

# Victoria Surgery

## Quality Report

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Date of inspection visit: 8 May 2017

Date of publication: 16/06/2017

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



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 Victoria Surgery on 4 November 2015. The practice was rated as good for providing caring and responsive services and requires improvement for providing safe, effective and well led services. Overall the practice was rated as requires improvement. We carried out a focussed, desk based review on 28 June 2016 and found some improvements had been made. The practice was rated as good for providing safe and effective services; well led services were not inspected during the desk based inspection. The full comprehensive reports on the 4 November 2015 and 28 June 2016 inspections can be found by selecting the 'all reports' link for Victoria Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out an announced comprehensive inspection at Victoria Surgery on 8 May 2017. Overall the practice is rated as good, with requires improvement for providing safe services.

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.
- Health and safety risks to patients were assessed and well managed. However, two members of nursing staff and the dispensary delivery driver did not have a Disclosure and Barring Service check completed by the practice.
- Systems and processes were in place to ensure the cleanliness of the practice. An infection control audit had been undertaken and the action plan was going to be reviewed following the completion of the training of the identified infection control lead. The majority of staff, including all clinical staff, had received up to date infection control training. Infection control training had not been completed by all dispensary staff.

# Summary of findings

- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe, however the practice did not record the disposal of patient returned medicines.
- Patient safety alerts were logged, shared and initial searches were completed and the changes effected.
- Patient Group Directions (PGDs) to allow nurses to administer medicines including childhood immunisations were being used; however, these had not been signed on behalf of the practice or by the nurses. This meant the nurses did not have the required legal authorisation to administer the relevant vaccines which are Prescription Only Medicines.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. Appraisals had been completed for all staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available however this had to be obtained from the reception staff. The patient complaints leaflet did not contain the correct information for patients about how to escalate a complaint. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on. Policies and procedures were in place; however they were not all up to date.

We saw one example of outstanding practice:

- The practice provided GP appointments twice a week for children aged three to 18 at a nearby independent

boarding school. The GPs undertook medical assessments in conjunction with the nurses at the school for all new boarding children which included children from countries with an emerging economy. The school reported that the practice provided holistic care to children living away from home, directly liaised with children's parents, ensured access to a female GP if this was requested, and provided excellent support to the nursing team at the school. The practice confirmed that by providing this service they were able to guarantee pupils access to woman's health checks, including contraception, an age appropriate immunisation programme and that patient appointments were not reduced from the practice links with the school.

The areas where the provider must make improvement are:

- Ensure that all clinical staff have a Disclosure and Barring Service (DBS) check and that a risk assessment is undertaken to determine whether a DBS check is required for non-clinical staff.
- Ensure that Patient Group Directions are up to date and signed on behalf of the practice and by the nurses to ensure the nurses have the required legal authorisation to administer the relevant medicines.

The areas where the provider should make improvement are:

- Ensure that the patient complaint leaflet is easily available and reviewed to ensure that it contains the correct information for patients about how to escalate their complaint if they were dissatisfied with the response from the practice.
- Ensure that the infection control audit completed in April 2017 is reviewed and an action plan agreed following the completion of the training of the identified infection control lead. Ensure infection control training is completed by all dispensary staff.
- Ensure all policies and procedures are updated.
- Record the disposal of patient returned medicines.

**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 requires improvement for providing safe services.

**Requires improvement**



- There was an effective system in place for reporting and recording significant events. Learning was shared and action was taken to improve safety in the practice. Checks were made to ensure the learning had been embedded.
- Patient safety alerts were logged, shared and initial searches were completed and the appropriate changes effected.
- Systems and processes were in place in relation to infection control. A new lead member of staff for infection control had been identified, as the previous lead had left the practice earlier in the year, and training had been arranged for May 2017. An infection control audit had been completed, which was going to be reviewed and an action plan agreed, following the successful training of the new lead. The majority of staff had completed infection control training appropriate to their role.
- Patients on high risk medicines were identified and reviewed.
- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe, however the practice did not record the disposal of patient returned medicines.
- Patient Group Directions were used to allow nurses to administer medicines including childhood immunisations; however, these had not been signed on behalf of the practice or by the nurses. This meant the nurses did not have the required legal authorisation to administer the relevant vaccines which are Prescription Only Medicines.
- When things went wrong patients received reasonable support, detailed information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Health and safety risks to patients and staff were generally assessed and managed. However, not all clinical staff had a Disclosure and Barring Service (DBS) check completed by the practice and there was no risk assessment undertaken for the dispensary driver to determine whether a DBS check was required.

