 91% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 82% of 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 told us, and comment cards informed us, that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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

- 91% 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%.
- 79% 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%.

Patient and carer support to cope emotionally with care and treatment

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 people who were carers and 109 patients on the practice list had been identified as carers and were being supported, for example, by offering health checks, extended appointments if required and referral for organisations such as social services for support. 139 patients were identified as being

Good

Are services caring?

cared for. Written information was available for carers to ensure they understood the various avenues of support available in the practice's waiting room and on their website.

Staff told us that if patients had suffered bereavement, their usual GP contacted them either in person or via the phone. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. We saw evidence that staff had attended patient's funerals if requested or appropriate.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. The practice held information about the prevalence of specific diseases. This information was reflected in the services provided through means of 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, prescription ordering and access to basic medical records were available for patients.
- There were longer appointments available for carers, patients with a learning disability or patients who needed a translation service; or for any other patient that required this.
- Home visits were available for older patients or patients who would benefit from these. The practice kept a register of those patients that were housebound.
- Urgent access appointments were available for children.
- Telephone consultations were available for patients.
- Same day appointments were available but the practice also hosted a variety of clinics, for example for contraceptive device fitting and baby vaccinations.
- Patients with long term conditions such as diabetes, hypertension and heart disease were reviewed six monthly, which was more often than the NICE guidance recommends.
- The practice worked with local asthma and diabetes specialist nurses for those patients with more complex needs.
- The practice had use of a lift in the premises so that patients who could not manage the stairs could be seen on both the ground and first floor. If patients were unsure of how to use the lift the reception staff would assist them. An alert button was present in the lift. In case of a fire or the lift not functioning, we did not see that an emergency evacuation chair was available.
- A private space was available for breast feeding mothers.
- Ward rounds were undertaken at a local residential home once a week. These were undertaken by a nurse practitioner who was supported by one of the GPs.
- The practice hosted external services to allow for improved local access for patients. For example, ultrasound services, physiotherapy services and midwives held clinics at the practice.
- AGE UK advisors visited the practice on a regular basis offering advice to staff to assist in the care for patients and/or their carers.
- There were disabled facilities and a hearing loop available.
- The practice had recognised the need to be supportive in providing care to ethnic minority patients with 11% of its population not having English as their first language. For example, by proactively inviting non-English speakers to join the patient participation group and by requesting patients that they submit information to the practice about their (children's) immunisations so that medical records could be updated and additional vaccinations could be provided if required.
- The practice offered double appointments with the use of language line and provided translated materials about the NHS and treatments and interventions.
- The practice, together with another local practice, provided GP cover to a local women's refugee group. The refuge had provided written confirmation of their content with the care received from the practice and stated that they 'felt fortunate to be located near the practice and that partners and staff were aware of the needs of the female victims of domestic abuse and their children'. The refuge considered the practice staff to be 'discrete and professional colleagues to the refuge staff when it came to joint working procedures or going the extra mile to help vulnerable people'. Patients from this location often presented with social problems as well as mental and physical health concerns. The practice also assisted habitants with other matters such as housing matters and personal touches. Two clinical members of staff had attended the refugee women's group to give a presentation on contraception, for those not speaking English a translator was present to translate everything there and then.
- The practice provided GP cover to a local probation hostel, which involved liaison with prison staff and implementation of special arrangements around prescribing for patients residing there. Patients from this hostel often presented without summaries and medication and required introduction time into the care of the GPs as well as close monitoring of medication use and delivery.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice provided GP cover to a YMCA centre where the practice cared for 41 patients with varying and health-challenging situations.
- The practice was a training practice and had one GP trainee at the time of our inspection. The lead GP was also a GP tutor at the local university and tutored medical students.

Access to the service

The practice's opening times at the time of the inspection were 08:00 to 18:30 Monday to Friday. Extended hours were available on Monday evenings from 18:30 until 20:00 and Wednesday mornings from 07:00 until 08:00. During out-of-hours, appointments were available with GP+ (an Ipswich GP based out-of-hours provider) 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 showed that patients' satisfaction with how they could access care and treatment was generally in line with the local and national averages. For example:

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 74% patients said they could get through easily to the surgery by phone compared to the CCG average of 84% and national average of 77%.
- 77% patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 69% 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. A policy explained how patients could make a complaint and included the timescales for acknowledgement and completion. The process included an apology when appropriate and whether learning opportunities had been identified.

We reviewed a log of complaints received in 2015, this included 14 complaints. When we reviewed the complaints we noticed that appropriate complaints were raised as significant events. Records showed complaints had been dealt with in a timely way. If a satisfactory outcome could not be achieved, information was provided to patients about other external organisations that could be contacted to escalate any issues.

