

Two Rivers Medical Centre

Quality Report

30 Woodbridge Road East
Ipswich
Suffolk
IP4 5PB

Tel: 01473 907788

Website: <http://www.tworiversmedicalcentre.co.uk>

Date of inspection visit: 15 August 2017

Date of publication: 21/09/2017

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

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	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Two Rivers Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	26

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Two Rivers Medical Centre on 15 August 2017. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events. The investigation of significant events was not always documented fully to ensure that all learning had been identified. Learning was shared and action was taken to improve safety in the practice.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However not all staff, which included four nurses who had unsupervised contact with patients, had a Disclosure and Barring Service check.
- Patient safety alerts were logged, shared and initial searches were completed and the changes effected.
- Medicines were generally managed well at the practice. Patients on high risk medicines were identified, monitored and reviewed. However the temperature of the room where some medicines were stored was not being monitored.
- Comprehensive infection prevention and control processes were in place, including training and a detailed programme of audits.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice had two carer champions who had undertaken work to inform carers about the services available. The practice identified 155 patients as carers, (0.6% of the practice list).
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available. In depth investigations were undertaken in response to complaints and learning and improvements were made to the quality of care as a result of complaints and concerns.
- The practice had employed a range of health care professionals which included two paramedics, a pharmacist and five nurse practitioners, who were independent prescribers to meet the range of patients' needs. The paramedics and nurse practitioners received supervision and support from GPs, although this was only formalised for the paramedics.
- The practice had very good facilities and was well equipped to treat patients and meet their needs.
- The practice sought feedback from staff and patients, which it acted on. Some patients and representatives we spoke with and received comments from, reported difficulty in getting a routine GP appointment, or a home visit by a GP. The practice continuously monitored access and gave examples of how they had responded to meet patient demand.
- The practice management team and the staff had worked hard during the process of merging two GP practices into Two Rivers Medical Centre team, which had included the building of and relocation to the new building. There was a clear leadership structure, which was continuing to develop. There was an open and friendly management style, and staff felt supported by management.

The areas where the provider must make improvement are:

- Ensure care and treatment is provided in a safe way to patients.

The areas where the provider should make improvement are:

- Review the documentation of all significant events to ensure that all learning had been identified.
- Consider the need to formally review the work undertaken by the nurse practitioners to obtain assurance of the quality of their work.
- Monitor room temperatures where medicines are stored to ensure they are within the recommended range.
- Undertake checks of the portable electrical appliances used at the practice.
- Continue to identify carers and ensure they are coded appropriately.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events. There was scope to ensure that the investigation of all significant events was documented fully to ensure that all learning had been identified. Learning was shared and action was taken to improve safety in the practice.
- Patient safety alerts were logged, shared and initial searches were completed and the changes effected.
- Patients on high risk medicines were identified, monitored and reviewed.
- Medicines were generally managed well at the practice, however the temperatures of the room where some medicines were stored was not being monitored. The practice informed us the day after our inspection that this had now commenced and that portable air conditioners would be installed until a permanent solution was found.
- When things went wrong patients received reasonable support, detailed information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However not all staff, which included four nurses, who had unsupervised contact with patients had a Disclosure and Barring Service check.
- Health and safety risks to patients and staff were assessed and managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed the majority of patient outcomes were at or above average compared to the CCG and England average. Where these were below average, the practice were able to demonstrate that this had improved in their more recent, unverified data and explained what action they were taking to improve patient outcomes.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- The practice had a schedule of audits and the clinical audits we reviewed demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had established a new appraisal system in 2016. Although not all staff had received an annual appraisal, they had all received at least one face to face review. The paramedics and nurse practitioners received supervision and support from GPs. This was formalised for the paramedics. There was no formal review and checking of the nurse practitioners' work; however there was general reviews of prescribing data and informal supervision.
- 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 in line with other practices both locally and nationally for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- There was a notice board in the practice which was specifically aimed at identifying carers and providing advice, information and support to them. The practice had two 'carer champions' who had developed the information available for carers. The practice had identified 155 patients as carers (0.6% of the practice list). The practice felt there may be a coding issue where some carers had an alert rather than a code, which would not be counted when searches were undertaken.

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 had good facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- Some patients and representatives we spoke with and received comments from, reported difficulty in getting a routine GP appointment, or a home visit by a GP. The practice monitored access to appointments and gave examples of how they had responded to meet patient demand.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Complaints were investigated thoroughly and learning from complaints was shared with staff to improve the service provided.

