

Haverhill Family Practice

Quality Report

Camps Road
Haverhill
Suffolk
CB9 8HF

Tel: 01440 702010

Website: www.haverhillfamilypractice.co.uk

Date of inspection visit: 26 September 2017

Date of publication: 02/11/2017

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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Haverhill Family Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Haverhill Family Practice on 17 January 2017. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for Haverhill Family Practice on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 26 September 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- The practice demonstrated improved clinical leadership to assess, monitor, and improve the quality and safety of the services provided in the carrying on of regulated activities (including the quality experience of service users in receiving those services) and is now good.
- Appropriately qualified persons had undertaken fire safety, health, and safety risk assessments. The practice had developed an action plan to ensure all actions identified were completed in a timely way.
- The systems and processes in place for reporting and recording significant events had been improved and are now good and learning was shared with the practice team.
- The system for receiving and acting on alerts from the Medical and Healthcare products Regulatory Agency (MHRA) had been improved.
- There were significant improvements in the management of patients who were taking medicines which required closer monitoring.
- The practice had improved the management of infection prevention and control.
- The practice had reviewed the national patient survey data, compared the findings to their own survey data, and used the information to plan and make improvements.
- Information about services and how to complain was available to patients and the practice recorded all incidences however minor.

Summary of findings

- The practice demonstrated that they had implemented a programme of audits to evaluate their performance and to ensure the governance systems remained effective, delivered improvement in outcomes for patients, and ensured a good quality of record keeping.
- Role specific training was undertaken for new administrative staff and formal induction processes had been implemented.
- Patients said they found it relatively easy to make an appointment with a named GP although there could be a wait and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Practice staff felt supported by the management team and the GPs. The practice proactively sought feedback from staff and used the PPG survey for feedback from patients.
- The provider was aware of and complied with the requirements of the duty of candour.
- Patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.

- The practice had implemented systems to pro-actively identify patients who were carers to ensure they received appropriate support.

The areas where the provider should make improvement are:

- Continue to monitor the improvements made to the systems and processes to ensure that patients receive follow ups that are appropriate and in a timely manner.
- Continue to address all actions identified in the risk assessments that had been undertaken.
- Continue to assess and ensure improvement to national GP patient survey results relating to patient satisfaction for access.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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



- The system and processes in place for reporting and recording significant events had been improved and formalised and learning was shared with the practice staff.
- The practice had trained key members of staff to undertake risk assessments. Qualified persons had supported them in undertaking risk assessments, including fire safety and infection control and prevention.
- The practice had clearly defined and embedded systems, processes, and practices in place to keep patients safe and safeguarded from abuse.
- The practice had a system and clear oversight to receive and take action on safety alerts.
- There were improvements in the management of those medicines which required closer monitoring.
- The practice had improved the management of infection prevention and control.
- We reviewed personnel files and found that the appropriate recruitment checks had been undertaken for all staff prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Are services effective?

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

Requires improvement



- The practice demonstrated that they had implemented a programme of audits to evaluate their performance and ensure the governance systems remained effective, delivered improvement outcomes for patients, and ensured quality of record keeping.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes for 2015-2016 were in line with the local and national averages. The practice exception reporting rate was 18%; this was 8% above the CCG and national average. At our previous inspection the clinicians had not been aware of the high exception reporting during this inspection we saw that GPs

Summary of findings

had been given lead areas and a new staff member had been employed and reviews and monitoring of exception reporting were in place. We looked at the data for the current year 2017 – 2018 and this indicated the changes in place would be effective.

- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2017 showed patients rated the practice generally in line with others for several aspects of care. The practice had reviewed the results of the national patient survey, undertaken their own surveys and had made changes as a result of patient feedback.
- 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. We saw that staff handled difficult and emotional situations with professionalism and empathy.
- Patients experiencing long stays in hospital were visited by their GP.
- The practice had implemented a system to proactively identify patients who were carers to ensure they received appropriate support.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. The practice hosted various organisations in order to provide additional services to patients.
- Patients said they found it relatively easy to make an appointment with a named GP and there was continuity of care.

Good



Summary of findings

- Patient survey results were generally in line with the national and CCG averages, the practice were aware of this and had increased the skill mix available within the practice. They had two emergency care practitioners in post to help meet demand and to offer emergency clinics and same day appointments.
- Telephone consultations were available and could be booked on the day or in advance if requested.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available to patients at both sites and the practice responded quickly to issues raised.
- The practice offered room availability to various organisations including advice and support services.