We saw that information was available to help patients understand the complaints system for example information was available on the practice website and in the waiting room and complaint forms were available in the practice.

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 vision in which they committed to 'high quality and effective healthcare' and were 'proud to offer the highest standard of patient-centred healthcare'.

The ethos included a focus on teamwork.

Considerations to changes in patient list size were also included, for example the recent closure of a nearby practice had led to an increase in the practice's patient list.

The practice had gone through a challenging time for approximately a year prior to our inspection, which had resulted in changes in the partnership and staffing. We saw that the lead GP and the practice manager had used their skills and experience to guide the practice through that period.

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 was a clear staffing structure and rota planning and staff were aware of their own roles and responsibilities. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness. The nursing, reception and administration teams each had their own lead individual.
- 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. There was a schedule of meetings that were held in the practice, for example: weekly business/partners meetings, clinical/educational meetings fortnightly, monthly reception, nursing and administration team meetings also took place. During clinical/educational meetings, patient scenarios and procedures were discussed to improve outcomes, non-clinical staff were invited to attend when relevant. Clinical meetings were attended every other occasion by external speakers to educate staff on a variety of topics. Significant event review meetings were planned to be held six monthly or annually from 2016 onwards.
- The practice had held a brainstorm meeting with all the staff in January 2016; this was during a time when staff cover was thin due to retirement. This meeting involved a practice wide discussion to explore options in going forward to be able to maintain standards of patient care. The objectives included raising awareness of the practice's situation with all the staff and to allow staff to contribute their perspectives to be able to free up clinician time and improve resilience in the practice. The meeting covered clinical, administrative and training areas.
- The GPs were supported to address their professional development needs for revalidation.
- Staff were supported through a system of appraisals and continued professional development. Some staff appraisals had lapsed in 2015 due to work pressures and staff shortages in the practice. But we saw appraisals that were in place were robust and included 360 degree review, any appraisals that were overdue were planned for.
- 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.
- GPs had undertaken clinical audits which were used to monitor quality, systems to identify where action should be taken and drive improvements.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. We reviewed nineteen case studies that evidenced this for a variety of scenarios and population groups.

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, dedication and honesty.

The practice manager attended monthly practice management meetings with the CCG.

Are services well-led?

Good

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

Staff explained that they had the opportunity to raise any issues at these meetings, were confident in doing so and felt supported if they did. Staff said they felt respected and valued by the partners in the practice.

The practice had taken on five members of staff on apprenticeships at different times before our inspection, of which three had remained with the practice after their placement had finished and still worked there at the time of our inspection.

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. It had gathered feedback from patients through the patient participation group (PPG), the NHS friends and family test and through surveys and complaints received. We spoke with three members of the active PPG, which met face to face approximately four times a year. The group had been active since 2011 and had 14 members, with representation of a variety of population groups. PPG meetings were always attended by a GP and were topic based. A practice secretary acted as link between the PPG and the practice and arranged the agendas for meetings. The group informed us that the practice was open to suggestions from the group and had instigated changes such as reviewing information on non-attended appointments to inform patients of the impact of these non-attendances.

The PPG told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They said that patients were treated in an age appropriate way and that their needs for care were met.

The practice, together with the PPG, had undertaken continuous patient surveys. We were provided with evidence of surveys and action plans dating back to 2011. The most recent action plan from 2014-15 indicated the introduction of plasma screens in the waiting room and detailed the information that would be shown on these screens. For example, patient questionnaire results and increasing patient understanding of the workloads in the practice.

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. For example, FFT data available to us showed that:

- In August 2015, from 12 responses, 83% recommended the practice compared to 88% nationally.
- In September 2015, from 39 responses, 79% recommended the practice compared to 89% nationally.
- In October 2015, from 171 responses, 93% recommended the practice compared to 90% nationally.

The practice had gathered feedback from staff through staff training days and generally through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt generally well supported and that communication within the practice was good.

Innovation

One of the GPs, who was the clinical lead for, and had a special interest in diabetes, was planning to undertake a Masters qualification in diabetes and take up a diabetes fellowship. This was to be completed in their own time.

The practice was a training practice and had one GP trainee at the time of our inspection. The lead GP was also a GP tutor at the local university and tutored medical students. The lead GP had recently been reapproved as trainer and had received positive feedback of which we saw evidence. Two other clinicians were associated trainers, one GP and one nurse practitioner.

This section is primarily information for the provider

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment (1) Care and treatment must be provided in a safe way for service users. (2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include – (h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. (g) the proper and safe management of medicines.