

Holbrook 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 Holbrook Surgery on 15 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Urgent appointments with a GP were available on the same day.

- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvements are;

- Ensure phlebotomy is only undertaken in rooms with flooring and surfaces that meet the requirements of the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

There were some areas of outstanding practice;

Summary of findings

- The practice and patients made fidget quilts for dementia patients to help reduce anxiety and stress during hospital stays. The practice had sent 1451 baby jumpers, hats and blankets knitted by the staff and patients for Rwandan babies.

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.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Annual infection control audits were undertaken. We saw evidence of recent audits and an action plan to address any improvements identified as a result. The practice had occasionally used a consultation room for phlebotomy which had carpeted flooring. The practice had a regular deep cleaning schedule.
- The practice had a legionella policy and documented risk assessment in place.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were in general above average for the locality and compared to the national average.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- The practice had a 71% flu vaccination uptake. The practice nurses visited housebound patients to administer flu vaccinations and to undertake patients annual checks.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice in line with others for several aspects of care.
- The practice had identified 51 patients on the practice list (0.6%) as carers and health assessments were offered. Carers' forms were available on the practice website and also on the new patient registration form. Carers were also identified at the practice flu clinics.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice and patients made fidget quilts for dementia patients to help reduce anxiety and stress during hospital stays. The practice had sent 1451 baby jumpers, hats and blankets knitted by the staff and patients for Rwandan babies.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice offered extended surgery hours on a Monday from 7.30am to 7pm, 8pm to 7pm on Wednesday and Thursday and 8.30am to 10.30am on a Saturday for patients who could not attend during normal opening hours.
- Patients said that urgent appointments with a GP were available on the same day.
- GPs regularly visited patients in local residential and nursing homes and liaised with the home managers and supported an independent living home, a learning disabilities supported living complex and a large school with 361 boarders.
- Practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.

Summary of findings

Are services well-led?

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

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

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered annual health checks for patients aged over 75 who were on regular medications and who lived in a care home.
- GPs regularly visited patients in local residential and nursing homes and liaised with the home managers and supported an independent living home.
- They 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. The practice ensured palliative care end of life patients and family/carers had access to their GP's personal telephone numbers if needed.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. Data from 2014/2015 showed performance for diabetes related indicators was 96%, which was better than the CCG average by 5% and the England average by 6%. Performance for asthma related indicators was 100%, which was better than the CCG average by 6% and the England average by 3%.
- Longer appointments and home visits were available to patients when needed.
- The practice offered health checks for patients who needed long term condition management.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice supported the district nurses by offering a community phlebotomy clinic on Mondays to assist in taking necessary bloods.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Children and young people's safeguarding meetings were every eight weeks with health visitors and safeguarding was a standing agenda for the weekly GPs meetings. GPs were safeguarding level three trained (safeguarding children and young people).
- Immunisation rates were above average for the standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 86%, which was 4% above the CCG and England average
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had a private room available for breast feeding.
- The practice supported a large boarding school with 361 boarders with regular clinics held at the school (during the summer, the school became a language school therefore presented a more transient population). The practice worked closely with the counsellor at the school to support the students' needs.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- 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. They operated extended hours on a Monday from 7.30am to 7pm, Wednesday and Thursday from 8pm to 7pm and Saturday mornings from 8.30am to 10.30am. They offered telephone consultations during the day to patients that might not be able to access the surgery during normal hours. Non urgent appointments could be booked in advance.
- The practice was part of the pilot for the GP plus system which enabled them to book GP and nurse practitioner appointments at a specified location.
- The practice offered online appointments as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. They had identified 22 learning disability patients and supplied health checks for these patients on the register.
- The practice referred patients to various support services and regularly supported a learning disabilities supported living complex.
- 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.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided weekly home deliveries of medications for patients who were housebound or vulnerable.

People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- The practice carried out advance care planning for patients with dementia.
- 88% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their record in the preceding 12 months which was above the CCG average by 4% and the same as the England average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The mental health link worker regularly attended the practice.
- 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 might have been experiencing poor mental health including patients seen during out of hours.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice and patients made fidget quilts for dementia patients to help reduce anxiety and stress during hospital stays.

Summary of findings

What people who use the service say

The national GP patient survey was published in January 2016. Results showed that the practice was performing generally better than the local and national averages. 238 survey forms were distributed and 125 were returned. This represented 53% of the surveys sent out.