# Summary of findings

## Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) for 2015/2016 showed the majority of patient outcomes were at or above average compared to the Clinical Commissioning Group (CCG) and England average. Where these outcomes were below average, the practice were able to demonstrate that this had improved in their 2016/2017 unverified data.
- Staff assessed 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.
- All staff had received an appraisal in the last year and all the staff we spoke with reported they felt supported.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey, published in July 2016, showed patients rated the practice in line with and above other practices both locally and nationally for most 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.
- We saw that all staff treated patients with kindness and respect. The practice strived to maintain a personal, caring touch.
- We received positive comments from patients about the reception staff and one of the GPs.
- The practice had identified 178 patients as carers (just under 2% of the practice list). Suffolk Family Carers held a monthly surgery to provide advice, information and support to carers.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the CCG 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

- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice provided GP appointments twice a week for children aged three to 18 at a nearby independent boarding school.
- Patients were able to book evening appointments with a GP, nurse practitioner or a practice nurse from 6.30pm to 7pm Monday to Friday. Patients were able to book evening and weekend appointments with a GP through Suffolk GP+ (Suffolk GP+ is for patients who urgently need a doctor's appointment, or are not able to attend their usual GP practice on a weekday). GPs from the practice were involved in the provision of this service.
- Information about how to complain was available however this had to be obtained from the reception desk. The patient complaints leaflet did not contain the correct information for patients about how to escalate a complaint. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff to improve learning.

## Are services well-led?

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

- The practice strived to maintain a personal touch for patients, whilst delivering patient focused, high quality care for patients. Staff were clear about their responsibilities in relation to achieving this.
- There was a clear leadership structure, with lead staff in each department at the practice. The management style was open and friendly and staff felt supported by the management team. The management team at the practice included GPs in lead roles.
- There was an overarching governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk. The practice had a number of policies and procedures to govern activity; however not all of these were up to date.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.

**Good**



# Summary of findings

- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- GPs and nursing staff provided home visits to patients living in the eight nursing and residential homes covered by the practice.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were above the local and national averages. 2015/2016 QOF outcome data for patients with dementia was lower when compared to the local and national average, however 2016/2017 unverified data from the practice (which excluded any exceptions) showed the practice had improved performance in this area. The practice was aware of the need to improve and had engaged with an external company to review and improve their QOF management processes.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Patients who had a hospital admission were reviewed on discharge.
- The practice had a nurse with responsibility for the management of patients with long term conditions. They undertook this role with support from a GP. The practice held a clinic for people with diabetes. A specialist diabetes nurse attended every four to six weeks to provide a joint clinic where patients with more complex needs were reviewed.
- Patients with complex needs had a named GP and structured reviews 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.



# Summary of findings

- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2015/2016 showed that performance for diabetes related indicators was 100%, which was 4% above the CCG average and 10% above the England average. Exception reporting for diabetes related indicators was 16% which was above the CCG average of 13% and the England average of 12% (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). 2016/2017 unverified data from the practice (which excluded any exceptions) showed the practice had maintained performance in this area.
- Longer appointments and home visits were available when needed.

## Families, children and young people

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

- The practice provided GP appointments twice a week for children aged three to 18 at a nearby independent boarding school.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. The practice met with a midwife and health visitor on a monthly basis to review children with safeguarding needs.
- Immunisation rates were above the CCG and national averages for most standard childhood immunisations, however they were below average for the percentage of children, aged 2, who had received the Pneumococcal booster. The practice was aware of this and had redesigned the childhood immunisation clinics. Dedicated administration staff reviewed the patients' immunisation history and invited them to book an appointment directly with the practice. This enabled more flexibility for patients and reduced the number of patients who did not attend for their appointment.
- Children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice offered a range of contraception services. Patients who requested a contraceptive implant were signposted to another service. The practice offered chlamydia screening.