Are services well-led?

The practice is rated as good for providing well-led services.

- The practice demonstrated improved clinical leadership to assess, monitor, and improve the quality and safety of the services provided in the carrying on of regulated activities (including the quality experience of service users in receiving those services). Practice staff we spoke with told us they had been involved in the review of the previous report and in the development of the plan to ensure improvements.
- Each GP partner had taken a lead area and worked with the practice management team and staff to ensure systems and processes was implemented. A detailed 'family tree' was displayed identifying leads for areas such as performance, governance, safety, and innovation. Practice staff we spoke with told us this was working well and that decisions were made in a more timely way and changes were implemented.
- Since our previous inspection in January 2017, the practice had worked closely with the Clinical Commissioning Group (CCG) and other experienced practice managers to ensure support and training was available to the non-clinical management team. External specialists had been engaged where necessary for example health and safety consultants.
- The practice had reviewed the national patient survey data, compared the findings to their own survey data, and used the information to plan improvements.
- The practice had policies and procedures to govern activity, these had been reviewed, and staff were aware of where to locate them.
- The provider was aware of the requirements of the duty of candour.

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 was involved in the caring of residents at four care homes. Each home had a designated doctor who visited on a weekly basis.
- Patients over the age of 75 years and with a chronic condition were invited for an annual review.
- Patients were collected from the waiting area by the clinicians in order to assist those that needed help.
- The practice used the services of the Suffolk Early Intervention Team to support elderly and frail patients.
- The practice had linked up with a local initiative called Lifelink. This service engaged people with joining local community schemes to enhance their well-being.

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 including asthma, diabetes, coronary heart disease and cancer.
- Performance for diabetes related indicators was 92% which was comparable to the CCG and national average. Exception reporting for these indicators was 13% which was 7% above the CCG and national average.
- Longer appointments and home visits were available when needed.
- Patients with long term conditions 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.

Families, children and young people

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

Good



Summary of findings

- Children requiring treatment were offered same day appointments.
- Bi-monthly meetings took place with school nurses and health visitors to discuss children considered to be at risk and/or those on an action plan.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- Data available showed that the number of patients that had attended cervical screening was 82% this was the same as the CCG and national average.
- The practice offered Chlamydia testing to all patients aged 15 to 24 years. A contraceptive service including some long acting reversible contraceptives (LARC) was available with appointments at flexible times. The practice advertised that free condoms were available for young people that requested them at the local iCash clinic which was situated close to the practice.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired, students had been identified, and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The surgery operated a Saturday morning appointment system for both doctor and nurse appointments with phlebotomy services available for working adults who found it difficult to take time off work during the week. Appointments for this service could be booked on-line.
- Health checks for patients over the age of 40 were offered.
- The practice offered online services for appointments and for requesting repeat medicines.
- A service operated by the GP Federation in Suffolk, existed and practice staff were able to book appointments for patients at another location when the surgery was closed.

Good



Summary of findings

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.
- The practice provided rooms for a number of services including a community support service specialising in helping the homeless and patients with addiction problems.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. An advice service attended the practice and patients were able to access this service.
- 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.

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



- 79% of patients diagnosed with dementia that had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 84% and the national average of 83%. Exception reporting was 8% which was 2% above the CCG average and 1% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management vulnerable patients and palliative care patients and those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients who attended the surgery with poor mental health, how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Two primary mental health link workers offered appointments at both the main and branch surgeries and the local mental health team ran clinics at the neighbouring practice.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was generally performing in line with the local and national averages.

253 survey forms were distributed and 108 were returned. This represented a 43% response rate.

In our previous report, we reported on the patient survey data that had been published in July 2016, we noted there had been an improvement in all of the following indicators. Data from July 2017 showed:

- 50% of patients found it easy to get through to this practice by phone compared to the CCG average of 81% and the national average of 71%. As a result of patients' complaints and concerns regarding telephone access, the practice had re-programmed the telephone system so that callers were made aware of where they were in the queue, and that the longest wait would be answered first.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and the national average of 84%.

- 80% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average 83% and the national average of 77%.

The practice had held team meetings to discuss these results, compared them to the previous results, and had developed an action plan. For example a new practice leaflet had been produced to give patient clear guidance on who, why and when to see the different members of the clinical team.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We did not receive any comment cards but the practice was able to evidence a folder containing a large number of compliment cards and letters received from patients.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed, and caring. We spoke with a member of the PPG on 28 September 2017.

