

# Guildhall Surgery Clare

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Guildhall Surgery Clare on 17 March 2016. Overall the practice is rated as good.

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

- The appointment system was flexible and ensured that patients who requested to be seen on the same day were.
- The practice had good facilities including disabled access. There was a lift for those patients who could not manage the stairs.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service, including having a patient participation group (PPG).

- The practice proactively managed care plans for vulnerable patients and had effective management strategies for patients at the end of their life.
- The practice had a number of policies and procedures to govern activity; however, some were introduced within the last six months and had not been embedded into the practice culture.
- Systems to reduce risks to patient safety for example, infection control procedures, needed to be improved.
- There was a leadership structure; however, at times it was not always clear there was a cohesive approach that gave clarity to staff and would lead to improvements. Staff generally felt supported by the management.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.

The areas where the provider must make improvements are:

# Summary of findings

- Ensure that a risk assessment for the testing of legionella is completed and any identified actions are taken.
- Ensure that all medical devices available for use are within the expiry dates.

In addition the provider should;

- Continue to embed processes for reporting, recording, acting on and monitoring incidents and complaints to ensure reflective and shared learning.
- Continue to embed formal governance arrangements including systems for assessing and monitoring risks to patients and staff health and wellbeing.
- Continue to embed policies and guidance to enable staff to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Carry out clinical audits including re-audits to ensure improvements have been achieved.
- Continue to strengthen the leadership structure to give clarity to staff and to deliver all improvements.
- Monitor systems in place to ensure that the monitoring of fridge temperatures is robust.

**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.

- Processes to report and record safety incidents and learn from them had been introduced or improved within the last six months. Staff were encouraged to identify areas for concern, however minor and to report them to the practice manager.
- Systems to identify risks to patients to ensure that patients and staff were kept safe needed to be improved. Infection control procedures had been completed but not regularly. The practice had not undertaken a risk assessment for the testing of Legionella.
- There were enough staff to keep patients safe.
- Each day a duty doctor was available, enabling responsive action to any urgent patient needs and support nursing and reception staff. They were also available for other health professional to seek clinical advice regarding patients.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were generally higher when compared to other practices in the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing mental capacity and promoting good health.
- Staff had received training appropriate to their roles, further training needs had been identified, and training was planned to meet these needs. There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams which included community nurses, health visitors, and specialist's staff to help patients.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

- Patient survey data showed that patients rated the practice higher than others for several aspects of care. For example, the percentage of patients who usually had an appointment or spoke with their preferred GP was 86%. This was above the CCG average of 64% and above the national average of 59%.
- Patients told us they were treated with compassion, dignity, and respect and they were involved in care and treatment decisions. We saw that staff treated patients with kindness, respect and in a way that was individual including those patients who needed extra support.
- Confidentiality was maintained and information was available to patients in formats that they could understand. The practice demonstrated that they prioritised patient centred care.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff described how they were an integral part of the local community, were aware of the needs of their practice population, and tailored their care and services accordingly.
- GPs were flexible with the appointment system to ensure that patients were seen on the day if requested. Telephone consultations and home visits were available when necessary.
- The premises were suitable for patients who had a disability or those with limited mobility.
- There was a complaints system in place that was fit for purpose. The complaints received had been dealt with in a timely and appropriate manner.

Good



## Are services well-led?

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

- It had a vision and strategy for the delivery of high quality patient centred care. The leadership structure was not always cohesive to show clarity to staff, and to drive improvements and developments. Staff generally felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular team meetings. There was a system in place to monitor and improve quality and identify risk, however, these had been introduced or improved within the last six months. The practice was unable to demonstrate clearly how these were embedded into practice.
- Staff had received inductions. Staff appraisals had recently been undertaken; however, not all staff had received an appraisal or review in the previous two years.

Good



# Summary of findings

- The practice team were an integral part of the management and development of the practice.
- The practice collated and acted on feedback from patients, through the patient participation group, survey, complaints, and direct contact with the patients.

# 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.

The practice offered proactive, personalised care to meet the needs of the older people in its population. Home visits were available for those unable to attend the practice. Continuity of care was maintained for older people through a stable GP workforce and personalised patient centred care. The practice provided visits to a local care home.

