

Dr Solway & Dr Whale Practice

Quality Report

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Date of inspection visit: 14 April 2016
Date of publication: 24/06/2016

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 Dr Solway and Dr Whale Practice on 14 April 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 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.
- Urgent appointments with a GP were available on the same day.
- Information about services and how to complain was available and easy to understand.

- 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 practice was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvements are;

- Ensure that all of the appropriate recruitment checks are carried out prior to staff employment.
- Ensure the practice's business continuity plan for major incidents includes emergency contact numbers for staff and utility companies.
- Ensure the practice's policies are reviewed regularly.
- Record incidences of children who fail to attend hospital appointments on their clinical system.

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.

- 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.
- The practice did not record on their clinical system all children who fail to attend hospital appointments.
- When there were unintended or unexpected safety incidents, patients received reasonable support and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Bi-annual infection control audits had been undertaken regularly and we saw evidence of audits from August 2014 and September 2012 and action plans to address any improvements identified as a result. Mini audits to check cleanliness were undertaken monthly.
- The practice had a Legionella policy and documented risk assessment in place.
- The practice ensured all medicines needing cold storage were kept in an appropriate fridge and monitored.
- Not all staff recruitment checks had been undertaken prior to their employment including, photographic proof of identification and qualifications. Registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS) had been carried out on all appropriate staff. (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). All members of staff who acted as chaperones had received a DBS check.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage however the plan did not include emergency contact numbers for staff or utility companies.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and

Good



Summary of findings

compared to the national average except depression related indicators which had a higher exception reporting rate than the CCG and England average (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice in line with others for several aspects of care.
- The practice had identified 111 patients on the practice list (1.9%) as carers. Carers' forms were available on the practice website and on the new patient registration form. Carers were referred to various support groups and charities.
- 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said that urgent appointments with a GP were available on the same day.
- Practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- 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 translated some practice information into Romanian due to the high number of patients speaking this language registered at the practice.

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 this.
- 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 practice 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 knowing about 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.

- 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 contacted housebound patients every three months if they had not been seen by a GP.
- The practice contacted all patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.
- The practice offered health checks for patients aged over 75.
- GPs regularly visited patients in two care homes and liaised with the home managers. The practice had additional telephone access for the care homes for those patients at risk of hospital admission.
- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, end of life care. The practice had 15 patients on their palliative care register and they worked closely with hospice at home and their nursing teams and ensured proactive end of life planning (hospice at home is a charity which provides a 24 hour, seven days a week service).

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified. The practice encouraged patients to attend reviews by not running specific clinics and offering appointments at the patients convenience instead.
- 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. Data from 2014/2015 showed that performance for diabetes related indicators was 99%; which

Good



Summary of findings

was better than the CCG average by 7% and the England average by 10% with a 7.9% exception reporting which was below the CCG average of 9.4% and the England average of 10.8%.

- The practice had an annual recall system for patients who were pre-diabetic or had a history of gestational diabetes.
- The nurse practitioners had completed a recognised certificate in diabetes care.
- The practice offered pre-emptive antibiotics and steroids for the use of patients with chronic lung conditions over the winter period.
- Longer appointments and home visits were available to patients 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.

Families, children and young people

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

- Children and young people's safeguarding meetings were held regularly with health visitors and safeguarding was a standing agenda for the weekly GPs' meetings. GPs and nurses were safeguarding level three trained (safeguarding children and young people).
- Immunisation rates were below the CCG average for the standard childhood immunisations. The practice worked closely with the health visitors to increase immunisation uptake.
- 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.
- The practice had a priority system for unwell children to be seen within 24 hours.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had a private room available for mothers who were breast feeding and baby changing facilities.
- The practice took part in the chlamydia screening programme.
- The practice held a two weekly health visitor clinic for parents of under four year old children who had newly arrived in the UK.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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. They offered telephone consultations during the day to patients that might not be able to access the surgery during normal hours. Appointments could be booked in advance and the telephone lines were open over the lunchtime period.
- The practice offered lunchtime appointments for patients who might not be able to access the surgery any other time.
- The practice offered online appointments and prescriptions as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice's uptake for the cervical screening programme was 92%, which was above the CCG and England average by 10%.
- The practice offered minor surgery on site.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. They had identified 29 patients with a learning disability and 17 had received an extensive health check in the previous 12 months. The practice referred patients to various support services and had regular liaisons with the local learning disability nurses to identify those patients not accessing the services and to facilitate attendance.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.
- The practice did not record on their clinical system children who fail to attend hospital appointments.

