

# Combs Ford Surgery

## Quality Report

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

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 Combs Ford Surgery on 9 June 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.
- 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.

We saw one area of outstanding practice:

- The practice encouraged teenagers to notify them of their mobile telephone numbers to ensure the practice could contact them directly rather than contact their parents' details should they wish to keep aspects of their medical records confidential.
- The practice provided support to needle phobic young people to undergo school vaccinations at the practice if they found vaccinations stressful.

# Summary of findings

The areas where the provider should make improvement are:

- Ensure there is a regular programme of two cycle audits undertaken by clinicians.
- Ensure fridges containing vaccines are not over stocked and temperature throughout the fridge can be accurately monitored.

- Ensure the process for security of dispensary keys is reviewed and monitored.

**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, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Processes were in place to check medicines stored within the dispensary were within their expiry date however, there was scope to improve the storage of vaccinations in fridges and the security of keys within the dispensary.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### 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. For example the performance for diabetes related indicators was better in comparison to CCG and the national average with the practice achieving 97% across each indicator, seven percentage points above CCG averages and eight percentage points above national averages. However the rate of exception reporting for some indicators was higher than both CCG and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. However there was scope to improve audit cycles.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example; 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and the national average of 89%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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. For example the practice employed a counsellor who offered a course of sessions to support patients with mental health needs.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.
- The practice was a finalist in the 2016 Stop Smoking Awards and was nominated by Live Well Suffolk.
- The practice had developed an easy read pre-health review document for patients who have a learning disability. This used words and pictures in an easy read format to help patients with a learning disability to better understand and respond to questions about their health, illness, lifestyle and treatments.
- The practice provided support to needle phobic young people to undergo school vaccinations at the practice if they found vaccinations stressful.

# Summary of findings

- The reception team encouraged awareness with teenage patients, to ensure the practice could access their personal mobile numbers rather than contact their parents' details should they wish to keep aspects of their medical records confidential.
- The practice held a shared care agreement with Turning Point a drug and alcohol service. The practice held review meetings with Turning Point to ensure cohesive working. The practice provided a room each month at the surgery to enable the service to meet vulnerable patients and prevent the cost and travel to Ipswich, thereby increasing the likelihood of attendance.
- The practice employed a counsellor who offered a course of sessions to support patients with mental health needs.
- In addition a link worker from the Norfolk and Suffolk Mental Health Trust attended the surgery each month where the practice facilitated a room for them to see patients.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure 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. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- 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.
- The practice ensured it prioritised care for their older patients and offered proactive, personalised care to meet the needs of older people. Care plans were in place for older patients with complex needs. All patients had a named GP.
- The practice looked after 120 older patients living in a local nursing home. An allocated lead GP undertook ward rounds three times a week and visits when required.

### 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.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2014/2015 showed that performance for diabetes related indicators was 97%, which was above the 7 percentage points above the CCG average and 8 percentage points above the national averages.
- Longer appointments and home visits were available when needed.
- All these 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.
- The practice employed an emergency care practitioner who was responsible along with the GPs for home visits. Clinical staff met with district nursing teams at patients' homes where required.

# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Immunisation rates were in-line with local averages for all standard childhood immunisations. For example, vaccination rates for children ranged from 94% to 99%, compared against a CCG average ranging from 95% to 98%. Vaccination rates for children aged two to five years old ranged from 88% to 99% compared to the CCG average ranging from 93% 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.
- 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. The midwife provided antenatal clinics once a week from the practice. Reception staff routinely arranged appointments for patients who were newly pregnant with the midwives outreach clinic.
- The practice provided support to needle phobic young people to undergo school vaccinations at the practice if they found vaccinations stressful.
- The reception team encouraged awareness with teenage patients, to ensure the practice could access their personal mobile numbers rather than contact their parents' details should they wish to keep aspects of their medical records confidential.
- Staff undertook annual Lesbian, Gay, Bisexual, Transgender (LGBT) training on transgender awareness and understanding to support patients.
- In 2015 the practice received an award for the most condoms distributed by a small surgery.

## Working age people (including those recently retired and students)

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

Good





# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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 uptake for patients aged 60-69, screened for bowel cancer in last 30 months was 63%; this was in-line with the CCG average of 63% and the national average of 58%. The practice uptake for female patients screened for breast cancer in the last 36 months was 81% which was above the CCG average of 80% and national averages of 72%.
- The practice offered minor surgery on site. This included cryotherapy, coil and contraception implants. The practice took part in a local 'condom scheme' enabling the issue of condoms from school age young people to 24 years.
- The practice facilitated a room weekly for a physiotherapy assessment services at the practice. The physiotherapist offered advice and direction to any patient who felt that physiotherapy was an alternative to a GP appointment. They were also able to assess and advice patients on the most appropriate action such as self-referral to a physiotherapist.