We saw evidence that the practice was working to the Gold Standards Framework for those patients with end of life care needs.

Good



### People with long term conditions

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

Nursing staff had roles in chronic disease management; data showed patient outcomes were mixed when compared with other practices in the locality. All these patients had a structured annual review to check that their health and medication needs were being met. Home visits were available to those patients who could not attend the surgery.

Longer appointments were available if required. Practice staff followed up patients who did not attend their appointments by telephone.

Good



### 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 patients who had a high number of A&E attendances. Immunisation rates were in line with local averages for all standard childhood immunisations. Young children were given priority appointments for urgent needs.

Appointments were available outside of school hours and the premises were suitable for children and babies. We saw examples of joint working with midwives, health visitors, and school nurses.

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, including 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.

The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. The practice did not restrict patients to certain appointment times to attend for their annual reviews; patients who worked were able to book at times that were convenient to them. Telephone consultations were available for those patients who wished to seek advice from a GP. NHS health checks were available.

## **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 held a register of patients living in vulnerable circumstances including those with a learning disability. It offered longer appointments and carried out annual health checks.

The practice told us that 77% of patients with learning disabilities had received an annual review.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. We saw the practice provided vulnerable patients with information about how to access various support groups and voluntary organisations.

Staff knew how to recognise signs of abuse or neglect 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.

Practice staff were intuitive to the needs of this group of patients and demonstrated that they had a personalised approach to helping them. Phlebotomy appointments were available at the practice for this group of patients.

**Good**



## **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).

The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

**Good**





## Summary of findings

Staff told us that 91% of patients with dementia had received advance care planning and had received an annual review. These patients had a named GP and continuity of care was prioritised for them.

Same day appointments and telephone triage with a GP was offered to ensure that any health needs were quickly assessed for this group of patients.

The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Staff had knowledge on how to care for patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice performance was mixed when compared with the local and national averages. 231 survey forms were distributed and 125 were returned. This represented a completion rate of 54%.

- 92% found it easy to get through to this surgery by phone compared to a CCG average of 83% and a national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 90% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).

- 80% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).
- 67% said they were satisfied with the surgery's opening hours (CCG average 75%, national average 75%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received feedback from 27 patients which were mostly positive about the standard of care received. Most patients said they were happy with the care they received and thought staff were approachable, committed, and caring, however there were some negative comments too. Some patients reported that staff were sometimes abrupt in their manner.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure that a risk assessment for the testing of legionella is completed and any identified actions are taken.
- Ensure that all medical devices available for use are within the expiry dates.

### Action the service **SHOULD** take to improve

- Continue to embed processes for reporting, recording, acting on and monitoring incidents and complaints to ensure reflective and shared learning.

- Continue to embed formal governance arrangements including systems for assessing and monitoring risks to patients and staff health and wellbeing.
- Continue to embed policies and guidance to enable staff to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Carry out clinical audits including re-audits to ensure improvements have been achieved.
- Continue to strengthen the leadership structure to give clarity to staff and to deliver all improvements.
- Monitor systems in place to ensure that the monitoring of fridge temperatures is robust.

# Guildhall Surgery Clare

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist adviser, and a second CQC Inspector.

## Background to Guildhall Surgery Clare

Guildhall Surgery Clare provides a range of medical services to approximately 5,000 patients. The practice is in a Grade II listed building and the practice boundary includes a number of villages and hamlets. Approximately two thirds of the practice population come from within the county of Suffolk and one third from within the county of North Essex. Clare is set in a rural area with a high number of retired homeowners, older population, and members of the farming community.

The practice is in the NHS West Suffolk CCG (Clinical Commissioning Group).

The practice holds a General Medical Services (GMS) contract to provide GP services.

Data from Public Health England shows the practice serves an area where income deprivation affecting children and older patient's people is lower than the England average.

The practice has a team of three GPs meeting patients' needs. These GPs (two male and one female) are partners and they hold managerial and financial responsibility for the practice. There are three female practice nurses, a female health care assistant, and a cleaner. A team of thirteen reception/administration staff support the practice manager.

Patients using the practice have access to a range of services and visiting healthcare professionals. These included midwives, a diabetic specialist nurse, and a community mental health nurse.

Appointments are available Monday to Friday from 8.30am to 7pm.