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 it.
- There was a clear leadership structure, with a friendly and open management style and staff felt supported by the management team. The management team at the practice included GPs in lead roles. Team leaders in each department had been introduced to improve communication within the practice.
- 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 had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on. It had a committed patient participation group who had obtained patient feedback to which the practice responded.
- 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.
- GPs, paramedics and nursing staff provided home visits to patients living in the 13 nursing and residential homes covered by the practice.
- Frail patients have been identified using a computer based tool and coded accordingly. These patients were reviewed to ensure they were not unnecessarily prescribed medicines which may cause confusion or falls.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis, dementia and heart failure were above the local and national averages.
- The practice patient participation group held a health education awareness event for older people in May 2017. Patients were signposted to organisations who specialised in services for older people.

People with long term conditions

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

Good



- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2015/2016 showed that performance for diabetes related indicators was 83%, which was below the local average of 93% and national average of 90%. Unverified data from 2016/2017 (which excluded any exceptions) showed the practice had improved performance in this area.
- GPs and nursing staff had lead roles in chronic disease management. The practice offered annual checks to ensure patients' health and medicine needs were being met. These

Summary of findings

were scheduled in line with the patient's month of birth to ensure more effective coordination. The practice pharmacist undertook regular medicine reviews for patients with long term conditions.

- Patients were involved in their own care with management plans being in place for patients with chronic obstructive pulmonary disease (COPD), asthma and diabetes.
- Longer appointments and extended hours appointments were available. Reviews for housebound patients with long term conditions were undertaken by paramedics employed by the practice.
- 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.

- 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 attendances.
- Immunisation rates were in line with the CCG and national averages for all standard childhood immunisations.
- We saw evidence that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice offered a full range of contraception services and chlamydia screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered baby changing facilities and a breastfeeding room to allow privacy to nursing mothers.
- Midwives were based in the health centre. We saw positive examples of joint working with health visitors and social care.
- The practice provided primary care services to patients, parents and carers during their stay at a local children's hospice.

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.
- Extended hours appointments were available from 7.30am Monday to Friday and until 7.30pm on Tuesday. Patients were able to book evening and weekend appointments with a GP through Suffolk GP+ (Suffolk GP+ is for patients who urgently need a doctor's appointment, or are not able to attend their usual GP practice on a weekday.)
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 83%, which was in line with the local and national average of 82%.

People whose circumstances may make them vulnerable

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

- The practice regularly worked with other health care professionals in the case management of vulnerable patients. This included patients with drug and alcohol misuse, some of whom the practice supported through a shared care agreement.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- There were 100 patients on the learning disability register. 78 of these patients had received an annual health check in the last 12 months.
- Longer appointments were offered for patients whose circumstances may make them vulnerable.
- Vulnerable patients were informed about how to access various support groups and voluntary organisations.
- Staff had received deaf awareness training.
- 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's computer system alerted GPs if a patient was also a carer. The practice had identified 155 patients as carers

Good



Summary of findings

(0.6% of the practice list). However the practice felt there may be a coding issue where some carers had an alert rather than a code, which would not be counted when searches were undertaken.

People experiencing poor mental health (including people with dementia)

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

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was the same as the CCG and England average.
- 71% of patients experiencing poor mental health had a comprehensive care plan, which was below the CCG and the national average of 89%. 2016/2017 unverified data from the practice (which excluded any exceptions) showed the practice had improved performance in this area to 96%.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice worked with two mental health link workers who held four clinics per week for patients. The link workers were based in the practice.
- The practice had told patients experiencing poor mental health about 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. 22 members of staff had received dementia awareness training. The practice were in the process of becoming a dementia friendly GP practice.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 July 2017. The results showed the practice was generally performing in line with local and national averages. 244 survey forms were distributed and 126 were returned. This represented a 52% response rate.

- 76% of patients found it easy to get through to this practice by phone compared to the CCG average of 79% and the national average of 71%.
- 85% 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%.
- 91% 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%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 77%.

We spoke with representatives from six care homes where residents were registered at the practice. The feedback was generally positive, particularly in relation to communication and involving patients and families in their care. Requests for urgent home visits were acted upon, although representatives from two care homes advised that it was more difficult to obtain a routine home visit. Positive comments were received in relation to the home visit service provided by the paramedics.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards, 25 of which provided positive comments about the practice, in relation to the high standard of care, professional and friendly staff and improvements due to the new building environment. Six patients reported difficulty in getting an appointment and three patients felt there was a significant wait once you had arrived for your appointment.