## 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.
- Patients who were vulnerable were referred to and read coded under a particular term of reference to ensure staff were aware of their needs. Patients, carers and families were encouraged to use the term to ensure vulnerable patients needs were identified when contacting the surgery and patient confidentiality was not breached.
- The practice offered longer appointments for patients with a learning disability. Of the 76 patients with a learning disability on the practice learning disability register, 53 (70%) had received an annual health review in the previous twelve months.
- 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.

Good



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had developed an easy read pre-health review document for patients who have a learning disability. This used words and pictures in an easy read format to help patients with a learning disability to better understand and respond to questions about their health, illness, lifestyle and treatments.
- The practice held a shared care agreement with Turning Point a drug and alcohol service. The practice held review meetings with Turning Point to ensure cohesive working. The practice provided a room each month at the surgery to enable the service to meet vulnerable patients and prevent the cost and travel to Ipswich, thereby increasing the likelihood of attendance.

## 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).

- Of the 135 patients diagnosed with dementia on the practice dementia register, 93 had their care reviewed in a face to face meeting in the previous 12 months (69%).
- The practice achieved 91% for mental health related indicators in QOF, which was in-line with CCG averages and 2% below the national averages. The rate of exception reporting for these indicators was consistently lower than both the CCG and national averages. Of the 101 patients on the practice mental health register, 88 had received an annual health review (87%) in the previous twelve months April 2015 to March 2016. There was a practice mental health lead nurse who regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- 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.

Good



# Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia. Staff had attended dementia awareness training and the practice had invited the Stowmarket Dementia Action Group to address a staff training session.
- The practice held a shared care agreement with Turning Point a drug and alcohol service. The practice provided a room each month at the surgery to enable the service to meet vulnerable patients and prevent the cost and travel to Ipswich, thereby increasing the likelihood of attendance.
- The practice engaged a counsellor who offered a course of sessions to support patients with mental health needs.
- In addition a link worker from the Norfolk and Suffolk Mental Health Trust attended the surgery each month where the practice facilitated a room for them to see patients.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. 238 survey forms were distributed and 114 were returned. This represented 48% completion rate.

- 85% of patients found it easy to get through to this practice by phone compared to the CCG average of 81% and the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and the national average of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.
- 81% 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 81% and the national average of 78%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received nine patient CQC comment cards, all of these were positive about the service experienced. However one stated concerns regarding the funding cuts and staff shortages within the NHS in general. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Patients we spoke with during the inspection told us they were satisfied with the care they received and thought staff were approachable, professional, committed, and caring. 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. 93% of patients who provided a response stated that they were likely or extremely likely to recommend the practice in this way.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure there is a regular programme of two cycle audits undertaken by clinicians.
- Ensure fridges containing vaccines are not over stocked and temperature throughout the fridge can be accurately monitored.
- Ensure the process for security of dispensary keys is reviewed and monitored.

## Outstanding practice

- The practice encouraged teenagers to notify them of their mobile telephone numbers to ensure the practice could contact them directly rather than contact their parents' details should they wish to keep aspects of their medical records confidential.
- The practice provided support to needle phobic young people to undergo school vaccinations at the practice if they found vaccinations stressful.

# Combs Ford 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, a second CQC inspector and a pharmacist specialist adviser.

## Background to Combs Ford Surgery

Combs Ford Surgery is semi-rural practice situated in Stowmarket and serves the population of Stowmarket as well as some of its surrounding villages within a five mile radius. The practice provides an on-site dispensing service for any of its patients living more than one mile away from a pharmacy / chemist.

The practice is run by two full time female GP partners. The practice employs one female salaried GP and one male salaried GP, two full time clinical nurse practitioners, one full time emergency care practitioner, three senior nurses, two health care assistants as well as the practice manager, business manager, finance manager, two medical secretaries and a team of reception /administration, cleaners and maintenance staff. In addition there were two dispensary managers and a team of dispensers. The practice is a teaching practice.