Areas for improvement

Action the service SHOULD take to improve

- Continue to monitor the improvements made to the systems and processes to ensure that patients receive follow ups that are appropriate and in a timely manner.
- Continue to address all actions identified in the risk assessments that had been undertaken.
- Continue to assess and ensure improvement to national GP patient survey results relating to patient satisfaction for access.

Haverhill Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice nurse advisor.

Background to Haverhill Family Practice

The Haverhill Family Practice is located at Camps Road, Haverhill, Suffolk CB9 8HF. There is a branch surgery at Stourview Surgery, Crown Passage, Haverhill, Suffolk and we visited this site as part of our inspection. The practice holds a Personal Medical Services (PMS) contract, a locally agreed contract with NHS England.

The practice offers health care services to approximately 15,000 patients. The practice age demographics are similar to the national averages. Haverhill is one of the more deprived communities in Suffolk and has been ranked amongst the 20% most deprived wards in the county, with poor health levels around respiratory illness, and mental health.

The practice comprises of five GP partners (three male and two female), three health care assistants, two practice nurses, one nurse practitioner, and one senior practice nurse. A human resources manager, IT/audit manager, and business manager lead a team of 23 support staff including secretaries, receptionists, administrators, and QOF/ data quality analyst manager. In addition, the practice employs two emergency care practitioners.

The Haverhill Family Practice is open between 8am to 12.30pm and 1.30pm to 6pm Monday to Friday.

Appointments are from 8.30am to 12.30am and 1.30pm to 6pm. Extended hours appointments are offered between 8.30am and 11.30am every Saturday. Stourview branch surgery is open Monday from 8am to 6pm and Tuesday to Friday from 8am to 1pm. Appointments can be made by the practice for the GP+ service where patients can be seen at another locality in the evenings or weekends. Out of hours services are provided by Care UK.

Why we carried out this inspection

We undertook a comprehensive inspection of Haverhill Family Practice on 17 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate overall and inadequate for providing safe, effective, and well led services, requires improvement for responsive services and for caring services, and was placed into special measures for a period of six months.

We also issued warning notices to the provider in respect of good governance and informed them that they must become compliant with the law by 31 May 2017. We undertook a follow up inspection on 31 May 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the January 2017 and the focused report for May 2017 inspection can be found by selecting the 'all reports' link for Haverhill Family Practice on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Haverhill Family Practice on 26 September 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 September 2017.

During our visit we:

- Spoke with a range of staff including GPs, nurses, managers, reception and administration staff. We also spoke with an emergency care practitioner and we spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

At our previous inspection on 17 January 2017, we rated the practice as inadequate for providing safe services as patients were at risk of harm because systems and processes were either not in place, had weaknesses or were not implemented in a way to keep them safe. For example, the practice had not undertaken fire risk assessments and health and safety risk assessments for both practice sites. The practice did not have an effective system in place to monitor the prescribing of high risk medicines. The practice did not provide evidence of actions taken in response to relevant alerts and updates issued from the Medicines and Healthcare products Agency (MHRA) and through the Central Alerting System (CAS).

These arrangements had significantly improved when we undertook a follow up inspection on 26 September 2017.

The practice is now rated as good for providing safe services.

Safe track record and learning

At our last inspection in January 2017, we found there was a system in place for reporting and recording significant events, we noted during this inspection that this had been improved and included all events, however minor. Staff told us they would inform one of the management team of any incidents and there was a recording form available in hard copy and on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw clear evidence that the events were investigated and discussed at practice meetings with outcomes and learning shared with the staff. For example, in April 2017, the practice identified a delay in contacting a patient for follow up blood tests. The incident was investigated, staff ensured that the patient had not suffered any harm and measures were put in place to ensure urgent tasks would be easy to recognise and acted upon in a timely manner.

Overview of safety systems and process

There were practice systems, processes, and practices in place to ensure patients were kept safe and safeguarded from abuse.