- 96% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 88% and a national average of 85%.
- 94% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 81% and a national average of 78%.
- 95% found it easy to get through to this surgery by phone compared to a CCG average of 81% and a national average of 73%.
- 96% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 88% and a national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards, all were positive about the standard of care received from the practice. Patients described the practice as a kind practice with helpful staff, friendly and respectful.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring. One patient said that it could take a few days to get an appointment and getting though on the telephone in the mornings can be a problem, however a further three patients said they felt there was no problem with either aspect. The practice patient participation group (PPG) was active and two members spoke with us on the day of the inspection. The practice was described as a community practice where the staff listen and support patients' needs.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvements are;

- Ensure phlebotomy is only undertaken in rooms with flooring and surfaces that meet the requirements of the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

Outstanding practice

There were some areas of outstanding practice;

- The practice and patients made fidget quilts for dementia patients to help reduce anxiety and stress during hospital stays. The practice had sent 1451 baby jumpers, hats and blankets knitted by the staff and patients for Rwandan babies.

Holbrook 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 second CQC inspector, a GP specialist adviser and a practice manager specialist adviser.

Background to Holbrook Surgery

Holbrook Surgery is a dispensing practice situated in the village of Holbrook, Ipswich, Suffolk. They have a branch surgery in Shotley. The practice provides services for approximately 7,800 patients. They hold a General Medical Services contract. The practice has five GP partners, four male, one female and one female salaried GP. Three GPs work full time, two $\frac{3}{4}$ time and one is part time. The team also includes four female practice nurses, two female phlebotomist / health care assistants and ten dispensary staff members. They also employ a practice manager, a dispensary manager and a team of reception/ administration/secretarial staff. The practice employs two cleaners.

The practice's opening times are from 8am until 6.30pm Tuesday and Friday, 7.30am until 7pm on Mondays, 8am until 7pm on a Wednesday and Thursday and 8.30am until 10.30am on Saturdays. The practice has opted out of providing GP services to patients outside of normal working hours such as nights and weekends. During these times GP services are provided by GP plus and the 111 out-of-hours service delivered by CareUK.

We reviewed the most recent data available to us from Public Health England which showed that the practice had

a significantly higher than average practice population aged 10 to 19 compared to national England average and a higher than average population aged 45 to 85. The practice had a significantly lower than average population aged between 20 and 45. The deprivation score was lower than the average across England.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 March 2016.

During our visit we:

- Spoke with a range of staff which included; GPs, practice nurses, the practice manager and members of the reception/administration/secretarial team. We also spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Safeguarding was a standing agenda for the weekly GPs meetings and the practice provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding level three (safeguarding children and young people).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice.

There was an infection control protocol in place and staff had received up to date training. Annual infection control audits had been undertaken regularly and we saw evidence of recent audits and an action plan to address any improvements identified as a result. Carpets and chairs were deep cleaned every six months and the practice used disposable curtains. The practice had occasionally used a carpeted consultation room for phlebotomy due to a lack of space. However this was being addressed and the infection control lead explained discussions were underway for wipeable flooring in more rooms in the practice.

- There were regular practice meetings to discuss significant events, including when there were prescribing incidents or dispensing errors. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. This supported that appropriate actions were taken to minimise the chance of similar errors occurring again.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (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). All clinical staff and members of staff who acted as chaperones had received a DBS check.
- Notices in the waiting room, consultation rooms and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Medicines Management

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits

Are services safe?

were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. GPs liaised with the CCG and attended the monthly CCG prescribing meetings. GPs ran searches to pick up high risk drug combination so that the practice could act on them and intervene. The practice had appropriate written procedures in place for the production of prescriptions that were regularly reviewed and accurately reflected current practice. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again. We saw processes in place for managing national alerts and updates about medicines. Records showed that the alerts were distributed to relevant staff and appropriate action taken. There was a clear system for managing the repeat prescribing of medicines and a written risk assessment about how this was to be managed safely. Patients were able to phone in for repeat prescriptions, as well as order on-line, in person or by post. Changes in patients' medicines, for example when they had been discharged from hospital, were checked by the GP who made any necessary amendments to their medicines records. This helped ensure patients' medicines and repeat prescriptions were appropriate and correct.

