

Burlington Road Surgery

Quality Report

14 Burlington Road, Ipswich, Suffolk
IP1 2EU

Tel: 01473 211661

Website: www.burlingtonprimarycare.co.uk

Date of inspection visit: 22 September 2016

Date of publication: 06/03/2017

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	10
What people who use the service say	15
Areas for improvement	15

Detailed findings from this inspection

Our inspection team	16
Background to Burlington Road Surgery	16
Why we carried out this inspection	16
How we carried out this inspection	16
Detailed findings	18

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Burlington Road Surgery on 22 September 2016. Overall the practice is rated as good.

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

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

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day. However, patients commented that it was often difficult to get through to the practice on the telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider should make an improvement is:

- Continue to investigate ways to improve telephone access to the practice for patients.

Summary of findings

- Ensure patients waiting for their appointments in all areas of the practice can be clearly seen by reception staff to enable closer monitoring in case of change in condition.
- Review the process for cascading Medicines and Healthcare Products Regulatory Agency (MHRA) updates throughout the practice to ensure accountability for MHRA alerts is clear and communicated to all staff.

- Continue to re-establish and develop the patient participation group.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Arrangements were in place to respond to emergencies and major incidents.
- We reviewed six personnel files and found that all of the appropriate recruitment checks had been undertaken for all staff 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 listed.
- Appropriate standards of cleanliness and hygiene were maintained.
- The practice had health and safety policies and risk assessments in place, such as for testing for legionella.
- The practice had systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example children and young people who had a high number of A&E attendances.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Performance for all clinical indicators in 2014 to 2015 was above or in-line with CCG and national averages, with the practice achieving 100% across each indicator. The rate of exception reporting was also consistently in-line or lower than both the CCG and national averages. Performance for indicators in 2015 to 2016 was also better or in line with local and national averages with the practice achieving 100% across all domains, with the exception of diabetes which at 99% was seven percentage points above CCG average and ten percentage points above national averages. Exception reporting across each indicator was generally in line with local and national averages.

Summary of findings

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from National Institute for Health and Care Excellence (NICE) and used this information to deliver care and treatment that met patients' needs. The practice showed an awareness of discrepancies between local and national guidelines and provided a summary of the latest guidance for all staff through the practice computer system.
- Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits demonstrated quality improvement. The practice had made use of the Gold Standards Framework for end of life care. It had a palliative care register and had regular meetings to discuss the care and support needs of patients and their families with all services involved. Information about patients' outcomes were used to ensure effective care for patients. For example the practice had systems in place to alert staff to all patients undergoing chemotherapy treatment. This system ensured all staff were aware of patients' needs and requirements. GPs ran weekly audits to ensure the effectiveness of medication for patients based on clinical outcomes which were linked to guidelines such as those from NICE.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. A practice booklet was provided for each member of staff which summarised all important policies and protocols. For example, duty of candour, infection control and significant events. This included an at a glance synopsis of each policy and a complete list of all policies and guidelines in use at the practice, with the location of the latest version on the practice computer system.
- There was evidence of appraisals and personal development plans for all staff. The practice provided a cohesive mentoring system with GP partners undertaking regular weekly audits of a sample of consultations completed by locum GPs and case reviews of patient records. Learning outcomes were shared and fed back to locum and other GPs.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. However the practice was generally below local and national averages for its satisfaction scores on consultations with GPs and nurses. For example: 77% of

Good



Summary of findings

patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) and the national average of 89%. Furthermore, 84% 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%.