- Arrangements to safeguard children and vulnerable adults from abuse were in place and reflected relevant legislation and local requirements. Policies were accessible to all staff and outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- There was a lead GP for safeguarding. Regular meetings were held with other professionals such as health visitors, detailed minutes from meetings were available, and information was shared with the appropriate team members. Future dates were planned to ensure maximum attendance of all staff including community team members at the meetings.
- The GPs told us they provided reports when necessary for other agencies.
- Practice staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to safeguarding level two.
- Processes were in place to receive and take action on safety alerts, for example those sent from the Medicines and Healthcare Products Regulatory Agency.
- The chaperone policy was displayed in the clinical rooms and advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Regular infection control audits had been undertaken for both practices. Also we saw that environmental checks, cleaning schedules were in place and deep cleaning of rooms was carried out on a fortnightly basis. The practice employed a caretaker who ensured cleaning had been undertaken and recorded appropriately.
- Records were kept of the immunisation status of clinical staff. There was sharps' injury policy and procedure available. Clinical waste was stored and disposed of in line with guidance.

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice to patients safe had been significantly improved (including obtaining, prescribing, recording, handling, storing, security, and disposal).
- The practice had implemented systems and processes to ensure that patients taking medicines that required close monitoring were managed safely and effectively. A clear protocol had been shared with the appropriate staff. This detailed the relevant test required for each patient taking a certain medicine. The recall letters sent to patients had been reviewed and amended. The amended letter clearly stated the details of the recall and actions the GP may take if they failed to attend their monitoring appointment. Practice staff we spoke with told us this had shown a positive outcome with more patients attending their blood monitoring appointment than previously.
- To ensure patients did not receive medicines without appropriate checks, all requests for repeat medicines that required close monitoring were passed directly to the GPs. We looked at a sample of the records of patients taking medicines such as Methotrexate and Lithium and found that all patients had received appropriate follow up.
- Records showed medicine refrigerator temperature checks were carried out to ensure medicines and vaccines requiring refrigeration were stored at appropriate temperatures.
- Blank prescription forms were handled in accordance with national guidance and were tracked through the practice and kept securely at all times. Uncollected prescriptions were well managed and clinicians were notified appropriately.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed three 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.

Monitoring risks to patients

- The practice had employed appropriately qualified people to undertake comprehensive risk assessments in

relation to fire safety and health and safety for both sites. These risk assessment detailed a significant number of actions that the practice needed to take. For example, a replacement of the fire alarm system at the branch site, and ensure all staff had received appropriate training. We saw that the staff had attended face to face training which had included additional training for fire wardens and practical experience of handling fire extinguishers and further training sessions were planned. Although the practice had not had sufficient time to complete all the actions identified they had developed an action plan detailing the action to take, who was responsible and the date of completion to ensure all improvements were made. The management team we spoke with told us that working with the external specialists had increased their knowledge and awareness on the need to use risk assessments in their daily working.

- The practice had other risk assessments in place such as one to monitor legionella (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 enough staff were on duty and there was good organisation of the reception area.

Arrangements to deal with emergencies and major incidents

- The practice employed two emergency care practitioners. The practice told us they utilised their skills when assessing an emergency if the duty doctor was unavailable at the time.
- 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 and oxygen with adult and children's masks available at each site. A first aid kit and accident book was also available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Are services safe?

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 the GPs and management team.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 17 January 2017, we rated the practice as inadequate for providing effective services.

- The practice did not demonstrate sufficient evidence to show that they evaluated their performance and had clinical oversight to patient exception reporting within the quality and outcome framework.
- There was insufficient evidence to show they regularly used audit to ensure the governance systems remained effective, delivered improvement outcomes for patients, and ensured quality of record keeping.
- The practice did not demonstrate that individual and role specific induction plans were in place.

These arrangements had improved when we undertook a follow up inspection on 26 September 2017. The practice is rated as requires improvement for providing effective services.

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 patients' needs.
- The practice held daily meetings for clinicians to discuss any issues and review the demands of the day. Weekly lunch time learning sessions were held which included training and monitoring of guidelines. Hospital consultants attended some of the meetings to give training in their areas of speciality.
- Monthly meetings were attended with the clinical commissioning group which included the CCG prescribing team. The practice had previously had a 17% overspend on their prescribing budget but had managed to reduce this to be in line with the set budget.

Management, monitoring and improving outcomes for people

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system

intended to improve the quality of general practice and reward good practice). The most recent published results reflected that the practice had achieved 99% of the total number of points available. The practice exception reporting rate was 18%, this was 8% above the CCG and national average.