Summary of findings

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients with dementia.
- 95% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average by 10% and the England average by 11% with a 4.8% exception reporting which was below the CCG and England average by 3%.
- Patients with mental health concerns were offered annual health checks.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those 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 might have been experiencing poor mental health including patients seen during out of hours.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey was published in January 2016. Results showed that the practice was performing in line with the local and national averages. 328 survey forms were distributed and 122 were returned. This represented 37% of the surveys sent out.

- 88% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 88% and a national average of 85%.
- 83% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 86% and a national average of 85%.
- 79% said they would recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 81% and a national average of 78%.
- 94% found it easy to get through to this surgery by phone compared to a CCG average of 81% and a national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards, 21 were positive about the standard of care received by patients from the practice, a further three positive cards were from organisations the practice associated with and one of the positive cards had one negative comment regarding the hours the practice offered. Patients described practice staff as friendly, caring and professional.

We spoke with seven patients during the inspection. All seven patients said they were happy with the care they received and thought staff were approachable, committed and caring. We spoke with two members of the practice patient participation group (PPG) who echoed those views.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that all of the appropriate recruitment checks are carried out prior to staff employment.
- Ensure the practice's business continuity plan for major incidents includes emergency contact numbers for staff and utility companies.
- Ensure the practice's policies are reviewed regularly.
- The practice should record on the clinical system when children fail to attend hospital appointments.

Dr Solway & Dr Whale Practice

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 Dr Solway & Dr Whale Practice

Dr Solway and Dr Whale practice is situated in Ipswich, Suffolk. The practice provides services for approximately 5400 patients and holds a General Medical Services contract. The practice has two female and one male GP partners. The team also includes two female nurse prescribers and one female health care assistant. They also employ a practice manager and a team of reception/administration/secretarial staff. The practice is a teaching and training practice and has successfully taken on a number of GP Registrars in the past who other practices had not felt able to train.

The practice's opening times are from 8am until 6.30pm Monday to Friday. The practice has opted out of providing GP services to patients outside of normal working hours such as nights and weekends. During these times GP services are provided by Care UK via the 111 service. The practice uses GP plus which offers extended hours GP services which the practice can book for patients at other locations.

We reviewed the most recent data available to us from Public Health England which showed that the practice had

an above average practice population between the ages of 20-40 compared with the national England average. The deprivation score was higher than the average across England.

Why we carried out this inspection

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

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

How we carried out this inspection

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 14 April 2016.

During our visit we:

Detailed findings

- Spoke with a range of staff which included; GPs, a nurse prescriber and members of the reception/administration/secretarial team. We also spoke with the patient participation group and patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care.

When there were unintended or unexpected safety incidents, patients received reasonable support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Safeguarding was a standing agenda for the weekly GPs meetings, and the practice provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nursing staff were trained to safeguarding level three (safeguarding children and young people). However the practice did not record on their clinical system children who failed to attend hospital appointments.
- A notice in the waiting room, consultation rooms and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A nurse prescriber was the infection control clinical lead and had training in infection control. There was an infection control protocol in place which had been recently reviewed and staff had received up to date training. The practice undertook bi-annual infection control audits which had been documented. We saw evidence of audits from August 2014 and September 2012 and action plans to address any improvements identified as a result. The practice did monthly mini audits where cleaning and equipment were checked. There were daily cleaning check lists. Carpets were deep cleaned every six months and chairs were steam cleaned monthly and the practice used disposable curtains which they changed every six months. Bodily fluid spillage kits were available in the practice and a log card was filled in when used. There were hand washing signs next to all sinks and alcohol hand gel was available for use. There was a sharps' injury policy, a risk assessment and a procedure poster displayed in all clinical rooms. Clinical waste was stored and disposed in line with guidance. All practice staff did infection control e-learning and regular handwashing training. Infection control was discussed in practice meetings as a standing agenda. The practice had a Legionella policy and risk assessment. All water taps with limited use were run frequently and the water temperature was checked six monthly. The practice rented the building therefore had limited input in changes but reported maintenance issues when needed.
- There were regular practice meetings to discuss significant events including when there were prescribing incidents. We saw a positive culture in the practice for reporting and learning from medicines' incidents and errors. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again for example; a receptionist noticed that a patient had come in early for a repeat prescription and asked the patient why the medicine had run out quickly. The patient had been taking his correct dose previously in two pills but the pharmacy had changed it to one pill

Are services safe?

still with the correct dose. However, the patient had continued to take two pills. The receptionist alerted the GP who contacted the pharmacy and the patient was seen by GP and correct dose reinstated.

- We reviewed four personnel files and found that not all staff recruitment checks had been undertaken prior to employment including, photographic proof of identification and qualifications. Registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS) had been carried out on all appropriate staff. (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). All members of staff who acted as chaperones had received a DBS check.
- 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.