We spoke with six patients during the inspection. All of the patients said they were satisfied with care and treatment they received and that they were involved in decisions. Two patients reported that they had difficulty getting a routine appointment, but confirmed that they were able to get urgent appointments when they needed one.

The practice engaged with the Friends and Family Test. The most recent data which was published in December 2016, showed that from 22 responses, 86% of patients would recommend the practice. Data has been submitted since this data, however due to the low number of responses, the data has not been published to protect against the possible risk of disclosure of patient identifiable information.

We reviewed feedback from patients which had been shared with Healthwatch Suffolk. The feedback rating was 3.5 out of five.

Areas for improvement

Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients.

Action the service **SHOULD** take to improve

- Review the documentation of all significant events to ensure that all learning had been identified.
- Consider the need to formally review the work undertaken by the nurse practitioners to obtain assurance of the quality of their work.

- Monitor room temperatures where medicines are stored to ensure they are within the recommended range.
- Undertake checks of the portable electrical appliances used at the practice.
- Continue to identify carers and ensure they are coded appropriately.

Two Rivers Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser and a practice management specialist adviser.

Background to Two Rivers Medical Centre

The practice area covers the town of Ipswich and extends into the outlying villages. The practice offers health care services to approximately 24,450 patients. The practice was formed as a result of a merger of two GP practices in April 2015. Since the merger, they have also managed the building of and relocation to a new, purpose built health centre in July 2016. The centre has consultation space for GPs and nurses, midwives and mental health link workers and the community glaucoma, hearing service and specialist physiotherapy service are also based in the building.

The practice holds a Primary Medical Service (PMS) contract with the local CCG.

- There are four GP Partners at the practice (three female and one male), seven associate GPs (salaried GPs), five nurse practitioners, all of whom are independent nurse prescribers, eight practice nurses, two practice paramedics, four health care assistants and a practice pharmacist.
- A team of administration, reception, medical secretaries and information technology staff support the

management team. The business manager is supported by a practice operations manager, a deputy practice operations manager, a reception manager and an information technology manager.

- The practice is open between 8am and 6.30pm Monday to Friday. Extended hours are available from 7.30am Monday to Friday and until 7.30pm on Tuesday. Patients are able to book evening and weekend appointments with a GP through Suffolk GP+ (Suffolk GP+ is for patients who urgently need a doctor's appointment, or are not able to attend their usual GP practice on a weekday.)
- When the practice is closed, Care UK provide the out of hours service; patients are asked to call the NHS 111 service to access this service, or to dial 999 in the event of a life threatening emergency.
- The practice demography is similar to the CCG and national average, with slightly more male patients aged between 35 to 39 and 45 to 49. Income deprivation affecting older people is higher than the CCG average and similar to the national average.
- Male and female life expectancy in this area is in line with the England average at 81 years for men and 85 years for women.

Why we carried out this inspection

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 August 2017. During our visit we:

- Spoke with a range of staff (GPs, nurses, paramedics, reception, administration and information technology and doctors training at the practice) and spoke with patients who used the service.
- Spoke with four representatives from the practice Patient Participation Group.
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed a 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.
- Spoke with representatives from care homes where residents were registered at the practice.

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 operations manager of any incidents and there was a recording form available on the practice's computer system and in a file kept in each clinical and administration room at the practice. 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).
- The practice took necessary action immediately following a significant event. These were discussed at the weekly partners meetings and three monthly significant event meetings. We saw that any actions and learning was also shared with the practice team at the monthly departmental team meetings. For example a new protocol was produced in relation to electrocardiograms. An electrocardiogram (ECG) is a test that can be used to check the heart's rhythm and electrical activity. There was scope to ensure that the investigation of all significant events was documented in sufficient detail to ensure that all learning had been identified.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, detailed information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Patient safety alerts were logged, shared and initial necessary searches were completed and the changes effected. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. 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. Some staff advised that they accessed the NHS safeguarding app for health professionals and information was available in the practice about the new app. There was a lead GP for safeguarding and the partners acted as deputy safeguarding leads. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurse practitioners were trained to child safeguarding level three and nurses and paramedics were trained to level two.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and patients we spoke with and received comments from commented positively on the cleanliness of the practice. 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. There was an infection control protocol in place and staff had received up to date training. Face to face infection control training was provided to all new staff during induction. The practice had a comprehensive plan of infection control audits which included, for example, decontamination of equipment, environmental cleanliness, sharps handling and disposal, and hand hygiene. We saw evidence that action was taken to address any improvements identified as a result. Body fluid spillage kits were available in the practice. There was a sharps injury policy and procedure available. Clinical waste was stored and disposed of in line with guidance.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and a