- Feedback from patients we spoke with was consistently positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. The practice provided facilities to help patients be involved in decisions about their care: Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. There was also information directing patients to support groups such as Suffolk Refugee Support in a number of other languages.
- Health information was available in other languages in the waiting room both on the waiting room walls and in language specific folders. Information was also available on the practice website and there were 'welcome to the practice' signs, flu information and 'CQC tell us about your care posters' which were translated into several languages throughout the practice.
- Healthcare assistants performed comprehensive memory assessments for patients and undertook home visits in patients' homes to avoid unnecessary anxiety for patients. All reception staff were 'Dementia Friends' and were trained in supporting patients with dementia. In response to a patient complaint the practice provided dedicated blocked slots into the appointment rota to ensure these patients had access to a defined appointment slot at a time that was suitable for them and their carer.
- The practice leaflet provided information and signposted patients to support services. There were two staff who were dedicated patient support co-ordinators for older patients and non-English speaking patients; we were told they provided guidance and support to patients and carers when required.
- The practice emergency care practitioner (ECP) worked to support patients and their carers with both social and care needs, by providing a dedicated wrap around service that integrated with other agencies. For example the practice

Summary of findings

described the work the ECP had undertaken in addition to their role to ensure patients' pets were cared for, patients were provided with a hot meal and that laundry was taken in when it was raining.

- Staff told us that families who had suffered bereavement were contacted by their usual GP. A letter was sent to the bereaved families with an information sheet detailing ongoing support services and useful telephone numbers.
- The practice was proactive in identifying patients with caring responsibilities. The practice had identified 275 patients as carers (1.5% of the practice list). The practice provided support and guidance for carers to the various avenues of support available to them. An information sheet was provided which included contact details on support services including; Age UK, Suffolk Mind, Suffolk Well Being, Social Services and the Alzheimer's Society. The practice facilitated a meeting for carers looking after patients with dementia. An outside speaker attended to give advice and signposting. This was well received with over 28 carers attending the meeting

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment was comparable to local and national averages. For example, 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 76%. In addition to this, 65% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and national average of 73%.
- People told us on the day of the inspection that they were able to get urgent appointments on the same day when they needed them. However, patients commented that it was often difficult to get through to the practice on the telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

- The practice utilised a system of a duty GP which ensured an experienced GP was dedicated to 'safety-netting' the clinical workload for each day. This included telephone calls, mentoring and ensured the duty GP was available to support any member of staff and to address any query. The duty GP took all calls regarding home visits, worked through the history of the patients records and liaised with the ECP both before and after the ECP undertook the visit. This ensured the ECP was equipped with a working diagnosis prior to their attendance and was supported with their consultation following the visit.

Are services well-led?

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

Good



- The practice had a philosophy to deliver the service they would like to receive if they were patients. Staff we spoke with were aware of the vision and values for the practice and told us that they were supported to deliver these.
- The practice was active in focusing on outcomes in primary care. We saw that the practice had recognised where they could improve outcomes for patients through reviews and listening to staff and patients had made changes accordingly.
- The practice had a strategy and supporting business plans which reflected the vision and values which were regularly monitored. The partnership showed a strong understanding of their local population and associated challenges.
- The GPs and practice manager were aware of the challenges for succession planning in the practice. The practice had clearly identified potential and actual changes to practice, and made consideration as to how they would be managed.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the duty of candour. The GP and practice manager encouraged a culture of openness and honesty. The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning, peer support and improvement at all levels. The practice management team

Summary of findings

told us that the whole practice team would continue to develop new models of care that would meet and enhance patient care. For example, the practice was in the process of mentoring nurse practitioners and emergency care practitioners.