Medicines Management

The practice had appropriate written procedures in place for the production of prescriptions which were regularly reviewed and reflected current practice. We noted arrangements were in place for patients to order repeat prescriptions. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were stored securely and tracked through the practice. Two of the nurses could prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Medicines for use in an emergency in the practice were monitored for expiry and checked regularly for their availability. Records demonstrated that vaccines and medicines requiring refrigeration had been stored within the correct temperature range. Staff described appropriate arrangements for maintaining the cold-chain for vaccines following their delivery. The practice did not carry stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). 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. The practice had a system in place to action Medicine and Healthcare Regulatory Action (MHRA)

alerts. Each year the CCG was set a prescribing budget and the practice was 24% under the budget and the lowest in the CCG. The practice actively liaised with the CCG pharmacist and reviewed their prescribing regularly.

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 area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. The practice had oxygen signs on the doors of the room where it was held. 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 a risk assessment and policy for legionella testing (legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice risk assessed every room within the practice annually.
- 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 that 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 with adult pads 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.

Are services safe?

- The practice had a business continuity plan in place for major incidents such as power failure or building damage however the plan did not include emergency contact numbers for staff or utility companies.

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 people's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice had developed protocols which triggered templates to be loaded or alerts to show on the computer system when certain information was entered. For example; when a mental capacity assessment was undertaken for a patient, the mental capacity protocol was loaded. When a patient was shown as discharged from hospital, a prompt to add to the telephone call list was triggered.

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 showed the practice had achieved 558 points out of a possible 559 which was 99.8% of the total number of points available, with 6.5% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/2015 showed;

- Performance for diabetes related indicators was 99% which was better than the CCG average by 7% and England average by 10% with a 7.9% exception reporting which was below the CCG exception reporting average of 9.4%.

- Performance for asthma related indicators was 100% which was better than the CCG average by 6% and the England average by 3% with a 1% exception reporting which was below the CCG exception reporting average of 6.6%.
- Performance for hypertension related indicators was 100% which was better than the CCG average by 3% and the England average by 2% with a 2.8% exception reporting which was below the CCG exception reporting average of 3.5%.
- Performance for chronic kidney disease related indicators was 100% which was above the CCG average by 7% and the England average by 5% with a 7.1% exception reporting which was above the CCG exception reporting average of 6.7%.
- Performance for atrial fibrillation related indicators was 100% which was above the CCG and England average by 1% with a 6.9% exception reporting which was below the CCG exception reporting average of 8.5%.

Clinical audits demonstrated quality improvement

- The practice regularly monitored clinical data using a reflective review process and discussed and disseminated findings with clinical staff and relevant organisations.
- High risk medications were monitored regularly by doing a search on the clinical computer system. The practice described and showed us how their recall system worked for various drug monitoring. The recalls in place were robust and the practice regularly checked that patients had attended for their blood tests and monitoring. There were 394 patients on ACE inhibitors (medicine used to treat high blood pressure) and 15 had not received the blood test by the practice in the last 24 months however blood tests were also being taken at the hospital.
- We looked at two of the most recent clinical audits where the improvements made were implemented and monitored, including an audit of Warfarin (a medicine to reduce the amount the blood clots) to assess whether patients were taking the correct prescribed dose. The dose. The outcome was that some patients found that tablets which were of different dose aged dosage but similar appearance were confusing. The confusing. The practice discussed the outcome in a meeting and put in place measure to ensure that similar looking tablets looking tablets were

Are services effective?

(for example, treatment is effective)

not prescribed together. This was disseminated to the entire practice and an alert set up on the clinical system where patients might be at risk. The audit was due for repeat in May 2016.

- The practice had completed an audit of disease modifying anti-rheumatic drugs (medicines that reduce inflammation) to ensure patients had received the appropriate blood tests in the correct timescale. 35 patients were on the medicines and required regular blood test monitoring and three had not received a blood test. Of those three, two had been given the appropriate forms for the blood test but not attended and one had not been given the form by their specialist. The audit was due for repeat in May 2016.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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. It covered such topics as safeguarding, infection prevention and control, health and safety and confidentiality.
- 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 vaccinations and taking samples for the cervical screening programme had received specific training. Staff who administered vaccinations 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 their practice development. Staff had access to appropriate training to meet their needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, 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, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information in a timely way, for example when referring patients to other services. The practice and the out of hours service used the same clinical computer system and could access information when needed.

Staff worked together with other health and social care services 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. We saw evidence that multi-disciplinary team meetings (MDT) took place on a monthly basis and that patients' care plans were routinely reviewed and updated.

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 mental 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 records' audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet,

Are services effective? (for example, treatment is effective)

smoking and alcohol cessation and sexual health advice. Patients were then signposted to the relevant service either internally (with a GP or nurse) or an external provider.