Good



# Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients were able to book evening appointments with a GP, nurse practitioner or a practice nurse from 6.30pm to 7pm Monday to Friday. Patients were able to book evening and weekend appointments with a GP through Suffolk GP+ (Suffolk GP+ is for patients who urgently need a doctor's appointment, or are not able to attend their usual GP practice on a weekday). GPs from the practice were involved in the direct provision of this service.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 82%, which was in line with the CCG average of 82% and England average of 81%.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including those with a mental health need and those with a learning disability.
- A learning disability nurse was based at the practice one day a week. They supported the practice with preparation for annual health assessments for people with a learning disability, which were undertaken by the practice nurse, with the support of a GP where necessary. The practice had 21 patients on the learning disabilities register. 19 of these patients had received or booked a health review since April 2016.
- The practice offered longer appointments at the request of a GP.

**Good**



# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 178 patients as carers (just under 2% of the practice list).

## 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).

- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average of 79% and England average of 77%.
- 87% of patients experiencing poor mental health had a comprehensive care plan, which was above the local average of 74% and the England average of 76%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had a mental health link worker who held an afternoon clinic every week to provide support and advice to patients and GPs. They met formally every month to review patients and discuss patients with complex needs.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 results were published on 7 July 2016. The results showed the practice was generally performing in line with and above local and national averages. 224 survey forms were distributed and 123 were returned. This represented a 55% response rate.

- 90% of patients found it easy to get through to this practice by phone compared to CCG average of 81% and the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 76%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received. Patients reported that they were listened to and that all aspects of their contact with the surgery were positive.

We spoke with representatives from four care homes where residents were registered at the practice. Representatives reported that the practice was responsive, particularly to requests for advice and home visits. We were told that patients' medicines were reviewed, and two representatives reported that this would be up to the home to request and may be by telephone. We received very positive feedback in relation to the GP service provided at an independent boarding school for children aged three to 18 who were registered at the practice. The GPs undertook medical assessments in conjunction with the nurses at the school for all new boarding children which included children from countries with an emerging economy. The school reported that the practice provided holistic care to children living away from home, liaised directly with children's parents, ensured access to a female GP if this was requested and provided excellent support to the nursing team at the school.

We spoke with four patients during the inspection. All four patients said they were satisfied with care they received. Two patients highlighted the excellent care they had received from a specific GP. The practice engaged with the Friends and Family Test. The most recent data which was published in January 2017, showed that from 14 responses, 100% of patients would recommend the practice.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure that all clinical staff have a Disclosure and Barring Service (DBS) check and that a risk assessment is undertaken to determine whether a DBS check is required for non-clinical staff.
- Ensure that Patient Group Directions are up to date and signed on behalf of the practice and by the nurses to ensure the nurses have the required legal authorisation to administer the relevant medicines.

### Action the service **SHOULD** take to improve

- Ensure that the patient complaint leaflet is easily available and reviewed to ensure that it contains the correct information for patients about how to escalate their complaint if they were dissatisfied with the response from the practice.
- Ensure that the infection control audit completed in April 2017 is reviewed and an action plan agreed following the completion of the training of the identified infection control lead. Ensure infection control training is completed by all dispensary staff.
- Ensure all policies and procedures are updated.
- Record the disposal of patient returned medicines.

# Summary of findings

## Outstanding practice

- The practice provided GP appointments twice a week for children aged three to 18 at a nearby independent boarding school. The GPs undertook medical assessments in conjunction with the nurses at the school for all new boarding children which included children from countries with an emerging economy. The school reported that the practice provided holistic care to children living away from home, directly liaised with children's parents, ensured access to a female GP

if this was requested, and provided excellent support to the nursing team at the school. The practice confirmed that by providing this service they were able to guarantee pupils access to woman's health checks, including contraception, an age appropriate immunisation programme and that patient appointments were not reduced from the practice links with the school.

# Victoria Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included two GP specialist advisers and a second inspector.