The practice holds a Personal Medical Service (PMS) contract to provide GP services to a population of 9,606 patients, which is commissioned by NHS England. A PMS contract is a nationally negotiated contract to provide care

to patients. The practice deprivation score is in-line compared with the rest of the country. According to Public Health England information, the practice age profile is also in line with the average across England.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.15am to 12.30pm every morning and 2pm to 5.45pm daily. There are also midday appointments with one GP, to ensure patients could access the surgery during lunchtime. Extended hours appointments are offered on Wednesday evenings from 6.30pm to 7.45pm. In addition to pre-bookable appointments that can be booked up to twelve weeks in advance, urgent appointments are also available for people that needed them. We were told rapid access appointments are available for those patients requiring urgent medical review for new acute conditions or deteriorating chronic conditions. The practice takes part in the Suffolk Federation GP+ scheme which offers routine appointments outside of opening hours. The practice is able to book appointments for patients with this service.

Out-of-hours care is provided by CareUK via the NHS111 service.

The practice has undergone a period of huge change in the past two years. Previously a five GP partner practice. Following the retirement of a number of long serving and key staff the patient list at the practice was closed in May 2015 in agreement with NHS England, due to high demand in the area and low doctor-patient ratio.

## 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 9 June 2016. During our visit we:

- Spoke with a range of staff (including GPs, the practice management team, nurses, administrators, receptionists, healthcare assistants, and dispensers) 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

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 consultation and treatment rooms 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. An infection control clinical lead had been appointed and they 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 carried out; following an audit in June 2016 a report, with plans was written and shared with the staff. The plans included replacing fabric chairs with wipeable ones.
- Personal files we reviewed evidenced 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.

## Medicines management

The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained. Dispensary staffing levels were in line with DSQS guidance. Dispensing staff were appropriately qualified and had their competency annually reviewed. The practice had conducted audits of the quality of their dispensing service to ensure high dispensing accuracy. Patients we spoke with told us members of dispensary staff were friendly and helpful and medicines were supplied to them promptly and without delay.

The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed to reflect current practice. There was a variety of ways available for patients to order their repeat prescriptions. Prescriptions were reviewed and signed by GPs before they were given to the patient to ensure safety. There were arrangements in place to provide medicines in compliance aids for some patients to assist them in taking their medicines safely.

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. However, we noted that one fridge contained a large amount of stock which could affect the circulation of air around the medicines stored in the fridge.

Records showed medicine refrigerator temperature checks were carried out in the dispensary, which ensured medicines and vaccines were stored at appropriate temperatures. There was scope to improve the measuring of temperatures in one fridge where there was a large amount of stock to ensure the circulation of air was effective and temperatures throughout the fridge were accurately recorded.

The practice had processes to check and record that medicines were within their expiry date and suitable for use. Medicines we checked during the inspection were within their expiry dates. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

The practice held stocks of controlled drugs (CDs) (medicines that require extra checks and special storage

## Are services safe?

arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. The practice staff were following these. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted, however there was scope to improve the security of the keys within the dispensary. There were arrangements in place for the destruction of controlled drugs and for raising concerns around CDs with the controlled drugs accountable officer in their area. However, we noted there was a large amount of out of date CDs in the controlled drug cupboard awaiting destruction, some of which dated back to December 2015. We highlighted this to the practice who were able to confirm that the controlled drugs accountable officer had been notified and was due to attend the practice to witness the destruction of CDs.

We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged and then reviewed. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

The practice provided a free delivery service from the practice dispensary. Delivering patients repeat medicines to elderly or vulnerable patients living in rural and isolated areas who were unable to attend the surgery. Staff told us they were often alerted to vulnerable patients concerns following deliveries.

### 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 practice 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 meet patients' needs.
- The practice monitored that these guidelines were followed through 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 Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available, with 14% exception reporting (compared to the CCG average of 8%). The exception reporting figure is the number of patients excluded from the overall calculation due to factors such as non-engagement. A lower figure demonstrates a proactive approach by the practice to engage their patients with regular monitoring to manage their conditions. QOF data from 2014-2015 showed;

- Performance for mental health related indicators was better in comparison to CCG and the national average with the practice achieving 91% across each indicator, 7 percentage points above CCG and 8 percentage points above national averages. The rate of exception reporting for these indicators was consistently lower than both the CCG and national averages.
- Performance for diabetes related indicators was also better in comparison to CCG and the national average with the practice achieving 97% across each indicator, seven percentage points above CCG averages and eight percentage points above national averages. However the rate of exception reporting for some indicators was higher than both CCG and national average. For example; the percentage of patients with diabetes, on the register, with a diagnosis of nephropathy (clinical

proteinuria) or micro-albuminuria who were treated with an ACE-I (or ARBs) exception reporting was 27%, this was 14 percentage points above the CCG average and 15 percentage points above the national average.