- Smoking cessation advice was available from the nursing team. Advice had been offered to 91% of the patients aged over 15 listed as smokers in the preceding 24 months.
- The practice's uptake for the cervical screening programme was 92%, which was above the CCG and England average by 10%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Patients aged 60-69 screened for bowel cancer in the last 30 months were 51% with a CCG average of 63% and an England average of 58%. Females aged 50-70 screened for breast cancer in the last 36 months were 76% with a CCG average of 80% and England average of 72%.
- Childhood immunisation rates for the vaccinations given were below the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 0% to 92.7% with a CCG range from 1% to 97.7% and five year olds from 84.4% to 93.5% with a CCG range from 92.6% to 97.2%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- The practice had administered 1071 flu vaccinations out of a possible 1563 of patients who were eligible.
- The practice had identified 27 patients with learning disabilities and 17 had so far received a health check which was included on an extensive care plan. The practice referred patients to various support services and had regular liaisons with the local learning disability nurses.

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.
- A private room was available for mothers who were breast feeding.

We received 24 comment cards, 21 were positive about the standard of care received by patients from the practice, a further three positive cards were from organisations the practice associated with and one of the positive cards had one negative comment regarding the hours the practice offered. Patients described the staff as friendly, caring and professional.

Results from the national GP patient survey published in January 2016 showed the practice was generally slightly below the average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 79% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 81% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 76% 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%.
- 97% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97% and the national average of 97%.
- 88% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 92% and the national average of 91%.

- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.

Care planning and involvement in decisions about care and treatment

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

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

- 91% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 86% 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%.
- 78% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.
- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.

Staff told us that translation services were available for patients who did not have English as a first language. The self-check-in screen had multiple languages available. The practice translated some information into additional languages using a computer translation service due to the high number of overseas patients registered at the practice.

Patient and carer support to cope emotionally with care and treatment

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

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 111 patients as carers (1.9%). Carers' forms were available on the practice website and also on the new patient registration form. Carers were referred to various charities and support groups.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them and the GP visited the family and supported them through the bereavement. If the GPs considered the patient to be vulnerable then they continued to telephone them monthly to support them.

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, a GP was the prescribing lead for the local area. This role included visits to other local practices to provide assistance with medication cost reduction and the management of patient expectation.

- There were longer appointments available for reviews of patients with a learning disability, long term conditions and for patients aged over 75.
- The practice offered online appointment booking and online repeat prescription requests.
- A telephone appointment was available to patients if required.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- GPs regularly visited patients in two care homes and liaised with the home managers.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. The practice had a hearing loop to assist patients with a hearing aid.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people on the same day that needed them. The practice offered a text reminder system.

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

- 88% were able to get an appointment to see or speak with someone the last time they tried compared to the CCG average of 88% and the national average of 85%.

- 60% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 58% and national average of 59%.
- 94% patients said they could get through easily to the surgery by phone compared to the CCG average of 81% and national average of 73%.
- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 94% said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

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. For example; there were posters displayed in the waiting room, in the practice leaflet and from the reception staff.

We looked at two of the complaints received by the practice in the last 12 months and found that these were satisfactorily handled, and dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a complaint from a patient's relative regarding the patient not receiving regular home visits as house bound and was later admitted to hospital. A letter was sent offering a meeting with the patient and their relative and the complaint was discussed in two clinical meetings. Complaints were dealt with on an individual basis and the practice monitored both verbal and written complaints.

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 mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- 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 and had made changes accordingly through reviews and listening to staff and patients.

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 however some were in need of review.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which 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

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

The practice 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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support and a verbal and written apology
- They 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about the development of the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, 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 using the friends and family test and the GP patient survey. The friends and family test results for the preceding two months showed 24 responses who all said they were extremely likely or likely to recommend the practice. There was an active PPG which met six monthly, organised surveys and submitted proposals for improvements to the practice management team. There were eight members in the group who were regularly consulted by the practice. The PPG were involved in a change of the appointment system where appointments were added on when

Are services well-led?

Good 

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

needed, and suggestions made regarding new flooring and chairs in the waiting area. The practice and the PPG organised speakers to attend their meetings for example; Live Well Suffolk and a carers respite service.

- 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. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff we spoke with provided us numerous examples of where the practice had supported them to improve their professional

practice, for example; nursing staff had attended requested courses identified during their appraisals including the Warwick certificate in diabetes care. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. There was a focus on the development of health care assistants working in the practice, as well as the training of apprentices.

A GP at the practice held the role of GP Training Programme Director for the locality. This role involved liaising with other practices supporting trainers and trainees, along with encouraging other non-training practices to consider developing into training practices where appropriate. Furthermore, the GP liaised with the foundation scheme to offer foundation taster sessions for young doctors considering a career in primary care.