## Background to Victoria Surgery

Victoria Surgery is situated in Bury St Edmunds and provides a service to patients in Bury St Edmunds and the surrounding villages. The practice holds a Personal Medical Service (PMS) contract with the local CCG and offers health care services to around 10,600 patients. The practice is able to offer dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy. The practice has been a training practice for GP Registrars (qualified doctors who are undertaking training to become GPs) for the last four years. They are also a teaching practice for medical students training to be doctors.

- There are five GP Partners at the practice (two female and three male), four salaried GPs (all female), one nurse practitioner, two practice nurses and a health care assistant post which had recently been recruited to.
- The dispensary team includes two dispensary leads and four dispensers.
- A team of administration and reception staff support the management team. The practice manager is supported by a deputy manager and an assistant manager.
- The practice is open between 8am and 6.30pm Monday to Friday and appointments are available from 8.30am to 6.30pm. Patients are able to book evening and

weekend appointments with a GP through Suffolk GP+ (Suffolk GP+ is for patients who urgently need a doctor's appointment, or are not able to attend their usual GP practice on a weekday).

- If the practice is closed, Care UK provide the out of hours service, patients are asked to call the NHS111 service or to dial 999 in the event of a life threatening emergency.
- The practice demography differs to the national average, with slightly more 10 to 19 year olds, significantly less 20 to 39 year olds and significantly more patients aged 65 and over.
- Male and female life expectancy in this area is above the England average at 81 years for men and 85 years for women.

## Why we carried out this inspection

We undertook a comprehensive inspection of Victoria Surgery on 4 November 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We undertook a follow up inspection on 28 June 2016 to check that action had been taken to comply with legal requirements. The full comprehensive report on the 4 November 2015 and 28 June 2016 inspections can be found by selecting the 'all reports' link for Victoria Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This was 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 follow up on actions taken by the provider since our last CQC inspection on 28 June 2016, to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 May 2017. During our visit we:

- Spoke with a range of staff (GPs, practice nurses, reception and administration) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with representatives from care homes and a coeducational independent day and boarding school, where residents were registered at the practice.

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 which staff we spoke with knew how to access. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Appropriate records were kept of any dispensing errors and incidents were logged efficiently and reviewed promptly. This helped to ensure that appropriate actions were taken to minimise the chance of similar errors occurring again. These were discussed on a regular basis with the dispensing staff and also the practice.
- The practice took necessary action immediately following a significant event. These were discussed at the daily meeting and at the weekly partners meetings as necessary. Identified actions and learning was also shared with the practice team at the monthly departmental team meetings. The lead in each department was responsible for ensuring actions and learning from significant events was implemented in their department and this was monitored by the practice manager.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, detailed information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events every year in order to identify trends.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Patient safety alerts were logged, shared and initial necessary searches were completed and the changes effected. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a significant event and complaint, the partners had reviewed and restructured the immunisation

clinics in collaboration with the nurses. The restructuring had resulted in two dedicated members of administration staff, who identified patients who were due their immunisation and invited these patients to book a convenient appointment. Two nurses ran the immunisation clinic together which enabled them to check the vaccinations being given, increased their support and nurse administration time was also provided.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three. The practice met monthly with health visitors and midwives where the focus was on safeguarding children.
- A notice in the waiting room and consultation rooms advised patients that chaperones were available if required. Clinical staff acted as chaperones and understood their responsibilities in undertaking this role. However not all clinical staff had a Disclosure and Barring Service (DBS) check undertaken by the practice for them to undertake this role (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice used an external cleaning company and had changed the hours when they cleaned the practice so that practice staff were on site at the same time to improve communication. The practice manager was the identified infection control lead, as the previous nurse lead had left the practice earlier in the year. Training for this role had been



## Are services safe?

arranged for May 2017 and links had been established with the local infection prevention teams to enable them to keep up to date with best practice. For example, updated guidance had been emailed from the infection control team and was available in the practice policy and procedure file. There was an infection control protocol in place and the majority of staff, which included all clinical staff, had received up to date infection control training. The four staff members who had not completed this were all dispensing staff, who had been working on the Dispensing Services Quality Scheme (DSQS) submission. We reviewed the most recent infection control audit which was completed in April 2017. We were told the audit would be reviewed and an action plan agreed when the identified infection control lead had completed the planned infection control training course. Bodily fluid spillage kits were available in the practice. There was a sharps injury policy and procedure available. Staff we spoke with were aware of their responsibilities in relation to infection control. Clinical waste was stored and disposed of in line with guidance.

- The practice had signed up to the DSQS which rewards practices for providing high quality services to patients of their dispensary. The dispensary staff were able to evidence their Standard Operating Procedures (SOPs) which were dated and signed (these are practice specific written instructions about how to dispense medicines safely). The SOPs were reviewed on a regular basis and updated in response to incidents or changes to guidance. General stock checks were carried out annually by another company and when stock was used or replenished. Medicines were stored securely and in a clean and tidy manner and were within their expiry date. Blank prescription forms were securely stored and there were systems in place to monitor their use.
- The dispensary held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and there were procedures in place to manage them safely. The destruction of controlled drugs was undertaken by a responsible officer and the relevant paperwork was completed, signed and witnessed. Controlled drugs were kept in a locked cabinet and regular monthly stock checks were made by the dispensers.
- The dispensary had air conditioning and the room thermostat was checked daily and the temperature was recorded appropriately. There was a temperature gauge

on the refrigerator with a second temperature probe inside the refrigerator. A daily record was completed with the temperatures recorded. The refrigerators were used for medicines which had to be stored at low temperatures.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The dispensing staff ensured that all prescriptions were signed by a GP prior to medication being dispensed. Processes were in place for handling repeat prescriptions which included the review of high risk medicines; these prescriptions were kept in a separate area in the dispensary and given to the GPs prior to being dispensed. The prescriptions were tagged with a slip indicating that a check was required; once the signed prescription was received back in the dispensary the medication was dispensed. Medicines not collected by patients after a period of four weeks were put back into stock and a record was made in the patient's medical notes. A task was sent to the GPs advising them that medicine had not been collected. Unwanted and expired medicines were disposed of in line with waste regulations and confidential waste was appropriately handled. Patient returns were destroyed by the dispensary manager; however records of this were not kept.
- As part of the DSQS, the practice had to ensure that face to face reviews of 10% of patients were carried out to assess compliance and understanding of the medicines being prescribed, known as Dispensing Reviews of the use of Medicines (DRUMs). During the inspection it was confirmed that the relevant number of reviews were being carried out appropriately by the dispensary staff. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with evidence based guidelines for safe prescribing.
- Patient Group Directions (PGDs) were being used which allow nurses to administer medicines including childhood immunisations. However these had not been signed on behalf of the practice or by the nurses. This meant the nurses did not have the required legal authorisation to administer the relevant vaccines which are Prescription Only Medicines. The Practice took immediate action to ensure the PGDs were signed by

## Are services safe?

the nurses and a GP, and confirmed to us that no patient had received the wrong vaccinations. Following the inspection we were informed that these were still to be received.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. Of the three staff files we initially reviewed, one member of non-clinical staff had a completed DBS certificate. One member of dispensary staff had applied for a DBS certificate, and although this had not been received, they did not undertake any work alone with patients. One member of clinical staff did not have a DBS certificate as the practice manager stated they had confirmed and accepted the checks undertaken by the other employer, who remained the main employer of this staff member. We asked about DBS checks for other clinical staff and found one nurse had a DBS check from another employer which had been completed within the year prior to their employment at the practice, but there was no evidence of whether this was portable. There was no DBS or risk assessment in place for the dispensary driver who delivered medicines to patients who were unable to attend the surgery. The practice recruitment policy stated that a DBS check would be performed if it was appropriate to the position. Following the inspection the practice sent a risk assessment and had arranged that staff who had a DBS would undertake this role until the DBS check for the delivery driver had been received. The practice also confirmed that a DBS would be obtained for the two clinical staff members and that in future no previous certification would be accepted.

### Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a health and safety risk assessments had been undertaken. The

practice had an up to date fire risk assessment and records were kept of fire extinguisher checks and fire alarm tests. The practice had completed a recent fire drill and learning had been identified and actioned as a result. All the electrical equipment had been checked in June 2016 to ensure the equipment was safe to use. This had been scheduled again for June 2017. Clinical equipment was calibrated to ensure it was working properly. The practice had a legionella control policy and a legionella risk assessment had been completed in August 2016 (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

Risks to patients were assessed and managed.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The majority of staff, including all clinical staff, had received basic life support training. Another basic life support training course had been arranged for staff.
- 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, fit for use and stored securely.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and supplier contact details and copies were kept off site.

# 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) evidence based guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Clinical staff were able to demonstrate their knowledge of evidence based guidelines when we spoke with them.

### 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 from 2015/2016 showed the practice achieved 99% of the total number of points available. The overall exception reporting rate was 11% which was 1% above the CCG and national average (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice had used an external company to review their QOF systems and processes. This had resulted in improved coding and review and had further improved their QOF achievement.

Data from 2015/16 showed:

- Performance for diabetes related indicators was 100%, which was 4% above the CCG average and 10% above the England average. The exception reporting rate was 16%, which was above the CCG (13%) and national (12%) exception reporting rates. 2016/2017 unverified data from the practice (which excluded any exceptions) showed the practice had maintained performance in this area.
- Performance for mental health related indicators was 95%. This was 2% above the CCG and England average. The exception reporting rate was 10% which was lower

than the CCG average of 13% and national average of 11%. 2016/2017 unverified data from the practice (which excluded any exceptions) showed the practice had improved performance in this area.

- Performance for dementia related indicators was 94%, which was 6% below the CCG average and 3% below the England average. The exception reporting rate was 16% which was higher than the CCG and national average of 13%. 2016/2017 unverified data from the practice (which excluded any exceptions) showed the practice had improved performance in this area. The practice was aware of the need to improve and had used an external company to review their QOF systems and processes, which had resulted in improved coding and review of patients.
- The prevalence of asthma was 7%, which was the same as the CCG prevalence and higher than the England average of 6%. The performance for asthma indicators was 100% which was the same as the CCG average and 3% above the England average. 2016/2017 unverified data from the practice (which excluded any exceptions) showed the practice had maintained performance in this area.

There was evidence of quality improvement including clinical audit.

- The practice had an annual audit plan which identified nine clinical audits of which four were completed two cycle clinical audits, where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example a re-audit in January 2017 showed that prescribing a medicine to reduce the risk of gastrointestinal bleeding in a particular group of patients had improved from 62% to 100%.
- Four of the GPs at the practice (three male and one female) undertook minor surgery. We checked patients who had recent histology samples taken and found that they had all been actioned. Post operation infection audits had been undertaken which showed post operation infection rates were low and comparable to other studies of primary care infection rates. No post operation infections were identified in the most recent audit of 68 patients.

# Are services effective?

(for example, treatment is effective)

## 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, including GP locum staff. This covered areas such as introduction to the practice and job role, health and safety, confidentiality and training on safeguarding, fire safety, equality and diversity, infection prevention and control and dealing with emergencies. Induction leaflets were provided for GP locum staff, for example in relation to reviewing results and making referrals. Staff had access to and made use of e-learning training modules, in-house training, workshops and conferences.
- 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 and providing sexual health and contraceptive advice.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at clinical meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- All staff had received an appraisal in the last year and all the staff we spoke with reported they felt supported.

## Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with a range of other health care professionals on a monthly basis. This included midwives, health visitors, district nurses, physiotherapists, a mental health worker and a learning disability worker. Patients' needs were discussed and reviewed and care plans reviewed and updated for patients with complex needs.

## Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- 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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- A process was in place for recording patient consent for joint injections and insertion of an intrauterine device (IUD).

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. This included patients receiving end of life care, carers, those at risk of developing a long-term condition and those who required advice on their diet, exercise and smoking.

The practice's uptake for the cervical screening programme was 82% which was comparable to the CCG average of 82% and the England average of 81%. The practice contacted patients who did not attend for their cervical screening test in order to encourage attendance. 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.

# Are services effective?

(for example, treatment is effective)

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 65% of patients aged 60-69 were screened for bowel cancer in the last 30 months compared to a CCG average of 62% and an England average of 58%.
- 82% of females aged 50-70 screened were for breast cancer in the last 36 months compared to a CCG average of 78% and an England average of 73%.

Most of the childhood immunisation rates for the vaccinations given were above the 90% standard. The percentage of children aged 2 who had received their booster immunisation for pneumococcal infection was 71%, which was below the 90% standard. The practice was aware of this and had reviewed and restructured their child immunisation clinics. Since January 2017, the practice had taken on the allocation of appointments to enable more flexibility for patients in order to increase the uptake. There was dedicated administration support and an immunisation history was completed before calling the

patient for their appointment. The administration support was also responsible for following up missed appointments to encourage rebooking. The clinics were run by two nurses. The practice informed us that, at the time of our inspection, their current uptake rate was already 67%, an improvement on data from the same time in the previous year.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74. Annual health assessments for people with a learning disability were undertaken by the practice nurse and the GP. The practice worked closely with a learning disability nurse who provided support in coordinating the annual health assessments and improving communication methods, for example by the use of easy read letters. The learning disability nurse was based at the practice one day a week. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were polite and very helpful to patients and treated them with dignity and respect. The practice strived to maintain a personal touch for patients. For example, patients reported to the reception desk to book in for their appointment and patients were called by the clinician coming into the waiting room area.

- 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.
- The practice reception area had two check-in desks. One faced the waiting room, where patients could check in for their appointment. The other faced a corridor and was for patients to make an appointment. 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 notice was on display which advised patients that they could request to talk in a private area.
- We spoke with representatives from four care homes who reported that staff at the practice were caring. Feedback from one of the nurses at the nearby independent boarding school was positive in relation to the caring nature of the GPs in how they engaged and responded to the unique situation of the children. Patients told us they were satisfied with the care provided by the practice and staff were helpful, caring and treated them with dignity and respect. All of the 28 Care Quality Commission patient comment cards we received were positive about the caring nature of the service they received. We spoke with one member of the patient participation group (PPG), they also highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey, published in July 2016, showed the practice was in line with others for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.

- 84% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the 28 comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

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

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. One GP was learning Polish, in order to be able to communicate more effectively with Polish patients who were registered at the practice.
- We saw examples of information leaflets and letters which were available in easy read format.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer and had identified 178 patients as carers (1.7%

of the practice list). Suffolk Family Carers were available at the practice on a monthly basis in order to support and signpost carers to other appropriate forms of support. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them by phone or letter. 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. We received three examples of very positive patient feedback regarding the care and support offered by the practice and in one case, a specific named GP was highlighted for the care and support they provided during end of life care and at a time of bereavement.

# 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 the CCG to secure improvements to services where these were identified.

- Patients were able to book evening appointments with a GP, nurse practitioner or a practice nurse from 6.30pm to 7pm Monday to Friday. Evening and weekend appointments were available through Suffolk GP+ (Suffolk GP+ is for patients who urgently need a doctor's appointment, or are not able to attend their usual GP practice on a weekday).
- Telephone appointments were available for patients if required.
- The practice had 21 patients on the learning disabilities register. Of these patients, 19 had received a learning disability health review since April 2016. The practice offered longer appointments and appointments at quieter times for patients with a learning disability.
- Home visits were available for older patients, patients living in care homes and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided GP appointments twice a week for children aged three to 18 at a nearby independent boarding school.
- All consultation rooms were on the ground floor and easily accessible. Translation services were available. One GP was learning Polish in response to an increase in the Polish patient population, in order that they could communicate more effectively with Polish patients.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Alerts were recorded on the patient's record to ensure staff were aware of any particular needs.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, with GP appointments offered from 8.30am to 11am, 2pm to 4pm and from 4.30pm to 6.30pm. Nurse appointments were available from 8.30am to 12.30pm and from 2pm to 6.30pm. Appointments could be booked in person, by telephone or online. In addition to pre-bookable appointments that could be booked up to three weeks in

advance, urgent appointments were available for people that needed them. Telephone consultations were also available. The practice offered online prescription ordering and access to the patient's own medical record.

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

- 71% of patients were satisfied with the practice's opening hours compared to the CCG and the national average of 76%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 81% and the national average of 73%.

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

The practice had a system in place to assess whether a home visit was clinically necessary and

the urgency of the need for medical attention. The duty doctor triaged requests for an urgent home visit and visited patients if there was an urgent need. The GPs met at 11am every day and reviewed the remaining home visit requests and allocated them between themselves. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints' policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated person responsible who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system on the practice's website and in their information leaflet. Reception staff showed a good understanding of the complaints procedure and they had written information that they could give to patients if they informed them they wanted to make a complaint. The practice complaints leaflet did not include the correct information for patients about how to escalate their complaint if they were dissatisfied with the response from the practice.



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

We looked at documentation relating to two complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner. Lessons were learnt from individual concerns and complaints, and also from analysis of trends

and action was taken to as a result to improve the quality of care. Complaints were shared with staff, as appropriate to encourage learning and development. Checks were made that learning had been embedded into practice.

# 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 strived to maintain a personal touch for patients, whilst delivering patient focused, high quality care for patients. Staff were clear about their responsibilities in relation to achieving this. There was a strong emphasis on the teaching of medical students and qualified doctors training to become GPs. Staff included them in all aspects of work undertaken at the practice.

The practice had plans to further improve their internal organisation, for example with the employment of an assistant practice manager to manage and have oversight of training and appraisals. They were also undertaking work to improve and update their external website and were planning to share policies on the website to provide access to patients.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- GP partners had specific areas of responsibility and lead roles. Staff we spoke with were aware of the lead roles of the GP partners. For example, there was a named GP responsible for the dispensary, and monthly meetings took place with the dispensary manager to discuss issues relating to dispensing procedures, policies, concerns or incidents.
- The practice had a number of policies and procedures to govern activity; however not all of these were up to date. The practice had prioritised the need to update the policies and procedures which were known to be out of date first and these had been up dated. They were in the process of reviewing older, non-clinical policies and procedures. There was a shared drive where staff accessed policies and procedures and these were also available in hard copy in a folder in the practice manager's office. The practice planned to strengthen their process for policy management and review by having a more structured process in place.
- The practice held a number of regular governance meetings.
- A comprehensive understanding of the performance of the practice was maintained.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners and management staff in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. There was a clear leadership structure and the management style was democratic and friendly. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at any time and felt confident and supported in doing so. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had systems in place to ensure that when things went wrong with care and treatment:

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

### 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), a face to face group, a virtual group via email and through surveys and complaints received. The practice engaged with the Friends and Family Test. The most recent data which was published in January 2017, showed that from 14 responses, 100% of patients would recommend the practice.

The practice PPG met every quarter to discuss practice news, make suggestions for change and to improve patient and practice communication. We looked at the action plan from the most recent patient survey which had been

# Are services well-led?

Good 

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

completed in April 2016. We saw evidence that the practice had listened to the views of patients and had made improvements in some of the areas identified. A newsletter had been developed which detailed, for example, staff changes, online appointments, support for carers and electronic prescribing in order to improve practice and patient communication. A patient information screen had also been repaired and was being used in the waiting room. The practice planned to undertake a patient survey between June and August 2017 to focus on patient access to appointments and the service offered by reception staff.

The practice had also 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 that they felt empowered by management to make suggestions or recommendations for practice.

We received feedback from one care home who had recently requested more detailed information on the

application of topical medicines when these were prescribed. The practice manager confirmed this feedback had been discussed and acted upon and more information would be provided.

## Continuous improvement

There was a focus on continuous learning and improvement within the practice. Victoria Surgery was a training practice for medical students and a teaching practice for GP Registrars (qualified doctors who are undertaking training to become GPs). The practice had recently supported a GP to become a trainer for GP registrars. The practice engaged in a number of meetings in order to discuss the needs of the local patient population, develop collaborative working and to review and resolve issues between primary and secondary care services where possible. Members of the PPG attended a PPG forum to obtain ideas from more established PPGs, in order to consider implementing them at the practice.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none"><li>Two members of nursing staff and the dispensary delivery driver did not have a Disclosure and Barring Service check completed by the practice. A risk assessment had not been undertaken to determine whether a DBS was required for non-clinical staff.</li><li>Patient Group Directions had not been signed on behalf of the practice or by the nurses to ensure the nurses had the required legal authorisation to administer the relevant medicines.</li></ul>