At our inspection in January 2017, the practice was unaware of the high exception reporting but at this inspection we found that the practice had implemented comprehensive systems and processes to ensure improved management with clinical oversight of this issue. A new staff member with a clinical background had been employed and had undertaken an audit to give the practice an understanding of who had added the exception codes, if the decision appropriate and if it made with clinical oversight. A clear protocol had been written and agreed with the GPs. Unverified data for 2016-2017 showed similar results.

We saw the practice data for the current year, 2017 to 2018, which indicated that the exception reporting system was embedded and would reduce exception reporting and where applied had been approved by a clinician.

Data from 2015/2016 showed:

- Performance for diabetes related indicators was comparable to the CCG and national average, with the practice achieving 92% across the diabetes indicators. This was 1% below the CCG average and in-line with the national average. However the rate of exception reporting for diabetes indicators was above both local and national averages with the practice overall exception reporting of 13% for diabetes indicators, this was 7% above both the local and national averages.
- Performance for mental health related indicators was comparable to the CCG average with the practice achieving 91%. This was 2% above the CCG average and national average. Exception reporting was higher than the CCG and national average in respect of mental health indicators. The overall exception reporting for these indicators was 28%. This was 12% above the CCG average and 16% above the national average.

There was evidence that the practice had implemented a process of quality improvement including clinical audit:

Are services effective?

(for example, treatment is effective)

- We saw that 14 audits had been started; some had the first cycle completed with a second cycle planned. Others had a second cycle undertaken, results reviewed and actions taken and further cycles planned.

These audits included those relating to medicines such as those for patients taking a combination of medicines and who had a diagnosis of heart disease. Other audits included those of patients who have undergone minor surgery at the practice, ensuring that written consent was recorded, and that any histology results were followed up a timely way and ensuring patients received information on after operation wound care.

We noted that the management team had used audit as a monitoring tool. The practice protocol for printing of repeat prescriptions for certain medicines had changed; to ensure all non-clinical staff were aware and acted accordingly, the management team ran regular searches to identify the staff member who had printed the prescription form. This was discussed with any staff who had not followed the policy to ensure they had understood the changes.

Effective staffing

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

- The practice had implemented a written induction programme for all newly appointed staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, those reviewing patients with long-term conditions. The practice nurses had undertaken a range of training including diabetes, respiratory updates, cervical cytology, ECG (electrocardiogram is the process of recording the electrical activity of the heart), and immunisations.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The nursing staff held regular meetings to share learning, discuss updates and any changes to procedures of policies.
- The learning needs of staff were identified through a system of appraisals, meetings, and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had received an appraisal

within the last 12 months and all had personal development plans which included details of training undertaken. New members of staff were performance reviewed after three and six months.

- Staff received training that included safeguarding, fire safety awareness, basic life support, and infection control. Staff were encouraged to undertake role specific training and members of the practice told us of additional training that had been arranged for the current year.

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, and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice computer system enabled staff and GPs to transmit information to other health care organisations including hospitals, out of hours service, physiotherapy, and hospices to ensure continuity of care.

Staff worked together and with other health and social care professionals 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. Meetings took place with other health care professionals including district nurses, health visitors, and school nurse and care home staff on a regular basis. When care plans were routinely reviewed and updated for patients with complex needs,

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance and were able to explain the various forms of consent and how it was obtained.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of 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 practice provided minor surgery and clinical notes were clear with written consent being obtained from the patient and recorded prior to the procedure. Histology results were recorded and actioned appropriately.

Supporting patients to live healthier lives

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

- Data from Public Health England showed the practice's uptake for the cervical screening programme was 82% which was the same as the CCG average and the national average of 82%. Reminders were sent to patients who did not attend for their cervical screening test. Regular audits were undertaken to ascertain how many of the original non-responders had attended for a smear test in response to the third invitation. Alerts were entered into the patients' medical records so the clinicians could discuss the reason for not attending.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Public health data indicated that the breast cancer screening rate for the past 36 months was 75% of the target population, which was in line with the CCG average of 78% and slightly above the national average of 72%. Furthermore, the bowel cancer screening rate for the past 30 months was 55% of the target population, which was below the CCG average of 63% and in line with the national average of 58%.
- There were 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.
- Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, the practice met the 90% target for immunisation rates for vaccines given to children up to the age of two years and 90% for children up to the age of five years.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

At our previous inspection on 17 January 2017, we rated the practice as requires improvement for providing caring services as the practice did not actively engage carers. We found that the practice had not been aware of the national patient survey data where their performance was significantly below the national and local averages for aspects of care.