Outside of practice opening hours Care UK provides an emergency service. Details of how to access emergency and non-emergency treatment and advice is available within the practice and on its website.

## Why we carried out this inspection

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

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

## How we carried out this inspection

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?

# Detailed findings

- 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.

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 17 March 2016. During our inspection we spoke with a range of staff including two GPs, nursing, reception and administration team staff. We spoke with five patients who used the service and one member of the patient participation group. We observed how patients were being cared for and reviewed 27 comment cards where patients shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

- The practice used a range of information to identify risks and improve patient safety; however, most of these systems had been introduced or improved within the last six months. The systems used prior to this were not robust and the practice could therefore not evidence documentation and records over the longer term ensuring safety. In December 2015, the system to identify, report, record and share learning from incidents and complaints had been improved. A specifically designed form, available electronically or in paper form to report incidents had been made available to staff, these were reported to the practice manager or GP partners. Staff were encouraged to report all incidents, however minor. Practice meetings had been established to ensure that learning from these events would be shared with the wider team.
- We reviewed safety records, incident reports, and minutes of meetings where these were discussed since December 2015. Five events had been recorded, each event was well documented, and evidence of actions and shared learning was noted. For example, a delay had been recognised in the reporting and action needed on a test result. The practice took action, reviewed, and made changes to the system to ensure that test results were reviewed timely.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding and the practice held monthly safeguarding meetings which included other health care professionals such as the midwife. Staff knew who to contact and report concerns both internally and to external agencies.

Vulnerable patients were highlighted on the practice electronic system. This included children subject to child protection plans and patients with a diagnosis of dementia.

- A notice was displayed in the waiting room, advising patients that nurses or staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- There was a health and safety poster in the office. A fire report carried out by the county council had highlighted several areas of improvement needed to ensure that patients and staff were safe. The practice had carried out the work required and a full fire risk assessment carried out by an independent consultant had been completed in July 2015. Improvements made included extra signage and modification to internal doors. The fire extinguishers were checked in March 2016 and a fire evacuation drill had been carried out in February 2016.

All electrical equipment was checked in December 2015 to ensure that it was safe. Clinical equipment was calibrated in December 2015 to ensure it was working properly.

- The practice had other risk assessments in place to monitor the safety of the premises. For example, control of substances hazardous to health and infection control. However, testing for legionella (a bacterium that can grow in contaminated water and could cause harm to patients) had not been undertaken. We saw evidence that the practice were in discussion with a contractor for the assessment to be undertaken.

Appropriate standards of cleanliness and hygiene were followed. The practice employed a cleaner and staff had received infection prevention training. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control lead and had received training appropriate to their role. They had liaised with the local infection prevention teams to keep up to date with best practice. An infection control audit had been carried out March 2016; actions to be taken had been detailed. The practice had not undertaken audits in 2015 or 2014. A sharps injury policy was in place, and staff were aware of the actions to take. There was a record of the immunisation status of staff. Clinical waste was well managed.

## Are services safe?

Medicines were stored safely and stock levels and expiry dates of medicines were checked monthly. All medicines that we checked were in date; however, there were syringes that expired in October 2015 available for use. These were disposed of immediately. The practice did not hold any controlled medicines. There was a robust system in place to ensure that medicines carried by GPs were in date and replaced as appropriate.

There was a repeat prescription policy for non-clinical staff to follow. New medicines or alterations to existing medicines were actioned by GPs. Uncollected prescriptions were highlighted to the GPs to ensure patient safety. Prescription pads and boxes of prescription paper were securely stored and recorded.

- The nurses used Patient Group Directions (PGDs) to administer vaccines that had been produced in line with legal requirements and national guidance. We saw sets of PGDs that had been updated. The health care assistant used Patient Specific Directions (PSDs) to administer flu injections.
- The system to record safety alerts and actions taken was not sufficiently robust. The practice manager received the alerts via the electronic system and cascaded to the clinicians. Medical records that we reviewed showed actions required had been taken; however, there was no system to log the alert, giving oversight to ensure that future monitoring and shared learning would take place.
- Records of fridge temperatures were reviewed. Electronic data loggers were used in each fridge that contained medicines to provide accurate and constant temperature checks. We noted that the data from the electronic data loggers was not reviewed regularly to ensure that the temperature had remained safe during weekend periods. We highlighted this to the practice who took immediate action to ensure nursing staff had protected time to undertake this task and review the information.