- The practice were innovative with the staffing mix at the practice and were the first practice to train advanced nurse practitioners and to employ a refugee GP, providing them with a route into training and then subsequently becoming a GP partner at the practice.
- The practice was a training practice and taught medical students and pharmacists. The practice was part of an initiative from the CCG and worked closely with the local learning disability nurse to case manage patients into the local learning disability pilot scheme.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with the multi-disciplinary team, out-of-hours and the nursing team to ensure proactive palliative care planning.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were above local and national averages, with the practice achieving 100% across both QOF indicators for 2015/2016.
- The practice looked after patients living in local nursing homes. GPs undertook regular visits and visited patients as and when required. The practice reported providing medical services to 50% of Ipswich care/nursing home beds. The practice had introduced a written service level agreement with each nursing home which set out an agreement and expectation of how the practice and nursing home would function and work together to provide effective care and treatment for patients. For example this detailed what procedures the practice expected the nursing home to have undertaken prior to requesting an annual health review for a patient. In addition to this, the practice undertook extended drug monitoring for each patient to ensure appropriate and effective prescribing of medicines were in place. The practice had an action plan in place for each nursing home with itemised actions and outcomes. For example, we saw that the practice was exploring working closely with the homes to develop a forum.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Summary of findings

- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). At the time of our inspection the most recent published results for 2014/2015 were 90% of the total number of points available. The exception reporting rate was 7%, which was one percentage point below the CCG average and two percentage points below the national average. We saw that exception reporting across all indicators was generally in line with local and national averages. The practice performance for 2015/2016, which was published and validated following our inspection, was 98% of the total number of points available. The exception reporting rate was 10%, which was also in-line with both CCG and national averages. The performance for asthma related indicators in 2014/2015 was below local and national averages with the practice achieving 61%. This was 33 percentage points below CCG average and 36 percentage points below national average. The practice were able to demonstrate improved parameters and achievement across all QOF indicators for 2015 to 2016. Following our inspection we saw that the practice QOF performance for 2015 to 2016 had improved with the practice performance for the asthma domain increased to 100% across all asthma indicators with exception reporting in-line with local and national averages.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations

Good



Summary of findings

given to under two year olds ranged from 61% to 97% which was comparable to the CCG averages of 73% to 95%, and five year olds from 68% to 96% which was comparable to the CCG averages of 71% to 97%.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 74%, which was below the CCG average and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired 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 reflects the needs for this age group.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The bowel cancer screening rate for the past 30 months was 57% of the target population, which was slightly below the CCG average of 63% and the national average of 58%. The breast cancer screening rate for the past 36 months was 78% of the target population, which was slightly below the CCG average of 80%, but above the national average of 72%.
- Patients had access to appropriate health assessments and checks. The practice did not undertake the 75+ health checks as they told us they were not satisfied with the outcomes. However the practice had developed and established practice specific multiple registers which linked to the practice admissions avoidance scheme, known as the 'Burlington Blue folders'. These were overseen by the practice medical secretaries. This used a number of tools and research to identify

Good



Summary of findings

and ensure effective and responsive care and treatment for older patients. For example, the practice used the Edmonton Frailty score, a tool used for the identification of frail patients before their vulnerability was made evident. GPs ran weekly audits to ensure the effectiveness of medication for patients based on clinical outcomes which were linked to guidelines such as the National Institute for Health and Care Excellence (NICE). Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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 homeless people, travellers and those with a learning disability. The practice worked closely with the local learning disability nurse to case manage patients into the local learning disability pilot scheme.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- An information sheet was provided to carers which included contact details on support services including Age UK, Suffolk Mind, Suffolk Well Being, Social Services and the Alzheimer's Society. The practice facilitated a meeting for carers looking after patients with dementia. An outside speaker attended to give advice and signposting. This was well received with over 28 carers attending the meeting.

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).

Good



Summary of findings

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 87%; this was above the CCG average of 85% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. All staff were dementia friends and were dementia trained.
- The practice carried out advance care planning for patients with dementia.
- The percentage of patients experiencing poor mental health who had a comprehensive, agreed care plan documented in the record in the preceding 12 months (01/04/2014 to 31/03/2015) was 90%. This was above the CCG average of 85% and the national average of 88%. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support 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 in July 2016. The results showed the practice was performing below local and national averages. 245 survey forms were distributed and 117 were returned. This represented a 48% response rate.