These arrangements had improved when we undertook a follow up inspection on 26 September 2017. The practice is rated as good for caring services.

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations, and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients we spoke with told us that they had been visited by their GP when they were in hospital and had been given direct contact numbers to their GP in times of great need.
- Regular visits were made to patients in care homes and the care home managers told us that medicine reviews and care plans were updated appropriately. Staff at the care homes said that communication between the home and the practice was very good and that the GPs treated the patients with dignity and respect built a rapport with them and often stayed to have tea with the residents.
- An advice service had access to a room at the practice and patients in need of advice and assistance were able to use this service.

We did not receive any Care Quality Commission comment cards but during the inspection we saw a folder of

comments and compliments of letters and cards where patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The group met on a bi-monthly basis and all meetings were recorded. The PPG undertook annual surveys, the results of which were published on the practice website.

Results from the national GP patient survey, published in July 2017, showed generally an improvement on the previous results published July 2016 and used in our January 2017 report.

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 86%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.
- When asked at our January 2017 inspection, the practice was not aware of the national patient survey data and not aware that they performed lower than the CCG and national averages. At this inspection September 2017 we found that the latest survey results from July 2017 showed improvements and the whole practice team had reviewed the results and developed an action plan. Details were shared with the patients and improvements made; for example, the practice had introduced a new leaflet which gave patients more

Are services caring?

details about the skill mix within the practice and the clinicians they may see. The practice had written a protocol to ensure that the results were analysed annually.

Care planning and involvement in decisions about care and treatment

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- The emergency care practitioners undertook patient education sessions.

- A chaperone service was offered to patients and notices were evidenced in the waiting area and in the clinical and consultation rooms.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website including stopping smoking, chlamydia screening, low mood, depression, stress, and self-help. Patients were able to access a social prescribing service offered by the local authority.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 331 patients as carers this was 2.2% of the practice population. The practice had improved the information given to patients at registration which had resulted in a significant number of carers being offered appropriate support. A member of a carer's organisation attended the practice on a regular basis.

Staff told us that if families had suffered bereavement, their usual GP visited them or contacted them by telephone in order to give advice and how to find a support service. An alert had been put onto the practice medical system advising that recent bereavement had taken place and that open access to be given in order that patients could be seen the same day.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 17 January 2017, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 26 September 2017. The practice is now rated as good for providing responsive services.

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. Regular meetings took place between the practice and the CCG which included the medicines management team.

- The practice offered extended hours on a Saturday morning for those patients who could not attend during normal opening hours.
- Telephone consultations were available and were pre-bookable and on-the-day.
- There were longer appointments available for patients with a learning disability.
- All patients were able to request a double appointment and longer appointments were available for patients with more complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. Two emergency clinics were available daily and the practice employed emergency care practitioners to run on-the-day appointments.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were facilities for the disabled and translation services available.

Access to the service

Haverhill Family Practice open times were between 8am to 6.30pm Monday to Friday. Doctors appointments were from 8.30am to 11.30am and 2pm to 6pm daily. Extended hours appointments were offered at the following times on Saturdays from 8.30am to 11.30am.

Stourview branch surgery open times were Monday 8am to 6pm and Tuesday to Friday 9am to 1pm. Nurse surgeries were 8am to 12.30pm and 1.30pm to 5.30pm Monday to Friday. Extended hours appointments were offered at the following times on Saturdays from 8.30 to 11.30am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than the local and national averages.

- 58% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 50% of patients said they could get through easily to the practice by phone compared to the CCG average of 81% and the national average of 71%.

During the practice review of these results, action was taken to improve the information available to patient relating to their opening hours and to attending the GP+ service in nearby Bury St Edmunds. The reception staff were able to book appointments for patients who wish to be seen in the evening and weekends at this location. The practice was also in discussion with other local practices to look at providing additional opening times closer to the practice.

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

The practice had a system in place to assess:

- Whether a home visit was clinically necessary.
- The practice employed two emergency care practitioners who had direct access to the GPs should they identify areas of concern or needed additional supervision. (ECP's generally come from a background in paramedicine with enhanced skills in medical assessment). Patient group directives had been written by the ECP's and agreed by the GPs. (patient group directives are written instructions which include the

Are services responsive to people's needs?