- The three staff files we reviewed showed that 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 for all staff.
- The practice valued continuity of care. To cover any leave they used a regular locum. Practice staff told us there were sufficient numbers of staff on duty and that rotas were managed well. Some team members worked part time which allowed for some flexibility in the way the practice was managed. We were told that there were usually enough staff to maintain the smooth running of the practice, and there were always enough staff on duty to ensure patients were kept safe. The practice told us that they had recognised that they needed additional hours within the nursing team to utilise key skills more effectively and that the management team were discussing this.

### **Arrangements to deal with emergencies and major incidents**

There was a messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff received annual basic life support training and there were emergency medicines available in the treatment room. There was a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Staff demonstrated safe procedures to manage patients experiencing a medical emergency were in place.

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 available in the practice and held in the homes of the GP partners.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff were familiar with best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and locally produced quality standards. The practice held a weekly clinical meeting where guidelines were reviewed and best practice shared.

### 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 were 94.8% of the total number of points available, with 5.1% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/15 showed;

- Performance for diabetes related indicators was 81.9%  
The practice had a lower rate of exception reporting, for all the indicators related to diabetes. The exception reporting percentage for this indicator was 5.6% this was below the CCG average of 12.2% and below the national average of 11%.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 100% which was 1.5% above the CCG average and 2.2% above the national average. Exception reporting for this indicator was 2.3%; this was below the CCG average of 3.9% and below the national average of 3.8%.
- Performance for mental health related indicators was 100% which was 7.7% above the CCG average and 7.2% above the national average. The practice had a lower rate of exception reporting for all six related to mental health. The exception reporting percentage for this indicator was 0% this was below the CCG average of 11.7% and below the national average of 11.1%.

- 73% of patients with learning disabilities had received an annual review in the past 12 months.

The practice told us that they were aware of the lower figures for diabetes, and explained this was under review. We noted that the practice exception reporting was, in some indicators, significantly lower than the CCG and national averages.

Data showed that the practice performance for the prescribing of some medications was not comparable when compared with national figures. For example, the number of Ibuprofen and Naproxen Items prescribed as a percentage of all Non-Steroidal Anti-Inflammatory drugs Items prescribed (01/07/2014 to 30/06/2015), the practice performance was 58.84% this was lower than the national average of 76.77%, (please note higher percentage are better) and the percentage of antibiotic items prescribed that are Cephalosporins or Quinolones prescribed (01/07/2014 to 30/06/2015) the practice performance was 11.28% this was higher than the national average of 5.13%, (please note lower percentages are better). The practice were aware of this and had been working to improve the figures. Data provided by the CCG to the practice for September 2015 showed a small improvement.

We reviewed one completed audit on the care of patients with diabetes, using three different care standards. The first audit was completed in November 2015 and the second cycle in February 2016. The audit showed that the optimal cholesterol control improved from 87% to 91%, blood pressure control from 98% to 99% and improved blood test results from 72% to 76%.

Data from the CCG showed that the practice was not an outlier for secondary care activity.

### Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings, and reviews of practice development needs. Staff had not received appraisals in the previous two years; however, most staff had received an appraisal since February 2016. Practice staff we



# Are services effective?

## (for example, treatment is effective)

spoke with told us they valued this and found the time spent beneficial. The practice policy had been reviewed and stated that staff appraisals would be completed annually.

- The practice had a system to manage staff training needs and updates. This included fire safety, safeguarding, and infection control. Staff we spoke with confirmed they were given protected time for training and any request for additional training was considered and usually granted. For example, some members of the reception team were undertaking a NVQ certificate in administration.
- The practice had recognised that the staff required training for the new clinical computer system that had been installed in September 2014. With the support of the CCG the practice manager had arranged training sessions over the past 12 months. Further training had been identified and is planned throughout the next six months, this includes training to use an electronic booking system for hospital referrals (choose and book) and for the coding of medical records.