Are services safe?

system was in place to monitor their use. The stock of vaccinations was rotated appropriately and refrigerator temperatures were taken manually and by a data logger. Although the data logger showed the temperatures had been within range, the manual recordings had been out of range and the practice had ordered a replacement refrigerator. We noted that the room temperature of two rooms where medication was stored was warm and room temperature recording was not in place. We raised this with the practice and they informed us the day after the inspection that the emergency medicines were now kept in a different room, room temperatures were being recorded and that portable air conditioners would be installed until a permanent solution was found. One of the GP partners informed us that the emergency medicines had been disposed of and that the air conditioning unit was now in place.

- Five of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received support from GPs for this extended role, however there was no formal review and checking of their work except from the general review of prescribing data and informal supervision. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. HCAs were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- Information about the use of chaperones was available on the information screen in the waiting rooms, on posters in the clinical rooms and on the practice website. The practice had a policy which stated that all staff who acted as chaperones were trained for this role and all staff had a DBS check. However the chaperones named in the chaperone policy did not all have a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice updated the chaperone policy the day after the inspection and confirmed that staff named as chaperones in the updated policy had a DBS check and had been trained for the role. Since the inspection, the practice located the missing DBS checks and have provided these.
- We initially reviewed five personnel files. Each file included a detailed checklist which included contract, pre employment checks, induction and training

paperwork. We found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. However the appropriate checks through the DBS had not been completed for four of the five staff whose files we reviewed. We requested DBS information for all the nurses and found that the appropriate checks through the DBS had not been completed for four nurses. The practice management team confirmed that reception staff who supported patients in completing new patient registration forms had not had a DBS check and worked unsupervised with patients, although they could be observed. The day after the inspection the practice submitted a risk assessment for the five staff who worked unsupervised with patients. They confirmed that DBS checks were being applied for, for these staff. The practice submitted evidence on 12 September 2017 to confirm that DBS checks had been received for three of these five staff.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patients and staff safety.

- There was a health and safety policy available and a number of health and safety risk assessments had been undertaken. Actions had been identified and completed in relation to these. The practice had an up to date fire risk assessment and actions identified had been completed. A fire evacuation drill had been undertaken and learning points actioned in response. Future fire drills were planned.
- An agreement was in place for the electrical equipment checks to be completed by the building management contractor however these had not yet been completed. The practice provided evidence, the day after the inspection that these would be completed in September 2017. The practice business manager advised that a maintenance contract was currently being agreed, which would include portable appliance testing. Clinical equipment was checked to ensure it was working properly and equipment that was not working effectively had been taken out of use.
- The practice had a legionella test certificate dated February 2017 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Are services safe?

- 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.

Arrangements to deal with emergencies and major incidents

Risks to patients were assessed and well managed.

- There were panic buttons, and 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.
- Emergency medicines were easily accessible to staff and all staff knew of their location. However these were not stored securely. We discussed this with the practice management team, who informed us the day after the inspection that these had been moved to a secure, but easily accessible place for staff. The policy had also been updated to reflect the change. All the medicines we checked were in date.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. These were available on each floor of the building. A first aid kit and accident book was available.
- 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 and copies were kept off site.

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) evidence based guidelines.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice held daily informal meetings where updates were shared and monthly educational lectures were led by an NHS Consultant. The practice had planned 15 minute 'hot topic' sessions to increase shared learning within the practice.

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 from 2015/2016 showed the practice achieved 96% of the total number of points available. This was comparable to the CCG average of 97% and the England average of 95%. The overall exception reporting rate was 9% which was the same as the CCG average and 1% below the England average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed:

- Performance for diabetes related indicators was 83% this was 10% below the CCG average and 7% below the England average. Unverified data from 2016/2017 (which excluded any exceptions) showed the practice had improved performance in this area, as it was now 93%.
- Performance for mental health related indicators was 76%. This was 20% below the CCG average and 17% below the England average. Unverified data from 2016/2017 (which excluded any exceptions) showed the practice had improved performance in this area, as it was now 92%.