- 65% of patients found it easy to get through to this practice by phone compared to the CCG average of 80% and national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and national average of 85%.
- 80% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and national average of 85%.
- 70% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and 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. All of the 23 patient Care Quality Commission comment cards 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.

We spoke with six patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients we spoke with told us that they experienced difficulty making appointments with a named GP and had problems getting through to the practice by phone, however we were told once they managed to get through they were able to get appointments.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to investigate ways to improve telephone access to the practice for patients.
- Ensure patients waiting for their appointments in all areas of the practice can be clearly seen by reception staff to enable closer monitoring in case of change in condition.
- Review the process for cascading Medicines and Healthcare Products Regulatory Agency (MHRA) updates throughout the practice to ensure accountability for MHRA alerts is clear and communicated to all staff.
- Continue to re-establish and develop the patient participation group.

Burlington Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Burlington Road Surgery

Burlington Road Surgery provides personal medical services to approximately 16,860 patients, with a 22% non-English speaking population. The practice oversees 0.16% of its practice population as nursing home patients. According to information taken from Public Health England, the patient population has a higher than average number of patients aged 25 - 39 years and a lower than average number of patients aged between 9 -20 years, 40 – 55 years and 69 -79 years compared to the practice average across England.

The building provides good access with accessible toilets and car parking facilities. Due to the age and listed restrictions of the building the practice were unable to provide disabled toilets with limited access for wheelchairs and prams in some areas of the practice. The practice provides treatment and consultation rooms on the ground floor and first floor. The practice is an accredited training practice, providing refugee GPs training and supports the training of pharmacists to see patients.

There is a team of nine GPs. Five GPs are partners (four male and one female) which mean they hold managerial and financial responsibility for the practice, and there is one salaried GP and three locum GPs. The practice told us they were due to employ two locum GPs as salaried GPs.

The practice nursing team consists of three advanced nurse practitioners (all were qualified to prescribe medicines), four practice nurses, and three health care assistants. The nursing team run a variety of appointments for long term conditions, minor illness and family health. In addition the practice employed an emergency care practitioner.

There is a practice manager who is supported by three managers who oversee areas such as finance, human resources and information technology. In addition there is a team of non-clinical administrative, secretarial and reception staff who share a range of roles, some of whom are employed on flexible working arrangements.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 08.20am to 11am, 11.30am to 1pm, 2pm to 4pm and 4pm to 6pm daily. The practice has extended hours appointments from 7am to 8am Monday to Friday with GPs and healthcare assistants. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that need them. The practice participates in the Suffolk Federation's access pilot called 'GP+' where patients can make appointments outside core hours. Appointments can be booked in advance or on the same day.

The practice does not provide GP services to patients outside of normal working hours such as nights and weekends. During these times GP services are provided by GP+ and 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

Detailed findings

planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 September 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and where relevant reviewed complaints as significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when concerns were raised regarding infection following a minor procedure the practice had undertaken audits of clinical note taking, minor surgery and consent forms. As a result the consent forms and process for recording consent were reviewed with new systems and training for staff put in place.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs 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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The nurse practitioners had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. They received appropriate mentoring and supervision for this role. Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. PGDs are written instructions to guide nursing staff when administering medicines to patients, usually in planned circumstances.

Are services safe?

- High risk medications were monitored by doing a search on the clinical computer system. The practice described and showed us how their recall system worked for various drug monitoring. However we found there was scope to improve the mechanisms in place to review some drug alerts including those from the Medicines and Healthcare Products Regulatory Authority (MHRA). There was a lead member of staff responsible for undertaking searches for drug safety alerts; however these were only undertaken when tasked by a GP. We saw that records of patient blood tests for these patients were all within appropriate ranges and as a result of our discussions with the practice systems were immediately put in place to ensure accountability for MHRA alerts was clear and communicated to all staff.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place 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 there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice showed an awareness of discrepancies between local and national guidelines and provided a summary of the latest guidance for all staff through the practice computer system.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice provided a cohesive mentoring system with GP partners undertaking regular weekly audits of a sample of consultations completed by locum GPs and case reviews of patient records. Learning outcomes were shared and fed back to locum and other GPs.

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 for 2014 to 2015 were 90% of the total number of points available. The exception reporting rate was 7%, which was one percentage point below the CCG average and two percentage points below the national average.

Data from 2014/15 showed:

- The performance for asthma related indicators was worse than local and national averages with the practice achieving 61%. This was 33 percentage points below CCG average and 36 percentage points below national average. The practice was able to demonstrate improved parameters and achievement across all QOF indicators for 2015 to 2016. Following our inspection we saw that the practice QOF performance for 2015 to 2016 had improved with the practice overall achievement of

98%, with a 10% exception reporting rate which was in line with both local and national averages. The practice performance for the asthma domain had increased to 100% across all asthma indicators with exception reporting in-line with local and national averages.

- Performance for indicators in 2014 to 2015 such as atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, epilepsy, heart failure, hypertension, learning disabilities, osteoporosis, palliative care peripheral arterial disease and rheumatoid arthritis were all above or in-line with CCG and national averages, with the practice achieving 100% across each indicator. The rate of exception reporting was also consistently in-line or lower than both the CCG and national averages. Performance for indicators in 2015 to 2016 was also better or in line with local and national averages, with the practice achieving 100% across all domains, with the exception of diabetes which at 99% was seven percentage points above CCG average and ten percentage points above national averages. Exception reporting across each indicator was generally in line with local and national averages.

The practice had a policy to not exception code any house bound patient, the practice nursing team were directed to visit house bound patients in their home with health care assistants undertaking extended appointments to gather information and feed this back to the GPs. Where required this was followed by a GP visit to the patients home.

The practice regularly monitored clinical data using a reflective review process and discussed and disseminated findings with clinical staff and relevant organisations.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. There was a comprehensive plan of clinical audits which demonstrated and reviewed quality improvement. There were a range of clinical audits which had been undertaken the last year; two of these were completed audits where the improvements made were implemented and monitored. For example, the practice had undertaken an audit of clinical note taking and read coding to review the percentage of patients with a correct read code to reflect a diagnosis added to their records, this ensured patients with a diagnosis were identified and received the appropriate recalls for reviews. The first audit evidenced a total of 23% of patients with correct read codes in place with the second audit evidencing an improvement to 89%. In addition there

Are services effective?

(for example, treatment is effective)

was an audit of patients with a diagnosis of atrial fibrillation where a scoring tool had been used to assess their condition; the first audit showed 52% of patients had received a review using the scoring tool, with a repeat audit showing an improvement of 95%.

The practice participated in non-clinical audits including data quality, patient feedback, infection control, cleaning standards, minor surgery outcomes and appointment schedules.

The practice had made use of the Gold Standards Framework for end of life care. It had a palliative care register and had regular meetings to discuss the care and support needs of patients and their families with all services involved.

Information about patients' outcomes were used to ensure effective care for patients. For example the practice had systems in place to alert staff to all patients undergoing chemotherapy treatment. This system ensured all staff were aware of patients' needs and requirements.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. A practice booklet was provided for each member of staff which summarised all important policies and protocols. For example, duty of candour, infection control and significant events. This included and at a glance synopsis of each policy and a complete list of all policies and guidelines in use at the practice with the location of the latest version on the practice computer system.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. The practice reported providing medical services to 50% of Ipswich care/nursing home beds. The practice had introduced a written service level agreement with each nursing home which set out an agreement and expectation of how the practice and nursing home would function and work together to provide effective care and treatment for patients. For example, this detailed what procedures the practice expected the nursing home to have undertaken prior to requesting an annual health review for a patient. In addition to this, the practice undertook extended drug monitoring for each patient to ensure appropriate and effective prescribing of medicines were in place. The practice had an action plan in place for each nursing home with itemised actions and outcomes. For example we saw that the practice was exploring working closely with the homes to develop a forum.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- There were effective systems in place to review all urgent referrals to secondary care. The practice secretaries audited all referrals after two weeks and where no appointment had been confirmed, these were then referred back to the GP.