- Performance for dementia related indicators was worse in comparison to CCG and the national average with the practice achieving 89% across each indicator, two percentage points below CCG averages and six percentage points below national averages. We noted there were also some indicators that were above CCG and national averages. For example the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months, exception reporting was 10%, this was two percentage points above CCG average and one percentage point above national average.
- Performance for asthma, atrial fibrillation, cancer, depression, epilepsy, heart failure, hypertension, learning disabilities, osteoporosis, palliative care, peripheral arterial disease, rheumatoid arthritis, secondary prevention of coronary heart disease and stroke and transient ischaemic attack were all above or in-line with CCG and national averages with the practice achieving 100% across each indicator. However we saw there were indicators where exception reporting was above both CCG and national averages. For example the percentage of patients with cancer, diagnosed within the preceding 15 months, who had a patient review recorded as occurring within six months of the date of diagnosis, exception reporting was 44.8%, this was 26 points above CCG average and 29.3 percentage points above national averages. We discussed the higher rates of exception reporting for the QOF year 2014/2015 with the practice, the practice had an ethos to not except patients from QOF, (where appropriate a practice may except a patient from a QOF indicator, for example, where patients decline to attend for a review, or where a medication cannot be prescribed due to a contraindication or side-effect), we were told where certain recommended treatments were not appropriate the practice would except the patient from the indicator. The practice was not able to clarify the reasons for high exception reporting, but continued to encourage attendance from these patients for health and medication reviews to ensure they were not overlooked.

Clinical audits had been completed in the last year; there were completed audits where the improvements made

# Are services effective?

## (for example, treatment is effective)

were implemented and monitored. These included completed audits on high risk medicines monitoring, dispensing errors, and antibiotic prescribing. The practice recognised that their performance for the number of two cycle clinical audits needed to be improved. We were told that due to staff shortages this has recently proved difficult. However as a quality improvement activity we saw a detailed forward view strategy which included a programme of two cycle audits.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example; 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.

### Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had equipped their nurse practitioners and practice nurses to specialise and lead in areas such as diabetes and asthma.
- 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.
- Clinical staff meetings were minuted comprehensively.
- The practice had a role specific induction programme for newly appointed members of staff.
- The practice demonstrated that relevant staff had received update training including administering vaccinations and taking samples for the cervical screening programme. 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.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had attended dementia awareness training and the practice had invited the Stowmarket Dementia Action Group to address a staff training session.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan 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 and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 77% which was below the CCG and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical

# Are services effective?

(for example, treatment is effective)

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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for patients aged 60-69, screened for bowel cancer in last 30 months was 63%; this was in line with the CCG average of 63% and was above the national average of 58%. The practice uptake for female patients screened for breast cancer in the last 36 months was 81% which was above the CCG average of 80% and national averages of 72%.

Childhood immunisation rates were in-line with local averages for all standard childhood immunisations. For example, vaccination rates for children under two years old ranged from 94% to 99%, compared against a CCG average ranging from 95% to 98%. Vaccination rates for children aged two to five years old ranged from 88% to 99% compared to the CCG average ranging from 93% to 97%.

Patients had access to appropriate health assessments and checks. These included new patient health checks and NHS health checks for patients aged 40-74, of which 282 had been completed in the previous twelve months.

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.

We received nine patient CQC comment cards, all of these were positive about the service experienced. However one stated concerns regarding the funding cuts and staff shortages within the NHS in general. 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 three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice performed above local and national averages for many of its satisfaction scores on consultations with doctors and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 98% 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%.
- 89% 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 the national average of 85%.

- 93% 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%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

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

Patients told us they felt 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 January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 93% 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%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Staff had undertaken LGBT training on transgender awareness and understanding to support patients.

## Are services caring?

### **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.

Vulnerable patients were referred to and read coded on the clinical system under a particular term of reference to ensure staff were aware of their needs. Patients, carers and families were encouraged to use the term to ensure vulnerable patients needs were identified when contacting the surgery and patient confidentiality was not breached.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 175 patients as carers (1.8% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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.