We checked treatment rooms, medicine refrigerators and GPs' bags and found medicines were safely stored with access restricted to authorised staff. Suitable procedures were in place for ensuring medicines that required cold storage were kept at the required temperatures. Processes were in place to check medicines were within their expiry date and suitable for use. Out of date and unwanted medicines were disposed of in line with waste regulations. Blank prescription forms and paper were handled according to national guidelines and were kept securely. Vaccines were administered by nurses using Patient Group Directions (PGDs) that had been produced in line with national guidance. PGDs were up to date and there were clear processes in place to ensure the staff who were named in the PGDs were competent to administer vaccines.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed

that reflected national guidelines. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.

The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency annually reviewed.

We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again. The practice had established a service to deliver dispensed prescriptions to patients who were unable to attend the surgery and had systems in place to monitor how these medicines were delivered. They also had arrangements in place to ensure that patients were given all the relevant information they required. The practice dispensed to 99% of its practice population.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. The practice had whistles as fire alarms and had compiled an associated risk assessment. The risk assessment incorporated the need for a buddy system to ensure hearing and sight impaired people were assisted.
- The practice had oxygen signs on the doors of the room where it was held. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

Are services safe?

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice had a risk assessment and policy for legionella testing (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- 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 with adult pads and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a voluntary system intended to improve the quality of general practice and reward good practice. The most recent published results were 553 points out of a possible 559 which was 99% of the total number of points available, with a 6% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/2015 showed:

- Performance for diabetes related indicators was 96% which was better than the CCG average by 5% and the England average by 6% with a 6% exception reporting.
- Performance for asthma related indicators was 100% which was better than the CCG average by 6% and the England average by 3% with a 3% exception reporting.
- Performance for mental health related indicators was 97% which was better than the CCG average by 6% and the England average by 4% with an 8% exception reporting.
- Performance for depression related indicators was 100% which was better than the CCG average by 15% and the England average by 8% with a 17% exception reporting.

- Performance for Hypertension related indicators was 100% which was better than the CCG average by 3% and the England average by 2% with a 2% exception reporting.
- Performance for chronic kidney disease related indicators was 97% which was above the CCG average by 3% and the England average by 2% with a 3% exception reporting.

Clinical audits demonstrated quality improvement

- The practice monitored data using a reflective review process and discussed and disseminated findings. We looked at ACE (Angiotensin converting enzyme) inhibitor prescribing (a high blood pressure medication), 665 patients were identified as taking an ACE inhibitor and 578 of those patients had received the appropriate tests. We looked at patients on sulfasalazine (an autoimmune condition medication), 15 patients were identified and seven had received the appropriate blood tests in the last four months. The practice encouraged all patients to attend their reviews.
- We looked at the most recent clinical audits where the improvements made were implemented and monitored, including an audit of diabetic patients with albumin in the urine (protein in the urine) who had received a repeat test and a blood pressure check. The practice searched their clinical system for the patients who were coded as having been diagnosed with diabetes and checked for the relevant information. The outcome of the audit prompted improvement. The audit was discussed at clinical meetings and re-audited three months after the initial audit was completed with a more positive result but still room for improvement.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- The practice provided weekly home deliveries of medications for patients who were housebound or vulnerable. Approximately 80 dosette boxes were made up monthly and the practice completed regular audits.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of their practice development. Staff had access to appropriate training to meet their needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. New reception staff were given a variety of training scenarios to deal with and retested throughout their first 12 months to ensure they developed understanding and learning in the role.
- 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.
- The practice supported the district nurses by offering a community phlebotomy clinic on Mondays to assist in taking necessary bloods.

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.

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 on-going care and treatment. This included when patients moved between services, including when they were referred, or

after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that patients' care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of mental capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records' audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and sexual health advice. Patients were then signposted to the relevant service either internally (with a GP or nurse) or an external provider.
- The practice had information about chlamydia testing and all their patients aged 15-24 years were encouraged to have chlamydia testing as appropriate.
- The practice participated in the Suffolk C-Card scheme (a scheme aimed at 13-24 year olds who can get a range of free condoms, information and advice at the practice).
- Smoking cessation advice was available from the nursing team.
- The practice's uptake for the cervical screening programme was 86%, which was above the CCG and England average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated

Are services effective?

(for example, treatment is effective)

how they encouraged uptake of the screening programme by offering reminders and encouraging those patients with a learning disability and ensuring a female clinician was available.

- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice had screened 66% of patients aged 60-69 for bowel cancer in the last 30 months compared to a CCG average of 63% and an England average of 58%. 82% of females aged 50-70 were screened for breast cancer in the last 36 months compared to a CCG average of 80% and England average of 72%.
- Childhood immunisation rates for the vaccinations given were above the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.3% to 100% compared to a CCG range of 94.8% to 97.7% and for five year olds ranged from 96.6% to 100% compared to a CCG range 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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- The practice had identified 22 patients with learning disabilities. The practice supplied health checks for these patients on the register. The practice referred patients to various support services and supported a local learning disabilities assisted living complex.
- The practice had a 71% flu vaccination uptake. The practice nurses visited housebound patients to administer flu vaccinations and to undertake patients' annual checks.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- A private room was available for breast feeding.
- The practice and patients made fidget quilts for dementia patients to help reduce anxiety and stress during hospital stays. The practice had sent 1451 baby jumpers, hats and blankets knitted by the staff and patients for Rwandan babies.

We received 22 patient Care Quality Commission comment cards and they all contained positive views about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. CQC Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with the average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.

- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 98% said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above 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 87% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.
- 94% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 90% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 51 patients on the practice list as carers (0.6%) and offered a health assessment. Carers' forms were available on the practice website and on the new patient registration form. Staff doing flu vaccination clinics also tried to capture whether patients were carers. Posters and information were displayed in the waiting room.

Staff told us that if families had suffered bereavement, their usual GP contacted them and the GP visited the family and supported them through the bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice operated from two sites and patients could attend whichever was more convenient for them.
- The practice offered extended surgery hours' on a Monday from 7.30am to 7pm, Wednesday and Thursday 8am to 7pm and on a Saturday morning from 8.30am to 10.30am for patients who could not attend during normal opening hours.
- There were longer appointments available for reviews of patients with a learning disability, long term conditions and for patients aged over 75.
- The practice offered online appointment booking and online repeat prescriptions.
- Telephone appointments were available to patients if required.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- GPs regularly visited patients in local residential and care homes and liaised with the home managers. The practice supported an independent living home, a learning disabilities supported living complex and a large local school with 361 boarders. They ran a regular clinic at the school due to demand (during the summer, the school became a language school therefore presented a more transient population). The practice worked closely with the counsellor at the school to support the students' needs.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Tuesday and Friday, 7.30am until 7pm on Mondays, 8am until 7pm on a Wednesday and Thursday and 8.30am until 10.30am on Saturdays. In addition to pre-bookable appointments, urgent appointments were also available for people on the same day that needed them. The practice could book patients' appointments at a specified location if needed due to the system GP plus.

Results from the national GP patient survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment were above the local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 96% were able to get an appointment to see or speak with someone the last time they tried compared to the CCG average of 88% and the national average of 85%.
- 74% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 58% and national average of 59%.
- 95% patients said they could get through easily to the surgery by phone compared to the CCG average of 81% and national average of 73%.

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

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example; there were posters displayed in the waiting room, information was available on the practice website, and in the practice leaflet and from the reception staff.

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

We looked at a summary of complaints in the last 12 months and found that these were satisfactorily handled, and dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. We followed through and discussed a

complaint from a patient who felt there was a delay in a referral for surgery and a letter explaining the process was sent to the patient. Complaints were dealt with on an individual basis and discussed during meetings. The practice monitored both verbal and written complaints.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values and told us that they were supported to deliver these. The practice was active in focusing on outcomes in primary care. We saw that the practice had recognised where they could improve outcomes for patients and had made changes accordingly through reviews and listening to staff and patients.
- The practice had a robust strategy and supporting business plans which reflected the vision and values; these were regularly monitored.
- Staff we spoke with were aware of the vision and values for the practice.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

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

The practice was aware of, and complied with, the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management:

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about the development of 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys using the friends and family test and the GP patient survey.
- There was an active PPG which met regularly and submitted proposals for improvements to the practice management team. The practice encouraged patients who complained to join the PPG. The PPG gave examples of suggestions made to the practice that have resulted in change for example; text reminders for appointments, change to the information that the

Are services well-led?

Good 

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

television screen in the waiting area displayed and simplified displays in the reception/waiting room. During the flu campaign the PPG encouraged patients to seek help and advice if they were a carer.

- The practice sent an article to the parish magazine each month which detailed information and changes to the practice.
- The practice had gathered feedback from staff 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. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff we spoke with provided us numerous examples of where the practice had supported them to improve their professional practice, for example; nursing staff had attended courses identified during their appraisals. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.