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- 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. 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 cessation, alcohol and illicit substance recovery. We saw posters and information which sign posted patients to the relevant service such as lifestyle advice, ovarian cancer support, Age UK, well man and well woman clinics.
- We were told that the practice nurses carried out the following reviews; diabetic, asthma and chronic obstructive pulmonary disease.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 74%, which was below the CCG average and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme

by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice worked closely with the local learning disability nurse to case manage patients into the local learning disability pilot scheme.

The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 87%; this was above the CCG average of 85% and the national average of 84%. The percentage of patients experiencing poor mental health who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 90%; this was also above the CCG average of 85% and above the national average of 88%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The bowel cancer screening rate for the past 30 months was 57% of the target population, which was slightly below the CCG average of 63% and the national average of 58%. The breast cancer screening rate for the past 36 months was 78% of the target population, which was slightly below the CCG average of 80%, but above the national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 61% to 97% which was comparable to the CCG averages of 73% to 95% and five year olds from 68% to 96%, which was comparable to the CCG averages of 71% to 97%.

Patients had access to appropriate health assessments and checks. The practice did not undertake the 75+ health checks as they told us they were not satisfied with the outcomes. However the practice had developed and established practice specific multiple registers which linked to the practice admissions avoidance scheme, known as the 'Burlington Blue folders' which were overseen by the practice medical secretaries. These used a number of tools and research to identify and ensure effective and responsive care and treatment for older patients. For

Are services effective?

(for example, treatment is effective)

example, the practice used the Edmonton Frailty score, a tool used for the identification of frail patients before their vulnerability was made evident. GPs ran weekly audits to ensure the effectiveness of medication for patients based

on clinical outcomes which were linked to guidelines such as those from NICE. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 23 patient Care Quality Commission comment cards 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.

We spoke with six patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 77% of patients said the GP was good at listening to them compared to the CCG and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG and the national average of 87%.
- 91% 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%.
- 77% 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% and national average of 85%.
- 84% 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%.

- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published July 2016 showed not all patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 82% 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 national average of 85%.

The practice continued to review and monitor patient feedback. For example the practice had undertaken an audit of the first 100 patients to receive a service provided by the emergency care practitioner and reported 100% satisfaction rate. We were told the practice would continue to monitor and audit patient feedback to this and other surveys to improve those areas where the practice were below local and national averages.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. There was also information directing patients to support groups such as Suffolk Refugee Support in a number of other languages.

Are services caring?

- Health information was available in other languages in the waiting room both on the waiting room walls and in language specific folders. Information was also available on the practice website and there were 'welcome to the practice' signs, flu information and CQC tell us about your care posters which were translated into several languages throughout the practice.
- Information leaflets were also available in easy read format.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 275 patients as carers (1.5% of the practice list). The practice provided support and guidance for carers to the various avenues of support available to them. An information sheet was provided which included contact details on support services including; Age UK, Suffolk Mind, Suffolk Well Being, Social Services and the Alzheimer's Society. The practice facilitated a meeting for carers looking after patients with dementia. An outside speaker attended to give advice and signposting. This was well received with over 28 carers attending the meeting.

Healthcare assistants performed comprehensive memory assessments for patients and undertook home visits in patients' homes to avoid unnecessary anxiety for patients. All reception staff were 'Dementia Friends' and were trained in supporting patients with dementia. In response to a patient complaint the practice provided dedicated blocked slots into the appointment rota to ensure these patients had access to a defined appointment slot at a time that was suitable for them and their carer.