### Coordinating patient care and information sharing

- Referrals for patients to secondary care or other agencies were well managed. Routine referrals were sent within three days and urgent referrals within 24 hours. On the day of the inspection, the practice did not use the choose and book system (C&B). C&B is an electronic system between primary and secondary care and does not require any paper copies to be sent. We saw on the action plan which the practice manager had produced, that the practice planned to contact the clinical commissioning group and arrange training for June 2016.
- The practice staff worked with other services to meet patients' needs and manage those patients with more complex needs. This included community nursing teams and health visitors. The practice worked to the Gold Standards Framework when co-ordinating end of life care. Regular meetings with the wider health team were held to manage and plan patients care.
- Special patient notes and comprehensive care plans were completed by the practice on the electronic system and this ensured that emergency services staff had up to date information of vulnerable patients. We reviewed care plans and found them to be comprehensive. The practice had 106 patients on their

unplanned admissions register with an up to date care plan in place for each. These care plans were readily available for any GP visiting the patient at home, on return to the practice the care plan was up dated with any new, relevant information.

Patients' individual records were written and managed in a way to help ensure safety. The system used to summarise patients medical records was robust, all clinical summaries were checked by the GPs. Staff who undertook this role told us that they were well supported by the GPs. Records were kept on an electronic system, which collated all communications about the patient including, scanned copies of letters and test results from hospitals. All correspondence communication was sent to the GPs, who took any required actions. We reviewed this system and found this to be well managed to ensure that patients were safe.

The practice performance in relation to the number of patients who had a summary care record (SCR) was low. We saw evidence that the practice had introduced a new policy and procedure at registration and that the number of patients with a SCR had increased over the past few months. (A summary Care Record is an electronic summary of a patient's name, address, medication, and allergies. This information can be accessed by health professionals in an emergency and is used to keep patients safe. Patients are able to exercise their choice, and an opt out form was readily available).

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young patients, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. All staff were aware of Gillick competency and applied in practice. Staff recorded patients consent in the medical records.

### Supporting patients to live healthier lives

The practice's uptake for the cervical screening programme was 80.2%, which was higher than the CCG average of



# Are services effective?

(for example, treatment is effective)

76.1% and the national average of 74.3%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- The number of women screen for breast cancer was 78.2% this was similar when compared with the CCG average of 78.4% and higher than the national average of 72.2%.
- The number of patients screened for bowel cancer was 67.7% this was higher than the CCG average of 62.8% and lower than the national average of 58.3%.

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

- Immunisation rates for under two year olds ranged from 90% to 97% compared to with CCG range 93% to 97%.
- Immunisation rates for five year olds ranged from 93% to 98% compared to with CCG range 93% to 97%.

Seventy Two percent (72%) of patients aged over 65 received flu vaccinations and 81.1% for those in the at risk groups.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 years.

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 staff being polite and helpful to patients.

The majority of the comments we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comments highlighted that staff responded compassionately when they needed help and provided support when required. However, some feedback reflected that some patients found that reception staff were sometimes abrupt.

We also spoke with a member 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. In particular they highlighted that the practice listened to them and that they felt valued by the management team.

Results from the national GP patient survey showed data for the practice was above the CCG and national average for its satisfaction scores on consultations with GPs and was below for the nurses and receptionists. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 92% said the GP gave them enough time (CCG average 88%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 84% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 83% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

The practice told us that they were aware of these results. There had been a number of staff changes in the practice

both from the management team and the nursing team over the past 12 months. The practice action plan showed that customer care training for the reception staff was booked for June 2016.

The consultation and treatment room doors were closed during consultations and we observed that conversations taking place in these rooms could not be overheard. If patients wished to discuss a sensitive issue or appeared distressed the reception staff had access to a private room that they could use. There was a poster displayed in the waiting area that informed patients of this.

### Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed a mixed response when patients were asked about their involvement in planning and making decisions about their care and treatment. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 96%.
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 78% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

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

### Patient and carer support to cope emotionally with care and treatment

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

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified under 1.4% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice reflected that because the practice operated personal lists for GPs they knew their patients very well, that they did identify who were carers and those who were cared for.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Staff at the practice worked hard to understand the needs of their patients. Both clinical and non-clinical staff demonstrated a clear understanding of the concept of personalised care for the patients according to their individual needs. For example, the practice covered a large rural area and recognised that for some patients isolation may affect their wellbeing.