(for example, to feedback?)

clinical criteria under which a person shall be eligible for treatment: whether there are circumstances in which further advice should be sought from a doctor: and the arrangements for referral for medical advice.

Listening and learning from concerns and complaints

At our January 2017 inspection we found that there was no written information available to patients within the practice informing them how to make a complaint. During this inspection we saw that leaflets were available and information was displayed on notice boards in the waiting areas.

The practice had improved their systems for handling complaints and concerns to ensure timely responses to patients and to share learning with the practice team. New protocols had been written including flow charts for staff to follow.

The practice log recorded both written and verbal complaints and we looked at three of the complaints received since our last inspection. We found these had been handled in a satisfactory and timely way. We looked at minutes of staff meetings where complaints and feedback had been discussed and we noted that the minutes were detailed and would give information to anyone who had been able to attend.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 17 January 2017, we rated the practice as inadequate for providing well-led services, as there were improvements needed to the overarching governance structure and leadership arrangements.

These arrangements had significantly improved when we undertook a follow up inspection on 26 September 2017. The practice is now rated as good for being well-led.

Vision and strategy

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

- The practice had a mission statement which was displayed in the reception areas, secretarial office, manager's offices, and waiting rooms. Each member of staff also received a copy and the practice had recently updated this on their website and in new patient's registration packs. The practice philosophy was to provide an excellent standard of care in a helpful and friendly environment and with care, courtesy, compassion, and competence.

Governance arrangements

At our inspection January 2017 we found that there was a lack of clinical and managerial governance which supported the delivery of the strategy and good quality care. At this inspection September 2017 we found significant improvements had been made.

- The practice had a comprehensive understanding of the performance of the practice. They had reviewed the data available to them. For example, data from the quality and outcomes framework including exception reporting. The practice had also reviewed two years of data from the national patient survey. Following the reviews, action plans were written and changes were made.
- The arrangements for identifying, recording, and managing risks had been improved and implemented to keep patients and staff safe. Recording and monitoring of MHRA and safety alerts and the systems to monitor high risk medicines had been put into place and records we saw showed patients were monitored appropriately.

- The practice had engaged appropriately qualified specialists to undertake fire, health, and safety risk assessments. This educated and supported the management team to use risk assessments in the daily work.
- Information on how to make a complaint was available in the practice and learning outcomes were shared with the whole practice team. Minutes from meetings were detailed and informative.
- We saw there was a clear staffing structure and staff were aware of their own roles and responsibilities. There were practice specific policies available to all staff both in hard copy and on the practice computer system.

Leadership and culture

The partners had significantly improved their managerial oversight of the practice. GP partners had taken on lead roles within the practice and ensured that a review of their area was undertaken, plans implemented and changes made. Staff we spoke with told us that this had made positive changes within the practice and gave them more confidence in managing the changes. They told us the partners were approachable, accepted responsibility of any queries or concerns, and always took the time to listen to all members of staff. GPs and staff we spoke with were confident that the improvements would be maintained and sustained because they had a greater understanding of the need for effective governance, systems, and processes. They told us that they had seen benefits for patients and staff from these changes.

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

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

Are services well-led?

Good 

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

- Staff told us the practice held regular team meetings and we saw that the minutes from these meetings had improved significantly and that they were detailed and would inform anyone who had not attended.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued, and had been fully engaged in the improvements planned and delivered. They felt supported by the partners and the management team in the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received.
- Results from the practice survey data showed 78% of patients reported they were extremely likely or likely to recommend the practice to family and friends.
- Practice staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Practice staff told us they felt involved and engaged to improve how the practice was run. For example, a member of staff suggested that

urgent messages were displayed in a different colour on the GP appointment screen. The GP listened to the feedback and put onto the next meeting agenda to discuss with the management team.

- Improvements the practice had made as a result of feedback from patients included a new leaflet giving clear information on the clinical skill mix within the practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice demonstrated their commitment to continue to improve the services offered at Haverhill Family Practice. The practice plans included encouraging more members to join their patient participation group and practice staff development, using and enhance skills and knowledge within the team. The practice is committed to ensuring they sustain the improvements made by investing in protected time for clinical leadership, increased experience for the management team and planned dates for meetings. The practice had engaged with a local practice to investigate options for new ways of joint working to ensure they are ready to meet the challenges they face in the future to deliver primary care with the potential increase in population as a result of new housing developments.