

The Peninsula Practice

Quality Report

Alderton Health Centre
Mill Hoo
Alderton
Woodbridge
IP12 3DA

Tel: 01394 411641

Website: <http://www.thepeninsulapractice.co.uk>

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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

Outstanding



Are services safe?

Outstanding



Are services effective?

Outstanding



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Outstanding



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 The Peninsula Practice on 2nd December 2015. Overall the practice is rated as outstanding.

Specifically, we found the practice to be outstanding for providing safe, effective, responsive and well-led, services. It was also outstanding for providing services for older people, people with long term conditions, working age people and for families, children and young people. Those in vulnerable circumstances and people experiencing poor mental health also receive outstanding care.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.

We saw several areas of outstanding practice including:

- The practice reviewed significant events on a six monthly basis to ensure continuation of safety and shared outcomes of these events with staff and amongst other local practices.
- The practice provided a self-funded medication delivery service for those patients that were unable to collect themselves.

Summary of findings

- Staff were well supported through stress level and morale assessments, regular appraisals and by undertaken continuous assessments of how staff felt they fitted in the organisation by asking staff where they felt they were situated on “The Peninsula Tree”. Staff safety had also been considered as the highest priority and was reflected in arrangements such as responding to intruder alarms at the practice.
- The practice acted as research hub in cooperation with other local practices and a Clinical Research Network nurse. This had led to increased understanding of the topics covered in the research. For example, a diabetes study to develop a deeper understanding of the importance of patient education and holistic care with their diabetes.
- The practice worked closely with a local trust – the Orford Trust – and AGE UK to offer support and advice to patients and their carers.

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 outstanding for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The practice used every opportunity to learn from internal and external incidents, to support improvement and shared this with staff and local practices. Information about safety was highly valued and was used to promote learning and improvement. Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. There were enough staff to keep patients safe.

Outstanding



Are services effective?

The practice is rated as outstanding for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing mental capacity and promoting good health. The practice had undertaken a wide range of audits of clinical and non-clinical nature that had led to improvements for a variety of patient groups.

Staff received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff stress levels were assessed. Staff worked with multidisciplinary teams.

Outstanding



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services. The practice had initiated positive service improvements for its patients that were over and above its contractual obligations. The practice reviewed the needs of its local population.

Outstanding



Summary of findings

There was continuity of care and urgent appointments were available on the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. The practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was generally above the local and national averages.

Are services well-led?

The practice is rated as outstanding for being well-led. The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. High standards were promoted and owned by all practice staff and teams worked together across all roles. Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.

The practice carried out proactive succession planning. There was a high level of constructive engagement with staff and a high level of staff satisfaction. The practice gathered feedback from patients via their patient participation group (PPG).

Outstanding



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 outstanding for the care of older people.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. 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, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

An AGE UK advisor visited the practice on a monthly basis offering 45 minute appointments for patients or their carers for advice on services or to offer support.

The practice undertook a multitude of audits, of which several focussed on improving care and safety for older people.

Weekly ward rounds were undertaken at a local residential home. The practice worked closely with a local trust, Orford Trust, to provide short term provisions of respite or care for those patients that were in need in the form of a nurse or carer.

Outstanding



People with long term conditions

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

Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed, this included visits to undertake flu vaccinations.

All these patients underwent a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

One of the nurses worked closely with, and under the supervision of, the diabetes specialist at the local hospital. Through this collaboration the nurse was able to attend to more complex diabetic patients and provide the required care in the community, eradicating the need for the patient to attend the hospital.

The practice undertook a multitude of audits, of which several focussed on improving care and safety for patients with long term conditions.

Outstanding



Summary of findings

Data showed the practice scored continually high on patient outcomes in this population group.

Families, children and young people

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

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies. At the time of our inspection the practice cared for 23 pregnant women and 56 patients that were under one year old.

The practice's GPs acted as the medical officers for a local international school. In the eight months previous to our inspection the practice had been proactive in recognising the challenges in a student population with mixed international backgrounds and had engaged with the clinical staff at the school to develop a more proactive service provision.

We saw good examples of joint working with midwives. The practice had a room available for privacy for breast feeding mothers.

The practice undertook a multitude of audits, of which two focussed on coil fitting and cytology

Outstanding



Working age people (including those recently retired and students)

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

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered telephone advice for patients that chose to use this service. Appointments with GPs could be booked 12 weeks ahead, and with nurses 16 weeks ahead ensuring patients could plan ahead.

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. At time of inspection, 61% of the practice population was of working age.

Outstanding



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as outstanding 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 and patients' notes were highlighted to make staff aware. It had carried out annual health checks for people with a learning disability and 100% of these patients had up to date care plans. The practice offered longer appointments for this patient group and was flexible in offering appointments to suit the patient in or outside normal clinic hours. Patients that did not attend were given special consideration to attend a new appointment and were supported by the receptionists who ensured communication with the patient the day before their appointment as well as on the day itself.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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 worked closely with social services and a local farm, which facilitated a stimulating environment for learning disability patients on referral from the practice.

The practice was subcontracted by Care UK to provide GP care to two local prisons. To ensure a continuous good standard of care in these facilities the practice worked closely with the prison healthcare team and two other local practices to provide continuous GP cover. The practice GPs were actively involved in providing monthly feedback on audits for pain behaviour that were undertaken in the prison.

One of the GPs was drug and alcohol trained and proactively managed and supported patients with chaotic behaviour.

Outstanding



People experiencing poor mental health (including people with dementia)

The practice is rated as outstanding for the care of people experiencing poor mental health including people with dementia

The practice had 30 registered patients with dementia of which 27 required a care plan, of these 25 (92.5%) had received an annual review since April 2015. 61.5% of mental health patients had a care

Outstanding



Summary of findings

review recorded since April 2015. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It 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. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

An AGE UK advisor visited the practice on a monthly basis offering 45 minute appointments for patients or their carers for advice on services or to offer support.

The practice hosted weekly clinics for a mental health link worker from the Suffolk well-being service and a local Trust funded private counsellor visited one of the branches on a weekly basis to see NHS patients.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing overall higher than the national and Clinical Commissioning Group (CCG) averages. There were 251 surveys sent out and 124 responses which was a response rate of 49%.

- 62% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 60% and a national average of 60%.
- 89% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 90% and a national average of 85%.
- 91% say the last appointment they got was convenient compared with a CCG average of 94% and a national average of 92%.
- 84% describe their experience of making an appointment as good compared with a CCG average of 79% and a national average of 73%.
- 73% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 32 comment cards, which were all very positive. One was positive about the politeness of staff but mentioned an extended waiting time; one other card mentioned sensitivity did not always take place but treatment was given with respect. All the other cards contained comments around excellent care that was received and the caring and understanding nature of all staff.

Comments on the cards referring to the practice included terms such as “five stars”, “excellent, second to none service”, “exemplary treatment” and “would certainly recommend to my family”. In summary, there was a range of positive comments about the skills of the staff, the cleanliness of the practice, the treatment provided by the GPs and nurses, the helpfulness of dispensary and reception staff and the way staff interacted with patients.

We spoke to a representative of the PPG which had 19 members at the time of our inspection. They commented that suggestions from the PPG were welcomed by the practice and that both GP partners had attended the first PPG meeting. The PPG commented that they knew how to raise a complaint and that the staff were friendly and helpful.

Outstanding practice

- The practice reviewed significant events on a six monthly basis to ensure continuation of safety and shared outcomes of these events with staff and amongst other local practices.
- The practice provided a self-funded medication delivery service for those patients that were unable to collect themselves.
- Staff were well supported through stress level and morale assessments, regular appraisals and by undertaken continuous assessments of how staff felt they fitted in the organisation by asking staff where they felt they were situated on “The Peninsula Tree”. Staff safety had also been considered as the highest priority and was reflected in arrangements such as responding to intruder alarms at the practice.
- The practice acted as research hub in cooperation with other local practices and a Clinical Research Network nurse. This had led to increased understanding of the topics covered in the research. For example, a diabetes study to develop a deeper understanding of the importance of patient education and holistic care with their diabetes.
- The practice worked closely with a local trust – the Orford Trust – and AGE UK to offer support and advice to patients and their carers.

The Peninsula Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to The Peninsula Practice

The Peninsula practice is situated in Alderton, in the county of Suffolk. The practice provides services for approximately 3,880 patients. It is one of six surgeries which form the Deben Health Group, a group of local GP practices. The Peninsula practice holds a General Medical Services (GMS) contract and has a branch practice in the village of Orford and provided services one afternoon a week (Monday) from a branch location in the village of Hollesley. As part of our inspection we visited the Orford branch as well.

According to Public Health England information, the patient population has a lower than average number of patients aged under 18 compared to the practice average across England. It has a higher proportion of patients aged 65+, 75+ and 85+ compared to the practice average across England. Income deprivation affecting children and older people is significantly lower than the practice average across England.

The practice has two GP partners both female, one male salaried GP and one nurse practitioner. There were also two practice nurses and a health care assistant. The practice also employs a practice manager, a dispensary team and a reception/administration and secretarial team.

The Peninsula practice is a training practice and had one third year GP trainee at the time of our inspection. The practice also acted as research hub in cooperation with other practices from the Deben Health Group.

The practice's opening times at the Alderton location at the time of the inspection were 08:00 to 14.30 Monday and Tuesday and 08:00 to 18:30 Wednesday to Friday. The practice's opening times at the Orford location at the time of the inspection were 08:00 to 18.30 on Monday, 14:00 to 18:30 on Tuesday and 08:00 to 13:00 Wednesday to Friday.

Appointments with GPs can be booked 12 weeks ahead, and with nurses 16 weeks ahead. 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.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

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.

Detailed findings

How we carried out this inspection

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

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

We also looked at how well services are provided for specific groups of people and what good care looks 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)

The inspection team:

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 2 December 2015.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures. Reviewed comment cards where patients and members of the public shared their views and experiences of the service.



Are services safe?

Our findings

Safe track record and learning

There was an open, transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and an incident form was available on the practice's computer system or in paper form. We noticed that the GPs lead by example and made a point of reporting their own small errors to set an example for other staff. The GPs explained this emphasized a 'no blame' culture. Most complaints received by the practice were automatically treated as a significant event. Records and discussions with GPs identified that there was consistency in how significant events were recorded, analysed, reflected on and actions taken to improve the quality and safety of the service provided. The practice carried out an analysis of the significant events which included specific action and learning points and review dates. However, we were told that there had been several breaches of the cold chain in medication storage in the dispensary due to power cuts. The practice had taken appropriate steps in response to these cold chain interruptions but those incidents were not noted as significant events. The practice reviewed significant events on a six monthly basis to ensure continuation of safety and to avoid re-occurrence of similar incidents. The practice shared outcomes of these events with staff and other local GP practices during meetings that were attended by representatives from other practices.

We reviewed safety records, significant event summaries for the current and the previous year and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw minutes that confirmed significant events were discussed during clinical staff meetings and practice meetings.

We saw evidence that the practice manager had noted an inefficiency and raised a concern around a referral system with the local hospital. This was related to a particular patient group's referrals not being received in all cases due to a change in process in the hospital. This was raised by the practice as serious adverse incident and had led to ensuring that all patients got the necessary referral to the hospital. This was also recognised by the CCG.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The information was monitored by designated members of staff and shared with other staff electronically and in person in the form of a hand-out. A log was kept of the disseminations. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

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

- Arrangements to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Safeguarding children and vulnerable adults' 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 relevant to their role.
- A notice was displayed in the waiting room and in the clinical rooms, advising patients that staff could act as chaperones, if required. Chaperoning was predominantly done by nurses but members of the dispensary or reception teams were appropriately trained had received a Disclosure and Barring Service 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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had a variety of risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control, asbestos and legionella. The latter two were specified for the different locations of the practice and we saw that improvements had taken place as a result, for example regular water temperature monitoring. The practice had an intruder alarm that



Are services safe?

alerted the partners to any intruder incidents during times when the practice was unoccupied. An incident had occurred where an intruder appeared to still be on the premises when one of the partners arrived to check on the alarm. Following the incident staff safety had been considered as the highest priority and as a result arrangements for responding to intruder alarms at the practice had been considered and amended.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The nurse practitioner was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. We saw evidence that annual IPC audits were historically undertaken and actions had been taken to address any improvements identified as a result, for example ensuring that clinical staff did not wear wrist watches. We saw that the practice undertook monthly clinical waste audits to ensure segregation and labelling took place appropriately. The practice had also implemented an annual healthcare associated infection reduction plan with the aim that 'no one that used the practice would be harmed by an avoidable infection'.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out to ensure the practice was prescribing in line with best practice guidelines. We saw that as a result of an audit of dispensing errors several improvements were made including, better recording of dispensing errors, changes to the layout of the workspace and the introduction of 'do not speak' tabards for staff dealing with dispensing orders. This had led to an overall reduction of dispensing errors and better staff awareness of their own errors. We noted there were arrangements in place for the regular monitoring and destruction of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Dispensing staff were aware of how to raise

concerns around controlled drugs with the controlled drugs accountable officer in their area. We checked a sample of controlled drugs and found we could account for them in line with registered records.

- We were told that there had been several breaches of the cold chain in medication storage due to power cuts. The practice had taken appropriate steps in response to these cold chain interruptions but these incidents were not noted as significant events.
- Prescription pads were securely stored and there were systems in place to monitor their use. The practice provided a self-funded medication delivery service for those patients that were unable to collect themselves.
- Recruitment checks were carried out and staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to staff's employment. For example, references, qualifications, registration with the appropriate professional body and the checks through the Disclosure and Barring Service. These files were held in paper form as well as electronically in a safe manner.
- Arrangements were in place for planning and monitoring the number of staff and skill 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. Staff in the different teams were able to cover each other's roles across the practice's different locations. There was also the possibility to share staff across the Deben Health Group, of which the practice was part. This increased resilience to cover gaps in staffing in a geographical area where recruitment could otherwise prove difficult.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the treatment room. We found that at the Orford branch emergency medicines were not as easily accessible as in the Alderton branch but staff we spoke with knew of their location. The practice had a defibrillator available on the premises and oxygen with masks. All the medicines we checked were in date and fit for use.

The practice had up to date fire risk assessments and regular fire drills were carried out. Two members of staff were trained as fire marshals.



Are services safe?

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included up to date emergency contact numbers for utilities and practice staff and several copies were held off site.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF - is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions e.g. diabetes and implementing preventative measures. The results are published annually). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. In 2014/2015 the practice achieved 99.3% of the total number of points available, which was above the national average of 93.5% and the local average of 94.1%. The practice reported 7.5% exception reporting (below CCG and national average). Data from 2014/2015 showed:

- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, dementia, depression, epilepsy, heart failure, hypertension, learning disability, osteoporosis: secondary prevention of fragility fractures, palliative care, peripheral arterial disease, rheumatoid arthritis, secondary prevention of coronary heart disease and stroke and transient ischaemic attack were better or the same in comparison to the CCG and national averages with the practice achieving 100% across each indicator.
- Performance for diabetes related indicators was better compared to the CCG and national average. With the practice achieving 96.5%, this was 6.1 percentage points above the CCG average and 7.3 percentage points above the national average.

- Performance for mental health related indicators was 96.2% which was 5.2 percentage points above the CCG average and 3.4 percentage points above the national average.
- The practice had made use of the gold standards framework for end of life care. It had a palliative care register and had regular internal as well as bi-monthly meetings to discuss the care and support needs of patients and their families.

The practice participated in applicable local audits, national benchmarking and research. Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw that the practice carried out more than 25 audits at, and before, the time of our inspection. We saw evidence of completed audit cycles in several of those where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example quarterly audits on Methotrexate prescribing (a drug for rheumatoid arthritis treatment) looked at whether patients received the necessary blood tests, attended their hospital clinic regularly, had a shared care agreement and were not prescribed Trimethoprim. This had resulted in increased patient safety as patients had assurance that if their bloods were abnormal there was a pathway to follow. This also enabled patients to be looked after by their GP instead of travelling to a hospital.

The practice undertook multiple non-clinical audits, for example to monitor non-attended appointments. This had highlighted patients that regularly did not attend who were then sent letters about this (except for patients suffering with dementia, learning disabilities or mental health conditions. Non-attenders numbers were published on the practice's website and following a second cycle this had led to a reduction in non-attenders from 256 appointments to 189 appointments. Other non-clinical audits included handwashing, dispensing errors, referrals, safeguarding review audits and an audit on phlebotomy appointments. The latter had led to patient and receptionist education to book phlebotomy appointments with a health care assistant instead of a nurse if it wasn't urgent. This allowed nurses to have more appropriate patients booked with them so that they could use their skills appropriately.



Are services effective?

(for example, treatment is effective)

Findings that resulted from audits were shared amongst local practices to share learning and improvement. One audit relating to discharge summaries with errors was shared with the local commissioning group which had instigated extra assurance measures to avoid reoccurrence,

The practice undertook several prescribing related audits, including eye drops audits, dosset box audits, benzodiazepines prescribing, antipsychotic prescribing in dementia and several antibiotic prescribing audits for different conditions. These audits had led to a multitude of improvements for patients such as: increased patient safety, a reduction in delays in patients referrals, ensuring each referral was sent with all the correct information, ensuring vulnerable patients were reviewed more frequently and ensuring patients' needs were assessed and their medication needs met.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered topics such as health and safety, confidentiality and organisation rules. This included an induction day with the practice manager and role specific induction, for example a two week programme for clinicians. Staff underwent a three month probation period which included a self-assessment in the first month followed by a re-assessment at the end of the three month period.
- Staff had access to appropriate training to meet these learning 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 the revalidation of doctors. Appraisals were undertaken at three month intervals where possible and all staff had had an appraisal within the last 12 months. More frequent appraisals were undertaken if requested or required, or if staff changed roles. Appraisals were followed up with a performance assessment.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to, and made use of, e-learning training modules, in-house and external 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 test results.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a near monthly basis (ten a year) and that care plans were routinely reviewed and updated.

Information such as NHS patient information leaflets were available in the patient waiting room. The practice manager informed us that the practice was going through a project which aimed at revising the patient information available by presenting it in an organised and neat manner. The aim was for the information being less in volume but more in content, opposed to the setup in place at the time of inspection which was mainly via notice boards.

A new patient information electronic screen was ordered before our inspection and was due to be in place shortly after. We saw evidence of the process undertaken to complete this.

Consent to care and treatment

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

Health promotion and prevention

Patients who might be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers and those at risk of developing a long-term condition. Patients were then signposted to the relevant service.



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

The practice had a comprehensive cervical screening programme. The practice's percentage of patients receiving the intervention was 77.5%, which was above the CCG average by 0.4% and above the England average by 0.8%. Non attending patients were followed up with three letters and via the telephone.

Flu vaccination rates for September 2013 up to, and including January 2014 for the over 65s were 70.5% compared to the national average of 73.2%; and at risk groups 63.1% compared to the national average of 52.3%.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

One of the GPs was trained to proactively manage and support patients with drug and alcohol addictions.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients, both attending at the reception desk and on the telephone. We saw that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 32 CQC patient comment cards we received contained positive patients' views about the service, with two cards adding constructive critical comments on personal experiences. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated. The practice performed above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 95% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.

- 96% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 90% patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us, and comment cards informed us, that health issues were discussed with them and 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.

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

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%.

Patient and carer support to cope emotionally with care and treatment

Information in the patient waiting rooms 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. There was a practice register of all people who were carers and 100 patients on the practice list had been identified as carers and were being supported, for example, by offering health checks, extended appointments if required and referral for organisations such as social services for support. 76 patients were identified as being cared for. Written information was available for carers to ensure they understood the various avenues of support available in the practice's waiting room and on their website.

Staff told us that during flu clinics the support group Suffolk Carers would attend to provide information to those patients that were interested.

Are services caring?

The practice worked closely with a local trust, the Orford Trust, to provide short term provisions of respite care for carers or additional care for those patients that were in need in the form of a nurse or carer. This was sponsored by the Orford Trust.

Staff told us that if patients had suffered bereavement, their usual GP contacted them either in person or via the phone. 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 worked with the local CCG and the Deben Health Group (a group of local GP practices) to plan services and to improve outcomes for patients in the area. The practice held information about the prevalence of specific diseases. This information was reflected in the services provided through means of screening programmes, vaccination programmes and family planning.

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

- Online appointment booking, prescription ordering and access to basic medical records was available for patients.
- There were longer appointments available for carers, patients with a learning disability or patients who needed a translation service; or for any other patient that required this.
- The practice worked closely with a local trust, The Orford Trust, to provide short term provisions of respite or care for those patients that were in need in the form of a nurse or carer. This was sponsored by the Orford Trust.
- Home visits were available for older patients or patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- Telephone consultations were available for patients that chose to use this service.
- Flexible appointments were available rather than set clinic times.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided a self-funded medication delivery service for those patients that were unable to collect themselves.
- All clinical rooms had wide door frames and large rooms with space for wheelchairs and prams/pushchairs to manoeuvre.
- A private space was available for breast feeding mothers.
- The practice's GPs acted as the medical officers for a local international school. In the eight months previous

to our inspection the practice had been proactive in recognising the challenges in a student population with mixed international backgrounds and had engaged with the clinical staff at the school to develop a more proactive service provision. For example, the practice had assisted in redesigning the medical forms at the school including medication and consent issues. The school nurse was offered telephone GP advice for as many students as needed on a daily basis with a low appointment threshold for the same day. The school nurse had been encouraged to attend the practice for any relevant training with the practice nurses or the Deben Health Group.

- Plans were being developed to enhance wellbeing support at the school in recognition of the multicultural and academic pressures on students. The GPs also planned to attend the school at the beginning of term to promote wellbeing and general health, with a focus on common issues in a teenage population.
- Staff told us that translation services were available for patients who did not have English as a first language. The receptionist and the website informed patients this service was available. Staff told us this was particularly useful for an ethnic minority patient group they cared for which worked on a local farm.
- The practice was subcontracted by Care UK to provide GP care to two local prisons. To ensure a continuous good standard of care in these facilities the practice worked with closely with the prison healthcare team and two other local practices to provide continuous GP cover. One of the practice's GPs was in the planning stages with an external charity and the local research network to investigate compassionate care in these facilities to better understand the needs of its population. The practice GPs were also actively involved in providing monthly feedback on audits for pain behaviour that were undertaken in the prison. With the aim to improve and action change.
- One of the GPs was drug and alcohol trained and proactively managed and supported to proactively manage and support patients with drug and alcohol addictions with related chaotic behaviour.
- An AGE UK advisor visited the practice on a monthly basis offering 45 minute appointments offering support and advice to for patients and/or their carers.
- Weekly ward rounds were undertaken at a local residential home.



Are services responsive to people's needs?

(for example, to feedback?)

- The practice hosted weekly clinics for a mental health link worker from the Suffolk well-being service and a private counsellor visited one of the branches on a weekly basis.

Access to the service

The practice's opening times at the Alderton location at the time of the inspection were 08:00 to 14.30 Monday and Tuesday and 08:00 to 18:30 Wednesday to Friday. The practice's opening times at the Orford location at the time of the inspection were 08:00 to 18.30 on Monday, 14:00 to 18:30 on Tuesday and 08:00 to 13:00 Wednesday to Friday.

Appointments with GPs could be booked 12 weeks ahead, and with nurses 16 weeks ahead. During out-of-hours times GP services were provided by Care UK.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was generally above the local and national averages. For example:

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 84% patients said they could get through easily to the surgery by phone compared to the CCG average of 81% and national average of 73%.
- 84% patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.

- 82% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints' policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. A policy explained how patients could make a complaint and included the timescales for acknowledgement and completion. The process included an apology when appropriate and whether learning opportunities had been identified.

We reviewed a log of complaints received in the last 12 months, this included eight complaints. When we reviewed the summary we noticed that there where appropriate complaints were raised as significant events. Records showed complaints had been dealt with in a timely way. If a satisfactory outcome could not be achieved, information was provided to patients about other external organisations that could be contacted to escalate any issues.

We saw that information was available to help patients understand the complaints system for example information was available on the practice website, leaflets were available on request. We were informed by the practice manager that a poster displaying complaint information for patients was displayed in the waiting room immediately after our inspection.

Are services well-led?

Outstanding



(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 which were monitored.

The objectives included a provision of well embedded support for staff and that the practice identified and acted on opportunities for improvement in a timely manner.

Considerations to changes in patient list size were also included, for example the development of new housing and care provision to a nearby military base.

The practice was part of a local group of GP practices, the Deben Health Group. A group brought together to work together on financial, educational and clinical matters and to share learning and development.

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 planning and staff were aware of their own roles and responsibilities. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness. Staff could also transfer from and to other practices in the Deben Health Group in case of need.
- The practice used clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- The GPs were supported to address their professional development needs for revalidation.
- The practice acted as research hub in cooperation with other practices from the Deben Health Group and a Clinical Research Network nurse, with whom the practice said they worked closely.
- Staff were supported through a robust system of appraisals and continued professional development.
- Staff had learnt from incidents and complaints.
- There was a comprehensive list of internal meetings and training sessions that involved all staff groups. Patients and procedures were discussed to improve outcomes.

- From a review of records including action points from staff meetings, audits, complaints and significant event recording, we saw that information was reviewed to identify areas for improvements and to help ensure that patients received safe and appropriate care and treatments.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There were systems in place to monitor and improve quality and to identify and manage risk.
- GPs had undertaken clinical audits which were used to monitor quality and systems to identify where action should be taken and drive improvements. Outcomes of these were shared with other local practices to increase learning and understanding in the area. One audit relating to discharge summaries with errors was shared with the local commissioning group which had instigated extra assurance measures to avoid reoccurrence,

Leadership, openness and transparency

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 that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness, dedication and honesty. For example, a dispensary errors audit aimed to provide staff with better systems of work and support rather than appoint individual blame. The partners told us they shared a motto amongst staff: "If you've got five minutes- then give it."

Staff told us that various regular team meetings were held and that there was an open culture within the practice. They had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected and valued by the partners in the practice. Staff were involved in discussions about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, we saw minutes where staff were asked about potential ways to improve patient engagement.

Are services well-led?

Outstanding



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

One of the GPs acted as practice lead for referral reviews, which meant they reviewed all hospital referrals to ensure correct details were given and the referrals were an appropriate use of resources.

We noticed that the GPs lead by example and made a point of reporting their own small errors to set an example for other staff. The GPs explained this emphasized a 'no blame' culture.

The practice manager attended monthly practice management meetings with the Deben Health Group during which best practices and learning points were shared with other practice managers.

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

The practice encouraged and valued feedback from patients by proactively engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG), the NHS friends and family test and through surveys and complaints received. There was an active PPG which had been virtual up to the month of our inspection as the step was made to instigate face to face engagement between the practice and the PPG. They planned to meet on a quarterly basis but as this had only commenced recently only one meeting had taken place. The PPG explained that with face to face meetings patients did not have to have access to a computer. We spoke to a representative of the PPG which had 19 members at the time of our inspection. They commented that suggestions from the PPG were welcomed by the practice and that both GP partners had attended the first PPG meeting. For example, new patient information leaflets around alcohol matters were made available in the practice and an information screen was due to be installed. The PPG commented that they knew how to raise a complaint and that the staff were friendly and helpful.

The Deben Health Group, which the practice was part of, had analysed patient feedback throughout 2014 and highlighted specific patient feedback for the practice. This highlighted, for example, that patients wished for better communication and had concerns around confidentiality at the reception desks of the practice and one of its branches. As a response the practice had provided

customer services training to receptionists, performance assessed receptionists at appraisals, introduced posters reminding patients a room was available for confidential discussions and introduced music in the waiting room.

Staff appraisals were undertaken at three month intervals where possible and all staff had had an appraisal within the last 12 months. More frequent appraisals were undertaken if requested or required, or if staff changed roles. Appraisals were followed up with a performance assessment.

The practice had undertaken a staff survey in January 2015 to assess staff stress levels and morale. This was implemented as the practice had undergone several challenges in the period before the survey, namely due to retirement of a partner leading to many changes in the day to day operation and due to the unexpected death of a colleague. The partners stated that in the invitation to participate that 'they wanted to be doing all they could to make the practice a good place to work'. The survey's most notable points indicated that staff did not feel bullied at work, were clear what their roles and responsibilities were and had sufficient opportunities to question managers about change at work. The practice manager informed us this survey would be repeated annually to develop a thorough analysis of staff satisfaction and stress levels.

The practice had undertaken continuous historical and current assessments of how staff felt they fitted in the organisation by asking staff where they felt they were situated on "The Peninsula Tree". This was an image of a tree with a variety of characters depicting different types of personalities and behaviours in different positions in the tree.

Innovation

The practice was a training practice and had one third-year GP trainee at the time of our inspection. One of the partners, who was a GP tutor, had also facilitated for first year GP trainees as well as other year third year GP trainees in the past.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and were currently involved in nine, and had completed five, research studies in the last three years. Completed studies included: 'Elliott' a commercial study looking at how people with asthma used

Are services well-led?

Outstanding



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

their inhalers and checked if their condition improved when they had been trained to use them properly. And 'personalised medicine for morbid obesity', a study that investigated the link between obesity and genetics.

Ongoing studies included: 'MOMMS', a polypharmacy study in chronic diseases reduction of inappropriate medicines

and adverse events in elderly populations. 'HEAT', a study on helicobacter eradication to prevent ulcer bleeding in aspirin users. And 'BARACK D', a study into a new drug for the treatment of chronic kidney disease.