Services were planned and delivered to take into account the needs of different patient groups and to help provide and ensure flexibility, choice, and continuity of care. For example;

- There were longer appointments or home visits available for patients with a learning disability or dementia.
- Home visits were also available for older patients and others that needed one.
- Facilities for patients with disabilities were available. There were automatic doors, a lift, and appropriate toilet facilities in place. There was not a hearing loop available for patients who wore hearing aids; however, staff were able to describe how they communicated effectively with patients who had hearing impairment.
- GP appointment lists were extended to meet the demand of patients that requested to be seen on the day.
- Patients were sign posted to community services for example; Live Well Suffolk offered support for smoking cessation and healthy living advice.
- Some phlebotomy service was provided by the practice; however, this resource did not meet the needs of all patients. The practice told us that they endeavoured to ensure that those patients who were vulnerable or who could not travel were seen at the practice. Other patients were referred to the community phlebotomy service.

### Access to the service

The practice was open and appointments were available to patients between 8.30am and 7pm Monday to Friday.

Pre-bookable appointments could be booked up to six weeks in advance; the practice was responsive to urgent appointments for people that needed them. GPs were flexible with their surgeries and patients were seen on the same day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally higher compared to local and national averages. People told us they were able to get appointments when they needed them, however, some patients commented that they did wait longer for appointments with the GP of their choice.

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 92% patients said they could get through easily to the surgery by phone compared to the CCG average 83%, national average 73%.
- 90% patients described their experience of making an appointment as good compared to the CCG average 88%, national average 85%.
- 82% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average 63%, national average 65%.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was responsible for dealing with these.

We saw that information was available to help patients understand the complaints system. There were leaflets and posters displayed in the waiting area and information was available on the web site. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We saw that the system for learning from complaints was under review and improvements planned. We looked at two complaints received in the last 3 months and found these had been dealt with appropriately.

# 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

Staff exhibited an open, transparent attitude, described a consistent vision and ethos to offer good care and treatment to their patients, and were determined to meet their own mission statement, values, and principals as described in the statement of purpose.

### Governance arrangements

The practice had recognised that over the last two to three years the practice management team had undergone several changes resulting in the robustness of their systems, processes, policies, and procedures being compromised. They shared with us a written plan to address these issues and planned to ensure that the practice staff were included in the development and improvements needed. This plan showed the governance framework which supported the delivery of the strategy and good quality care would be improved once the systems had been implemented and imbedded into the practice culture. The plan showed actions identified and progress to completion.

It outlined the structures and procedures to ensure that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The management team had a clear and cohesive approach to the running of the practice.
- Practice specific policies and procedures were implemented, embedded, and available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit would be used to monitor quality and to make improvements.

- Robust arrangements for identifying, recording, and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners we spoke with told us that they planned to continue to strengthen the leadership within the practice to ensure that they prioritised safe, high quality and compassionate care. They had the experience, capacity, and capability to run the practice and ensure high quality care but did not always show clarity to staff. Each partner had responsibility for identified areas and were visible in the practice. Practice staff told us they were approachable and always took the time to listen to them.

The practice held regular meetings including a daily meeting for GPs to discuss cases and arrange home visits. Meeting minutes were accessible for staff. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings or speak directly to the GPs or practice manager. Staff said they felt respected, valued, and supported. All staff were involved in discussions about how to run and develop the practice, and encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public, and staff. It proactively sought patients' feedback and engaged them in the delivery of the service.

Feedback from patients had been gathered through surveys, the Patient Participation Group (PPG), and complaints received. An active PPG met on a regular basis. They had submitted proposals for improvements to the practice management team. For example, a ramp and safety rail had been installed to improve the access for those patients with low mobility, and those that used a wheel chair or push chair.

## 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<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>12(2)(h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health associated.</p> <p><b>How the regulation was not being met:</b></p> <p>The practice had not undertaken a risk assessment for the testing of legionella to ensure that patients and staff were kept safe.</p> <p>This was in breach of regulation 12(1)(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

| Regulated activity   | Regulation   |
|--|--|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>12(1)(2)(f)</p> <p>Where equipment or medicines supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety</p> <p><b>How the regulation was not being met:</b></p> <p>Syringes had expired in October 2015 were available for use. This posed a risk to patients</p> <p>This was in breach of regulation 12(1)(2)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |