

Walton Surgery

Quality Report

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Felixstowe

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Walton Surgery on 23 May 2017. Overall the practice is rated as good.

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

- On the 4 November 2016, Suffolk GP Federation became the registered provider of Walton Surgery. The practice staff we spoke with told us significant improvements had been made, including the employment of a new GP clinical lead.
- There was a clear leadership structure, which was understood by the staff we spoke with. They told us the clinical lead GP and practice manager had involved them in developing their practice vision and future development plans to offer greater services to their patients.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events at practice level, and for escalating through to the appropriate board within Suffolk GP Federation.
- The practice had systems to minimise risks to patient safety. A detailed practice improvement plan was used to ensure improvements were made in a timely way and any risks updated regularly. The practice and the Federation regularly reviewed this plan.
- Practice staff were aware of current evidence based guidance, and had been trained to provide them with the skills and knowledge to deliver effective care and treatment. The clinical staff discussed these and patient cases at regular meetings.
- Results from the national GP patient survey, published in July 2016, showed patients were treated with compassion, dignity, and respect and were involved in their care and decisions about their treatment. The practice used an electronic console to collect feedback from patients at every opportunity.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients we spoke with said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day. Extended hours appointments were available at the practice on Wednesday evenings. The practice, in collaboration with two local practices, offered same day appointments at Felixstowe community hospital. The practice was also part of a GP+ service; patients were able to be seen for evening or weekend appointments at Felixstowe Community Hospital and a location in nearby Ipswich.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

We saw areas where the practice should make the following improvements:

- Review the management of legionella and ensure any actions needed in relation to low water temperatures are completed in a timely way.
- Continue to embed all new policies and procedures to ensure performance and quality is monitored.
- Continue to embed the schedule of audits to ensure the practice monitors performance and encourages improvement.
- Improve the system for monitoring staff training.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, and a written explanation and apology. They were told about any actions to improve processes to prevent the same thing happening again. Minutes reflected that communication and decision making was made in partnership between the practice and the management team for the Suffolk GP Federation.
- The practice had clearly defined and embedded systems, processes, and practices to minimise risks to patient safety. In relation to the management of legionella, we noted that staff had not always reported findings of water temperatures that were not within the safe range. The practice took immediate action to ensure all staff were aware of reporting abnormal findings so that actions could be taken to minimise risks to patients and staff.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework 2015/2016 showed patient outcomes were comparable to the national average.
- The practice monitored and reviewed patients' medicines, and where possible completed all health checks for the patient during a single appointment.
- Staff were aware of current evidence based guidance and discussed this at the regular clinical meeting.
- The practice had started a programme of clinical audits to demonstrate quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff. Practice staff told us they had found this useful and felt they were listened to by the management team.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with the practice outreach team and other services were involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey, published in July 2016, showed patients generally rated the practice higher compared with others for several aspects of care. For example, 67% of patients usually got to see or speak with their preferred GP compared with the CCG average and national average of 59%.
- We reviewed 17 comment cards which demonstrated that patients felt 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 accessible.
- We saw that practice staff worked together as a cohesive team and treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 1.3% of the practice populations as carers, written information was available, and carers were sign posted to the local support group.
- Practice staff had received training in dementia awareness and demonstrated that they were a dementia friendly practice.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP.
- Patients told us they could always make an appointment with a GP or nurse both in advance and on the same day. Extended hours appointments were available on Wednesday evenings at the practice. The practice worked in collaboration with two

Summary of findings

other local practices and offered same day appointments at Felixstowe Community Hospital. Additionally the practice was part of a GP+ service and could book appointments for patients to be seen in the evenings or weekends at the community hospital or at a location in nearby Ipswich.

- Some GPs offered 15 minute appointment slots to patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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. Practice staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure within the practice and the wider organisation, and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings. Some of these policies had been recently introduced and needed to be embedded into the culture of the practice. Practice staff we spoke with were aware of the policies and where to find them.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk, there was scope for the recording of some findings relating to legionella to be further improved.
- Practice staff had received inductions, annual performance reviews, attended staff meetings, and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The management team encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

Good



Summary of findings

- There was a focus on continuous learning and improvement at all levels. Staff training was a priority, learning had been planned to ensure all staff had received training the practice deemed mandatory. The practice was aware that the system for recording staff training could be improved.
- GPs who were skilled in specialist areas used their expertise to offer additional services to 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.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- Of the practice population, 23% was aged over 65 years old and the practice offered proactive, personalised care to meet their needs.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- There was a named GP for these patients and a practice nurse undertook weekly visits to ensure proactive health care to patients living a local care home.
- The practice identified older patients who may need palliative care as they were approaching the end of life. The practice involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured their care plans were updated to reflect any additional needs.
- The practice worked with voluntary agencies such as the local Parish Nursing Team and Age Concern to offer additional support to older patients.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Data from the quality and outcome framework 2015-2016 showed that the practice performance in relation to diabetes was 79%. This was 13% below the CCG and 11% below the national average. The practice exception reporting rate was 9% this was below the CCG average of 11% and below the national average of 12%

Summary of findings

- The practice performance in relation to chronic obstructive pulmonary disease was 96%; this was comparable to the CCG average and national average.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured their care plans were updated to reflect any additional needs.
- There were emergency processes in place for patients with long-term conditions who experienced a sudden deterioration in health.
- All patients with long term conditions had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- To increase uptake of annual reviews, the practice staff telephoned patients to arrange their appointments. Flexibility of appointment times was given to ensure that patients could attend at times convenient to them.

Families, children and young people

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

- From the sample of documented examples we reviewed, we found there were systems 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 accident and emergency (A&E) attendances.
- Following a serious case review in relation to a safeguarding case in Suffolk, the lead GP completed a review and audit of the systems and process in the practice. Learning from this was shared with the practice team.
- The practice had met the national target of 90% for the standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors, and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Good



Summary of findings

- The practice had emergency processes in place for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

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

- The needs of this population had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended hours appointments were available at the practice on Wednesday evenings. The practice, in collaboration with two local practices, offered same day appointments at Felixstowe Community Hospital. The practice was also part of a GP+ service; patients were able to be seen for evening or weekend appointments at Felixstowe community hospital and a location in nearby Ipswich.
- Telephone consultations were available for those who wished to access advice this way.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.
- NHS health checks were available at times convenient to the patient.

Good



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 regular meetings to ensure that patients who may be vulnerable were managed in a holistic manner. The practice worked closely with community staff and voluntary agencies such as the Parish Nursing team. This ensured that patients were supported to retain their independence and were able to remain at home.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. A practice nurse had experience in cancer care and supported patients, carers and family members at this difficult time.
- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations. A member of the local Citizens Advice Bureau attended the practice to support patients with social or financial concerns.
- Practice staff we spoke with knew how to recognise signs of abuse in children, young people, and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies during normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Data for the quality and outcome framework from 2015 to 2016 showed the practice performance for mental health was 100%. This was 5% above the CCG average and 7% above the national average. The practice exception reporting rate was 9%; this was below the CCG average of 13% and the national average of 11%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia. A mental health link worker attended the practice regularly to support the GPs and ensure the patients with complex needs were well supported.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

The practice staff, including nurses and non-clinical staff, had received training and had a good understanding of how to support patients with mental health needs and dementia. The practice staff told us they aimed to be formally recognised and accredited as a dementia friendly practice.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice results were generally high when compared with local and national averages. 232 survey forms were distributed and 113 were returned. This represented a 49% response rate.

- 93% of patients described the overall experience of this GP practice as good compared with the CCG average of 87% and the national average of 85%.
- 86% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.

- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 80% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. Comments received included that staff were helpful and caring, appointments were easy to access, and many patients reflected they would not change anything about the practice.

We spoke with five patients during the inspection. All five patients said they were very satisfied with the care they received and thought staff were approachable, committed, and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the management of legionella and ensure any actions needed in relation to low water temperatures are completed in a timely way.
- Continue to embed all new policies and procedures to ensure performance and quality is monitored.
- Continue to embed the schedule of audits to ensure the practice monitors performance and encourages improvement.
- Improve the system for monitoring staff training.

Walton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and accompanied by a GP specialist adviser.

Background to Walton Surgery

Walton Surgery is situated in the seaside town of Felixstowe. The practice provides services for approximately 4300 patients. On the 4 November 2016, the registered provider of Walton Surgery changed and Suffolk GP Federation is now the registered provider. Suffolk GP Federation is a not for profit Community Interest Company owned by 58 practices within Suffolk and was established to enable primary care to develop new models of care. Suffolk GP Federation holds a personal medical services contract with NHS England.

We reviewed the most recent data available to us from Public Health England which showed that the practice population has a higher than average number of patients aged 45 and over and lower than average number of patients aged under 40 years. 23% of the practice population is aged 65 years and over. The practice has a low level of deprivation. Income deprivation affecting children and adults is in line with the local and national averages.

Suffolk GP Federation has a management structure which includes the Suffolk GP Federation CIC Board, Integrated Governance Committee, Medical Director, Chief Nurse, Chief Executive Officer and Director of Primary Care Services. The practice clinical team consists of one clinical lead GP who holds managerial responsibility for the

practice. There is one male GP, one female GP, and two locum GPs who provide regular sessions. In collaboration with two local practices, two domiciliary care practitioners undertake home visits for those patients who cannot attend the practice. There are two practice nurses, and a healthcare assistant. A practice manager and reception, administration and secretarial staff support the clinical team.

Walton Surgery is open from Monday to Friday. It offers appointments from 8.30am to 6.30pm daily. Appointments can be booked six weeks in advance with urgent appointments available on the same day. Extended hours appointments were available at the practice on Wednesday evenings. The practice, in collaboration with two local practices, offered same day appointments at Felixstowe Community Hospital. The practice was also part of a GP+ service; patients were able to be seen for evening or weekend appointments at Felixstowe community hospital and a location in nearby Ipswich. Out of hours care is provided by Integrated Care 24 via the NHS 111 service.

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 hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 May 2017. During our visit we:

- Spoke with a range of practice staff including GPs, the nursing team, practice manager, receptionists, administrator/secretary, and a domiciliary care practitioner. We spoke with the Medical Director, Chief Executive Officer, and Director of Primary Care of Suffolk GP Federation. We spoke with patients who used the service.
- Spoke with the manager of a local care home.
- Observed how patients were being cared for in the reception area.
- 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.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living 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 a system for reporting and recording significant events.

- Practice staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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).
- From the sample of three documented examples we reviewed, we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable. They received reasonable support, 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 significant events were discussed.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, minutes of a meeting held in January 2017 detailed an event where confidentiality had been breached. The minutes included details of how the issue was resolved and steps staff should take to prevent this happening again. These minutes clearly demonstrated the practice had escalated the event to the management board within the Federation.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes, and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where

necessary for other agencies. Following a serious case review meeting relating to safeguarding in Suffolk, the lead GP had reviewed and completed an audit on the systems and processes in the practice. The learning from this had been shared within the practice.

- Practice staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS 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 maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- A clinical staff member who had received appropriate training was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Regular IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. In addition, actions appeared on the practice improvement plan to be addressed with the planned refurbishment.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security, and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the

Are services safe?

support of the local clinical commissioning group medicines management teams, to ensure prescribing was in line with evidence based guidelines for safe prescribing.

- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient Group Directions (**PGDs**) are written directions allowing nurses to administer medicines without a prescription.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring, and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). We noted that practice staff undertook

checks of the water temperature; however they had failed to notify the management team when this was out of the safe range. The practice took immediate action to rectify this.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and we noted that the practice had additional training planned.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. This plan had been recently used during a recent power failure. A copy of this plan was stored at an alternative location.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant, current evidence based guidance, and standards, including National Institute for Health and Care Excellence (NICE) evidence based guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). In the most recent published results, from 2015 to 2016, the practice achieved 95% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The practice exception reporting rate was 9%, this was in line with the CCG and national 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 2015-2016 showed:

- Performance for diabetes related indicators was 79%; this was 13% below the CCG average and 10% below the national average. Exception reporting for this indicator was 9%; this was below the CCG average of 11% and below the national average of 12%.
- Performance for mental health related indicators was 100%; this was 5% above the CCG average and 7% above the national average. Exception reporting was 9% for this indicator which was below the CCG average of 13% and below the national average of 11%.

- Performance for chronic obstructive pulmonary disease was 96%; this was 3% below the CCG average and in line with the national average. The exception reporting rate for this indicator was 18%; this was above the CCG average of 12% and above the national average of 13%.
- Performance for asthma related indicators was 100%; this was 2% above the CCG average and 3% above the national average. Exception reporting for this indicator was 5%; this was below the CCG and the national average of 7%.
- Performance for dementia was 100%; this was 1% above the CCG average and 3% above the national average. Exception reporting for this indicator was 7%; this was below the CCG average of 13% and the national average of 13%.

The practice told us of the improvements they were implementing to further improve the diabetes care within the practice. Specialist nurses from the local hospital will attend the practice regularly to support the care of those patients with complex needs. A nurse from within the Suffolk GP Federation, with specialist knowledge and experience of managing diabetes will be undertaking mentoring and education sessions with the practice nurses. Unverified data from 2016/2017 demonstrated improvements in this area.

There was evidence of quality improvement including clinical audit; we noted that this had programme had been introduced since the change of provider. The practice shared with us the schedule of audits planned for the coming year. We reviewed two completed audits relating to the management of patients taking high risk drugs, for example methotrexate. The findings showed that patients had been appropriately monitored.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Practice 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

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. The practice could demonstrate how they ensured role-specific training and updating for relevant staff.

- The learning needs of staff were identified through a system of appraisals, meetings, and reviews of practice development needs. Practice staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, and facilitation and support for revalidating GPs and nurses. The practice staff we spoke with told us that they had valued these meetings and had been given the opportunity to discuss and concerns they may have. They told us this opportunity had been utilised by the practice management team to ensure all staff were aware of the changes and plans to improve the practice further.
- Staff received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice was aware that the system for recording staff training could be improved.

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.
- We saw the practice shared relevant information with other services in a timely way, for example urgent referrals for suspected cancer.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients'

consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Smoking cessation and weight management advice was available from the practice nurse. Appointments were flexible allowing patients to attend the practice at times convenient to them.

The practice's uptake for the cervical screening programme was 88%, which was above the CCG and the national average of 82%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice had met the 90% national target.

Are services effective?

(for example, treatment is effective)

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by contacting patients by telephone. There were failsafe systems 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. Data from Public Health England showed:

- The percentage of patients screened for breast cancer in the last 36 months was 79%; this was the same as the CCG average of 79% and above the national average of 73%.
- The patients of patients aged 60-69 screened for bowel cancer in the last 30 months was 59%, this was below the CCG average of 62% and above the national average of 58%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations, and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by male or female clinicians.

All of the 17 patient Care Quality Commission comment cards we received were very 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.

We spoke with five patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 85% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average and the national average of 89%.
- 87% of patients said the GP gave them enough time the same as the CCG and the national average of 87%.
- 97% 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%.

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% national average of 85%.
- 97% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 94% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average and the national average of 97%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

We spoke with the manager of a local care home. They were very positive about the service provided by the practice. They told us that patients and staff found the practice to be responsive, helpful, and kind. The nurse attended the home on a regular day each week to ensure proactive health care was available to the patients. The GPs were easily accessible and visited when requested.

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 survey results are below. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals. The practice was liaising with a youth engagement and health group (YEAH) to ensure they understood the needs of younger people.

Are services caring?

Results from the national GP patient survey, published in July 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and the national average of 82%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG and national average of 90%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that interpretation 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. Longer appointments were available for these patients.
- Information leaflets were available in easy read format.

- The electronic referral service was used with patients as appropriate (a national electronic referral service which gives patients a choice of place, date, and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 52 patients as carers (1.3% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. Further improvements were planned for this, the practice planned to discuss this at a future meeting to co-ordinate the identification of carers.

Staff told us that if families had experienced 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

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Wednesday evening for working patients who could not attend during normal opening hours. In collaboration with two other local practices they offered appointments from 3pm at the local community hospital. The practice was part of a GP+ service, the practice was able to book evening and weekend appointments for patients to be seen either at the community hospital or at a location in nearby Ipswich.
- Some GPs offered 15 minute appointments as standard and there were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. These were often undertaken by the domiciliary care practitioners ensuring a rapid assessment for those patients that maybe vulnerable.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- We saw evidence that practice staff were flexible when considering patients' needs and adjusted appointments accordingly. The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients received information in formats that they could understand and received appropriate support to help them to communicate.

Access to the service

The practice was open and appointments were available between 8.30am and 6.30pm Monday to Friday. Extended hours appointments were offered on Wednesday evenings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey, published in July 2016, showed that patient's satisfaction with how they could access care and treatment were comparable to local and national averages:

- 85% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 92% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 73%.
- 91% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 88% and the national average of 85%.
- 98% of patients said their last appointment was convenient compared with the CCG average of 94% and the national average of 92%.
- 86% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.
- 55% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 64% and the national average of 58%.

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

The practice demonstrated they had a system to assess the clinical priority of those requesting home visits or urgent medical attention in a timely way. Where appropriate the domiciliary care practitioners undertook the visit.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were posters in the waiting area, information in the practice leaflet and on the practice web site.

We looked at two complaints received since November 2016 and found these had been satisfactory managed. Lessons were learned from individual concerns and complaints and from analysis of trends and action were taken to as a result to improve the quality of care. For example, in November 2016 a complaint was received regarding access to see a GP. The practice sent an apology and information leaflet to the patient, and a discussion was held with the reception team.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- Since November 2016, the registered provider of Walton surgery had changed and the new provider was the Suffolk GP Federation. Practice staff we spoke with told us significant changes had been made, including the employment of the clinical lead GP. Feedback included that the management team were inspiring, providing safer services and staff reported they felt valued.
- There was a clear leadership structure, practice staff we spoke with told us that the principal GP and practice manager had involved them in developing their improvement plan to encourage future developments and offer greater services to their patients.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were newly implemented and staff we spoke with were aware of these and where to find them.
- A comprehensive understanding of the performance of the practice was maintained. The practice recognised that there was scope to improve the coding within the clinical records to ensure consistency and accurate monitoring. The clinical lead GP had protected time each week to undertake this work.
- Practice clinical meetings were held regularly in addition to meetings with the Federation management team. Additional meetings provided an opportunity for staff to learn about the performance of the practice; practice staff we spoke with said they found these useful.

- A programme of continuous clinical and internal audit was implemented to monitor quality and to make improvements.
- There were arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions.
- The minutes of meetings we viewed demonstrated there was a structure to the agendas that allowed lessons to be learned and shared following significant events and complaints.
- Staff training was provided; however the practice were aware that the system for recording this training could be improved.

Leadership and culture

On the day of our inspection the Federation and 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. Practice staff told us the management team were approachable and always took the time to listen to all members of staff. We saw evidence where changes had been made; for example, the practice had identified that areas of the practice had become cluttered, these were cleared giving staff a safer and more pleasant environment to work in. The Federation and practice shared their plans to further improve the premises, this included new couches and chairs for the consultation rooms.

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

- The practice gave affected people reasonable support, and a verbal and written apology.
- The practice kept written records of verbal feedback to monitor trends and encourage improvements.

Are services well-led?

Good 

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

There was a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses, school nurses, and social workers to monitor vulnerable patients.
- Practice staff told us the practice held regular team meetings which they found very useful.
- Practice staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were available for practice staff to view.
- Practice staff said they felt respected, valued and supported, particularly by the management team in the practice. All staff were involved in discussions about how to run and develop the practice. The management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- Patients through the patient participation group (PPG) and through surveys and complaints received. The practice had an electronic feedback console in the entrance of the practice; this ensured that patients had the opportunity to give their feedback at every visit.

- Results from the data collected by the practice via their electronic console in April 2017 were:
- 83% of patients were extremely likely to recommended the surgery to family and friends
- 17% of patients reported they were likely to recommend the practice to family and friends
- Practice staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Practice staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The Federation and practice demonstrated their commitment to continue to improve the services offered at Walton Surgery. They recognised that they had the opportunity to develop a new model of care to deliver general practice and were committed to having greater participation by practice staff.

The management team recognised that the practice list size would increase in the near future as new housing was being built; they were in discussions with architects to extend the premises and whilst doing this, they planned to take the opportunity to refurbish the existing rooms including improving access to the reception area for patients.