- Appointments were available outside school and core business hours to accommodate the needs of children and working people.
- 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.
- Same day appointments were available for children and those patients with medical problems that required a same day consultation. A telephone appointment was available to patients if required and a text message appointment reminder service for those patients who have given their mobile numbers.
- The practice participated in the Suffolk Federation's access 'GP+' and made appointments available outside core hours.
- The practice worked closely with community midwives, mental health link workers, substance abuse and alcohol support workers and diabetic specialist nurses and the practice promoted the provision of these services from the surgery premises where possible. There was a practice mental health lead nurse who regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available. The practice provided a range of nurse-led services including leg ulcer treatment and dressings, phlebotomy services, audiology services, immunisations, shingles, flu and pneumococcal vaccinations, sexual health and family planning services and smoking cessation advice. The practice was a finalist in the 2016 Stop Smoking Awards and was nominated by Live Well Suffolk.
- The midwife provided antenatal clinics once a week from the practice. Reception staff routinely arranged appointments for patients who were newly pregnant with the midwives outreach clinic.
- The practice offered minor surgery on site. This included cryotherapy, coil and contraception implants. The practice took part in a local 'condom scheme' enabling the issue of condoms from school age young people to 24 years. In 2015 the practice received an award for the most condoms distributed by a small surgery.
- The practice dispensary provided a prescription collection and delivery service.
- Emergency contraception was available at the practice.
- The practice had developed an easy read pre-health review document for patients who have a learning disability. This used words and pictures in an easy read format to help patients with a learning disability to better understand and respond to questions about their health, illness, lifestyle and treatments.
- The practice looked after 120 older patients living in a local nursing home an allocated lead GP undertook ward rounds three times a week and visits when required.
- The practice employed an emergency care practitioner who was responsible along with the GPs for home visits. Clinical staff met with district nursing teams at patients' homes where required.
- The practice provided support to needle phobic young people to undergo school vaccinations at the practice if they found vaccinations stressful.
- The reception team encouraged awareness with teenage patients, to ensure the practice could access their personal mobile numbers rather than contact their parents' details should they wish to keep aspects of their medical records confidential.
- The practice facilitated a room weekly for a physiotherapy assessment services at the practice. The physiotherapist offered advice and direction to any patient who felt that physiotherapy was an alternative to a GP appointment. They were also able to assess and advice patients on the most appropriate action such as self-referral to a physiotherapist.
- The practice held a shared care agreement with Turning Point a drug and alcohol service. The practice held review meetings with Turning Point to ensure cohesive



# Are services responsive to people's needs?

## (for example, to feedback?)

working. The practice provided a room each month at the surgery to enable the service to meet vulnerable patients and prevent the cost and travel to Ipswich, thereby increasing the likelihood of attendance.

- The practice employed a counsellor who offered a course of sessions to support patients with mental health needs.
- In addition a link worker from the Norfolk and Suffolk Mental Health Trust attended the surgery each month where the practice facilitated a room for them to see patients.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.15am to 12.30pm every morning and 2pm to 5.45pm daily. There were also midday appointments with one GP, to ensure patients could access the surgery during lunchtime. Extended hours appointments were offered on Wednesday evenings from 6.30pm to 7.45pm. In addition to pre-bookable appointments that could be booked up to twelve weeks in advance, urgent appointments were also available for people that needed them. We were told rapid access appointments were available during every appointment session, for those patients requiring urgent medical review for new acute conditions or deteriorating chronic conditions. The practice took part in the Suffolk Federation GP+ scheme which offered routine appointments outside of opening hours. The practice could book appointments for patients with this service.

Results from the national GP patient survey published January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 75%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 81% and the national average of 73%.

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

### 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. Reception staff showed a good understanding of the complaints' procedure.

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner. For example, we saw where a complaint had been made following a minor procedure and difficulty in the patient receiving a follow up appointment the same day following complications; this had been fully investigated and was raised and discussed at practice meetings to ensure systems were in place to prevent the same error happening again.

# 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 robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

There was a proactive approach to succession planning in the practice. The practice had clearly identified potential and actual changes to the practice, and made in-depth consideration to how they would be managed.

### 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. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, 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.

### 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 the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested improvements to the practice waiting room, including de-cluttering notice boards. The practice produced news letters to inform patients of practice news and changes.
- 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. 93% of patients who provided a response stated that they were likely or extremely likely to recommend the practice in this way.
- The practice invited Healthwatch Suffolk to attend the practice, spend time with patients and feed back to the practice with their findings. This was done on a quarterly basis with Healthwatch having attended the practice on three occasions.
- 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



# Are services well-led?

Good 

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

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 gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## 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 had recruited two health care assistants to support the nursing team and planned to develop enhanced training for long term condition management. The practice was a training practice and taught junior doctors in foundation year two of their training.

The practice had changed the pattern of GP clinics to ensure established partner GPs saw patients with longer term problems leaving salaried GPs, the emergency care practitioner and the nurse practitioners to see more 'on the day' patients. The practice told us they felt this provided better continuity of care and management for patients who had complex conditions.