- Performance for dementia related indicators was 100% which was above the CCG average of 98% and England average of 97%. Unverified data from 2016/2017 (which excluded any exceptions) showed the practice had maintained performance in this area at 100%.
- Performance for Chronic Obstructive Pulmonary Disease (COPD) was 93% which was below the CCG average of 99% and the England average of 96%. The practice showed us that the data for 2016/2017 had reduced to 90%. One of the GP partners explained that this reduction was due to two nurses leaving who had a specialism in COPD. The practice had since recruited a nurse with this specialism and had undertaken reviews throughout the year according to patient's month of birth, to ensure they are completed more systematically.

There was evidence of quality improvement including clinical audit.

- The practice had a schedule of audits which were categorised under security, non clinical, clinical and nursing audits. This included the name of each audit, the frequency of completion, action needed and when the next cycle was due. We saw evidence of completed audits during our inspection.
- We reviewed two clinical audits which were submitted by the practice. Findings were used by the practice to improve services. One of these was a single cycle audit which identified clear learning and action points to improve screening for coeliac disease in patients with iron deficiency anaemia. The second audit was a full cycle audit designed to ensure the safe prescribing of a specific medicine. The second audit cycle showed improvements had been made in prescribing decisions. Further improvements were identified and information was shared with relevant clinicians.
- The practice participated in local audits, national benchmarking and peer review. The practice had recently started a small audit group to plan and develop future clinical audits to ensure safe and effective care.

Two of the GPs at the practice undertook minor surgery and a documented audit process was in place to record pathology results and actions, complication and infection rates. We checked patients who had histology samples sent in the previous two months and found that they had all been actioned. A patient satisfaction questionnaire had been undertaken by one GP in June 2017, which showed high rates of satisfaction in relation to minor surgery.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for all newly appointed staff, including GP locum staff. This covered areas such as safeguarding, infection control, fire safety, health and safety and confidentiality. A locum GP and GP Registrar induction folder was available and staff we spoke with confirmed they received an induction and support from the practice was positive.
- Staff had received training that included for example safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house training, workshops and conferences.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the two paramedics were supported by the practice to undertake further emergency care practitioner training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines 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 clinical meetings.
- The learning needs of staff were identified through a system of individual and team meetings and reviews of the practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. The paramedics and nurse practitioners received supervision and support from GPs. This was formalised for the paramedics. There was no formal review and checking of the nurse practitioners' work; however there was general reviews of prescribing data and informal supervision.
- The practice had recently established a 'new' appraisal system for staff, which included quarterly face to face meetings, with one meeting being a review of the year. This had been trialled with reception staff and we saw that most reception staff had received an appraisal. This was being implemented with all staff from 2017. We

reviewed the matrix of staff face to face quarterly meetings and saw that all staff had received at least one review. All the staff we spoke with reported feeling supported by their colleagues, team leads and the management team.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals 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. Meetings took place on a monthly basis with other professionals, which included district nurses, mental health link worker, hospice practitioner and social services. 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.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- 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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. This included patients receiving end of life care, carers, those with a long term medical condition and those requiring advice on their diet, exercise, smoking and alcohol.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 83% which was comparable to the CCG average of 83% and the national average of 82%. There was a policy and system in place to contact patients who did not attend for their cervical screening test, to encourage rebooking. There was a failsafe system 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 64% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months compared to the CCG average of 62% and an England average of 58%.
- 82% of females aged 50 to 70 had been screened for breast cancer in the last 36 months compared to the CCG average of 79% and an England average of 73%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the

vaccinations given to under two year olds ranged from 71% to 98% which was comparable to the CCG range of 71% to 97% and the national range of 21% to 96%. In relation to five year olds it ranged from 76% to 97% which was comparable to the CCG range of 71% to 96% and the national range of 16% to 94%. Childhood immunisations clinics were available during the practice's opening hours. Missed appointments were followed up by text message, letter and a phone call from the practice on the same day as the missed appointment, to rebook.

New patients were supported by reception staff to complete the new patient registration paperwork and how to access services was explained. If patients requested to see a clinician then this was arranged, however new patient health checks were not offered routinely. NHS health checks for patients aged 40 to 74 were available. One of the practice nurses had undertaken additional training and completed annual health checks for patients with a learning disability. 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

Kindness, dignity, respect and compassion

We observed members of staff were polite 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.