The practice leaflet provided information and signposted patients to support services. There were two staff who were dedicated patient support co-ordinators for older patients and non-English speaking patients; we were told they provided guidance and support to patients and carers when required. The practice emergency care practitioner (ECP) worked to support patients and their carers with both social and care needs, by providing a dedicated wrap around service that integrated with other agencies. For example the practice described the work the ECP had undertaken in addition to their role to ensure patients' pets were cared for, patients were provided with a hot meal and that laundry was taken in when it was raining.

A letter was sent to the bereaved families with an information sheet detailing ongoing support services and useful telephone numbers. Where required the letter was followed by a patient consultation at a flexible time and location to meet the family's needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice took part in an 18 month pilot project with the Norfolk and Suffolk NHS Foundation Trust to facilitate a learning disability nurse. The learning disability nurse oversaw the care of patients with a learning disability at nine practices in the local area, attended weekly clinics at the practices, worked to encourage patients to attend their health checks and provided signposting for patients and their carers to other services where required. The nurse was also available to attend with patients for their appointments should they require support. We were told the practice was very proactive in their support of this service and overall reported an 18% increase in patient response.

In addition to this;

- The practice offered pre-bookable routine appointments for patients who find it difficult to attend during normal working hours on 7am to 8am Monday to Friday with GPs and healthcare assistants.
- 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. Emergency care practitioners oversaw home visits and were supported by GPs. The GPs carried out weekly nursing/care home ward rounds. Healthcare assistants performed comprehensive memory assessments for patients and undertook home visits in patients' homes to avoid unnecessary anxiety for patients.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. For example, GPs, emergency care practitioners and nurses were on a call rota offering various emergency appointments and telephone triages.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

- There were some facilities for those with poor mobility, such as a ramp access, a hearing loop and translation services available. However due to the age and restrictions of the building the practice were unable to provide accessible toilets.
- The practice provided a range of nurse-led services such as management of asthma, and spirometry clinics, weight management, diabetes and coronary heart disease, wound management, smoking cessation clinics and minor illness advice. Chronic disease appointments were available at a time that was convenient to patients.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as blood pressure machines, electrocardiogram tests, spirometry checks, blood taking, health screening, minor injuries and minor surgery.
- Hypertension clinics were available and the practice provided home loan blood pressure monitors in order to improve the care of patients.
- Telephone appointments were available for patients if required. The practice used a text message appointment reminder service for those patients who had given their mobile telephone numbers.
- The practice hosted other services from the surgery including a weekly midwifery service, and the drug and alcohol service.
- The practice website provide links to on-line services such as; booking and cancelling appointments, prescription ordering, notifying changes to patients records, online access to records and electronic prescriptions.
- The practice also provided emergency contraception, family planning, sexual health advice, weight management and smoking and drug misuse guidance.
- The practice provided long term contraception fitting service for the local area.
- A breastfeeding and quiet room was available for patients to use as required.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8:20am to 11am, 11.30am to 1pm, 2pm to 4pm and 4pm to 6pm daily. The practice had extended hours appointments from 7am to 8am Monday to Friday with GPs and healthcare assistants. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them and the

Are services responsive to people's needs?

(for example, to feedback?)

practice participated in the Suffolk Federation's access pilot called 'GP+' where patients could make appointments outside core hours. Appointments could be booked in advance or on the same day.

The practice had utilised a system of a duty GP which ensured an experienced GP was dedicated to 'safety-netting' the clinical workload for each day. This included telephone calls, mentoring and ensured the duty GP was available to support any member of staff and to address any query. This GP was recognised as the on the day duty GP in charge of the clinical team and was responsible for allocating clinical resources within the practice, in a responsive manner to reflect the demands of each day. The duty GP took all calls regarding home visits, worked through the history of the patients records and liaised with the emergency care practitioner (ECP) both before and after the ECP undertook the visit. This ensured the ECP was equipped with a working diagnosis prior to their attendance and was supported with their consultation following the visit, often working through and organising any required care pathways the patient required. For example, where a patient may have a suspected urinary tract infection the ECP would attend the patient prepared with any required medicine. The ECP also worked closely with the attached pharmacy to ensure an effective service was in place for patients where necessary. The practice had undertaken an audit of the first 100 patients to receive this service and reported 100% satisfaction rate.

The practice reported approximately 16% of on the day appointments were telephone consultations.

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

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 76%.
- 65% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and national average of 73%.
- 93% of patients said that the last appointment they got was convenient compared to the CCG average of 94% and national average of 92%.

- 80% of patients said that they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and the national average of 85%.
- 70% of patients described their experience of making an appointment as good compared to a CCG average of 78% and a national average of 73%.
- 76% of patients said they usually waited 15 minutes or less after their appointment time compared to a CCG average of 69% and a national average of 65%.

During the inspection patients we spoke told us that they experienced difficult making appointments with a named GP and had problems getting through to the practice by phone; however we were told once they managed to get through they were able to get appointments. The practice continued to monitor and work to improve its appointments system and telephone access.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. 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 on the practice's website and in their information leaflet. Information about how to make a complaint was also displayed on the wall in the waiting area. Reception staff showed a good understanding of the complaints' procedure.

We looked at documentation relating to 28 complaints received from January 2015 to January 2016 and found that they had been fully investigated and responded to in a

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

timely and empathetic manner. Where appropriate the practice had also dealt with complaints as a significant event to ensure actions and learning were reviewed and systems were in place to prevent incidents reoccurring.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a philosophy to deliver the service they would like to receive if they were patients. Staff we spoke with were aware of the vision and values for the practice and told us that they were supported to deliver these.

The practice was active in focusing on outcomes in primary care. We saw that the practice had recognised where they could improve outcomes for patients through reviews and listening to staff and patients had made changes accordingly.

The practice had a strategy and supporting business plans which reflected the vision and values which were regularly monitored. The partnership showed a strong understanding of their local population and associated challenges.

The GPs and practice manager were aware of the challenges for succession planning in the practice. The practice had clearly identified potential and actual changes to practice, and made consideration as to how they would be managed. The partnership had developed a five year forward plan with an outline of its strengths, weaknesses, opportunities and threats which were set out for the practice team as a presentation pack for the practice team away day.

Governance arrangements

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

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

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice had strategies in place to ensure all members of staff including locum and visiting health professionals worked as a team with clear communication pathways across the practice. The practice had been awarded the regional 'The Practice Team of the Year' award 2015 by the East Anglian Faculty for excellent team work and improving outcomes for patients.

Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through surveys, the National GP Patient Survey, the Friends and Family test and complaints received. The practice placed 'Friends and Family' comments cards in the reception area and prompted patients to state whether they were likely to recommend the practice to their own friends and family. 91% of patients who provided a response stated that they were likely or extremely likely to recommend the practice in this way.
- The practice PPG had been in place for four years however we were told this had lapsed recently and at the time of our inspection there were only three members with infrequent meetings. This was something the practice were in the process of re-developing and the practice manager was developing a plan to improve interest and awareness from patients for 2017.
- Staff told us the practice held regular team meetings. There was a staff suggestion box in the staff sensory/relaxation room.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

- Staff said they felt respected, valued and supported, particularly by the management team and the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example as a result of staff comments the lay out of the reception areas were changed to better accommodate patients access.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice management team told us that the whole practice team would continue to develop new models of care that would meet and enhance patient care. For example, the practice was in the process of mentoring nurse practitioners and emergency care practitioners. The practice were innovative with the staffing mix at the practice and were the first practice to train advanced nurse practitioners and to employ a refugee GP, providing them with a route into training and then subsequently becoming a GP partner at the practice. The practice was a training practice and taught medical students and pharmacists. The practice was part of an initiative from the CCG and worked closely with the local learning disability nurse to case manage patients into the local learning disability pilot scheme.