We spoke with representatives from six care homes who said the staff from the practice respected patient's privacy and dignity during home visits. Patients told us they were very satisfied with the care provided by the practice and staff were helpful, caring and treated them with dignity and respect.

Twelve of the 26 Care Quality Commission comment cards we received specifically praised the helpfulness and caring nature of the staff. We spoke with four members of the patient participation group (PPG). They provided an example of when staff responded compassionately when a patient needed help and support. They also confirmed that design issues with the new building had been addressed to maximise privacy and confidentiality.

Results from the national GP patient survey, published in July 2017, showed the practice was generally in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 93% 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 and the national average of 86%.

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt appropriately involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey, published in July 2017, showed results were generally in line with the local and national averages for how patients responded to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% 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 and that longer appointment were made available. Information was available on the practice's website and on the electronic information display screen in the waiting rooms to inform patients that this service was available. Alerts were added on the patients record to inform staff that translation services may be needed.
- We saw some information was available in easy read format, for example the health check information for people with a learning disability.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets, notices and information displayed on the screen in the waiting areas told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

An information board had been developed and was maintained by two 'carer champions' at the practice. Written information was available on the practice's website to direct carers to the various avenues of support available to them. The practice offered referral to Suffolk Family Carers, who also attended the practice during health fairs

organised by the patient participation group and at flu clinics. The practice's computer system alerted GPs if a patient was also a carer. Despite the work undertaken by the practice, they had only identified 155 patients as carers (0.6% of the practice list). The practice thought the low number may be a coding issue as some patients may be coded, whereas others may have an 'alert' which would not be counted in any searches.

Staff told us that if families had suffered bereavement, whether they were registered as a patient or not, their usual GP phoned them or a card was sent and appropriate support offered. The practice's website provided information in times of 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.

- Telephone appointments were available for patients if required. The practice used a text message appointment reminder service for those patients who had given their mobile telephone numbers.
- The practice had 100 patients on the learning disabilities register. 78 of these patients have had a health check in the previous 12 months. The practice offered longer appointments for patients with a learning disability.
- Home visits were available for patients who were genuinely housebound due to illness or frailty.
- There were 66 parking bays and six parking spaces for patients with disabilities. There was a ramp leading to the entrance, which had automatic sliding doors. Consultation rooms were on the ground and first floor and a lift was available. Disabled toilets were located on both floors. The reception desk had a lower section for patients who used a wheelchair and a hearing aid loop was available. Translation services were available for patients. These were advertised on the practice's website and on the information display screens in the practice waiting rooms.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Two GPs at the practice who had dermatology expertise, saw patients at the practice, rather than patients being referred to another service.
- The practice had a comprehensive computerised monitoring system in place. This was used to review trends, for example in relation to the time taken to answer the telephone, the number of urgent and non urgent appointments, home visits and average waiting times.
- Alerts were recorded on the patient's record to ensure staff were aware of any particular needs. This included, for example, where longer appointments were needed, help with repeat prescriptions or where the patient was or had a carer.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, with appointments offered between 8am and 6pm. Extended hours appointments were available from 7.30am Monday to Friday and until 7.30pm on Tuesdays. Evening and weekend appointments were available through Suffolk GP+. (Suffolk GP+ is for patients who urgently need a doctor's appointment, or are not able to attend their usual GP practice on a weekday.)

Appointments could be booked in person, by telephone, through the automated telephone booking system or online. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice also offered online repeat prescription ordering and access to the patient's own medical record. The arrangements for booking appointments were clearly described on the practice's website and in the practice's patient leaflet. We were told this leaflet was available at the reception desk and was handed to patients when they registered at the practice.

Results from the national GP patient survey, published in July 2017, showed that patient's satisfaction with how they could access care and treatment was in line with local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 71%.
- 91% of patients found the receptionists helpful compared to the CCG average of 89% and the national average of 87%.

On the day of the inspection patients reported that they were able to get urgent appointments when they needed them, however two patients reported that they had difficulty getting a routine appointment. Representatives from two care homes advised that requests for urgent home visits were acted upon, although it was more difficult to obtain a routine home visit. We received 26 comments cards and six patients reported difficulty in getting an appointment.

The practice Patient Participation Group (PPG) undertook a patient survey, over a period of four weeks in July 2017. 222 responses were received from patients who had attended

Are services responsive to people's needs?

(for example, to feedback?)

the practice during that time. This included area such as the benefits and improvements needed in the new practice building, access and communication and the service provided by staff at the practice. The practice was rated good or excellent by 69% of patients for online access and by 67% of patients for telephone access. The service provided by and helpfulness of all staff groups at the practice scored 92% to 97%. In relation to a question about other comments on the services provided, the shortage of routine appointments was raised by 30 of the 222 patients (14%) surveyed. Action points were identified, which included two GPs who were due to commence work at the practice in August and September 2017, which would make more routine appointments available. The practice business manager advised that changes had previously been made to staff shift patterns in order to respond to the increased number of telephone calls at peak times.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Requests for home visits were assessed by the duty GP, who telephoned patients to obtain further information if necessary. The duty GP decided on the most appropriate clinician to undertake the home visit. The practice had employed two paramedics who were able to visit from early morning onwards. The practice felt that patients received a more effective and timely service by using paramedics. The paramedics received support from the duty GP after home visits. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a lead GP and a management lead who handled all complaints in the practice.

Information was available to help patients understand the complaints system on the practice's website. 'Suggestions and feedback' and 'How to make a complaint about NHS services' leaflets were available in the practice and information was also detailed in the practice information leaflet. This was available at the practice and on the practice's website. Reception staff showed a good understanding of the complaints procedure and they had written information that they could give to patients if they informed them they wanted to make a complaint.

We looked at documentation relating to two complaints received in the previous year and found they had been fully investigated and responded to in a timely and empathetic manner. Lessons were learnt from individual concerns and complaints, and also from analysis of trends and action was taken to as a result to improve the quality of care. Complaints were shared with staff, as appropriate to encourage learning and development. Checks were made that learning had been embedded into practice.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had core values, which included being caring, inclusive, aspirational, accountable, collaborative, learning and innovative. The aim was to deliver high quality care general practice services. Staff we spoke with knew and understood the vision and demonstrated these values during the inspection.

The practice had a business development plan for 2016 to 2020 which reflected the vision and values and was regularly monitored by the management team. The practice had identified goals and objectives in a number of areas, for example patient services, staffing, financial sustainability, communication and education and training. Each area detailed activities to be undertaken, a lead person, measures for success and timescales. There was evidence that some identified goals and objectives had been achieved. For example, the practice had employed a practice pharmacist and the impact of this role was monitored monthly.

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, reviewed and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However the practice had not undertaken Disclosure and Barring Service (DBS) checks for all staff who had unsupervised contact with patients.

Leadership and culture

On the day of inspection the partners and management staff in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. There was a clear leadership

structure in place and the management style was informal and friendly. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at any time and felt confident and supported in doing so. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service. The practice had a weekly newsletter for staff to ensure that staff were informed and updated about practice issues. Other teams in the practice, for example the nursing team, also had their own weekly newsletter.

The practice held an informal 'coffee' meeting daily which all clinical staff could attend. Clinical staff reported that this meeting was beneficial due to the support received. The practice also organised team building events and staff spoke about a summer social event and the Christmas party.

The provider 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). The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

The practice encouraged and valued feedback from patients, the public and staff. It 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 and complaints received.

The practice PPG met every two months and was attended by ten patient members and one or more practice staff, which included the GP lead. Information from the April 2017 PPG Annual report, detailed that the different working practices of the two previous GP surgeries had been amalgamated as smoothly as possible and the move into the new building was well planned. The PPG collected patient feedback before the new building was built and after the transfer to the new building. This was shared with

Are services well-led?

Good 

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

the practice and the practice responded to the hopes and concerns raised by the patients. For example, design issues were addressed to maintain privacy, dignity and confidentiality in the waiting area. The PPG had organised health education events at the practice, with the most recent one, 'Old age – what is out there for you?' being held in May 2017.

The practice had also gathered feedback from staff through staff meetings, formal face to face meetings 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 that they felt supported by management to make suggestions or recommendations for practice. Staff suggestions and the response from the practice were displayed in the staff room.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice had planned 15 minute 'hot topic' sessions to increase shared learning within the practice. The feedback from the GP Registrar was very positive about the learning opportunities and support provided by the practice. The management team had recognised areas where improvements could be made and had supported additional training for staff in order to improve the service received by patients. For example, reviews for housebound patients with long term conditions were undertaken by the paramedics employed by the practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment There was evidence that safe care and treatment was not being provided. In particular: Disclosure and Barring Service checks had not been undertaken for all staff, which included four nurses, who had unsupervised contact with patients.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	