

Lakenheath Surgery

Quality Report

135 High Street
Lakenheath
Brandon
Suffolk
IP27 9EP

Tel: 01842860400

Website: www.lakenheathsurgery.co.uk

Date of inspection visit: 28 July 2016

Date of publication: 13/09/2016

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

Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Inadequate	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires improvement	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Lakenheath Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lakenheath Surgery on 28 July 2016. Overall the practice is rated as requires improvement.

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

- The practice had a number of policies and procedures to govern activity; however, the oversight to ensure that they were reviewed in a timely way needed to be improved.
- Systems to reduce risks to patient safety were in place, however, these were not all effective. Not all equipment had been tested and calibrated within the last 12 months. The systems to manage infection control needed to be improved, an audit had been undertaken two days prior to our inspection; this audit was not robust although it had identified several areas of improvement needed.
- There was a leadership structure; however, this showed weakness, the partners had not maintained oversight of the running of the practice. Staff felt supported by the management team and were an integral part of the running of the practice.
- The appointment system was flexible and ensured that patients who requested to be seen on the same day were.
- The practice had good facilities including for those with reduced mobility.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service, including having a patient participation group (PPG).
- The practice proactively managed care plans for vulnerable patients and had effective management strategies for patients at the end of their life.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.

Summary of findings

The areas where the provider must make improvements are:

- Ensure that systems and processes to manage and mitigate risk are robust and embedded.
- Ensure that the practice policy for signing of prescriptions is adhered to and that all prescriptions are signed in a timely manner.
- Improve the security arrangements for the dispensary, ensuring that only authorised staff have access.
- Ensure that robust systems are embedded to ensure that all medicines and devices are within their expiry date and fit for use.
- Ensure that all equipment is tested/calibrated and is safe to use.

In addition the provider should;

- Review the infection control policy and audit tool used ensuring that it is robust and meets the standards as outlined in The Health and Social Care

Act 2008: code of practice on the prevention and control of infections and related guidance. Including ensuring that they hold a record of all clinical staff immunisation records.

- Proactively identify and offer support to carers.
- Develop a system to routinely take minutes of meetings, cascade and share learning with the wider team.
- Strengthen the clinical supervision of the clinical staff employed at the practice.
- Improve the system to record the arrival, actions taken, and learning shared from safety alerts that are sent to the practice.
- Review the monitoring of the fridge temperatures ensuring that comments and actions as appropriate are taken should the temperature not be within the required range.
- Develop a more comprehensive programme of audits to monitor and improve performance and services.

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 inadequate for providing safe services.

The practice had arrangements in place to safeguard patients from abuse and ensured enough staff were on duty to keep people safe. Staff were encouraged to identify areas for concern, however minor and to report them to the practice manager.

In the treatment room and emergency equipment we found a significant number of medicines and devices that were not in date. The practice did not have robust procedures for stock control.

In the dispensary, there were systems and processes in place for the safe management of medicines and these were generally well managed. However, we identified that there was a delay in the signing of prescriptions and that the security to the dispensary needed to be improved to ensure that only authorised staff had access.

The practice had some systems to identify and mitigate risks to staff and patients who used the service, however, these needed to be improved. For example not all the equipment needed to care for patients had been calibrated.

The practice had a business continuity plan in place to manage major incidents; emergency contact numbers had been included.

Recruitment checks had been carried out for the employed staff and all staff that acted as chaperones had received a Disclosure and Barring Service (DBS) checks.

Inadequate



Are services effective?

The practice is rated as good for providing effective services.

Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Data showed patient outcomes were in line with other practices in the locality. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing mental capacity and promoting good health.

Staff had received training appropriate to their roles; additional training requests were identified, and where appropriate provided. There was evidence of appraisals and personal development plans for all staff. However, the partners recognised that the clinical supervision given to the nursing team had been inconsistent.

Good



Summary of findings

Staff worked with multidisciplinary teams including community nurses, health visitors, and school nurses. The practice had 84 patients who had been identified as vulnerable and as a result of joint working, a written care plan was held in 84 of those patient's medical records and the patients received an annual review.

The GPs undertook all the annual reviews for patients with long term conditions; they ensured that medication reviews were completed at six or 12 month intervals as appropriate.

There were ten patients on the register for patients with a learning disability. All these patients had been offered an annual review but only two had received one.

Are services caring?

The practice is rated as good for providing caring services.

The GP national patient survey data published in July 2016 showed that patients rated the practice generally in line or above when compared with the national average in many aspects of care, for example 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%.

The practice told us that they prioritised patient centred care. The percentage of patients who usually had an appointment or spoke with their preferred GP was 76% compared with the CCG average of 63% and the national average of 59%. The practice told us that they offered personalised care and covered each other for leave. On occasions, the practice used locum GPs, these GPs were known to patients, as they regularly worked at the practice.

Patients told us they were treated with compassion, dignity, and respect and they were involved in care and treatment decisions. We saw that staff treated patients with kindness and respect and in a way that was individual to those patients that needed extra support.

The practice had identified less than 1% of their patients as carers and provided them with a carer's pack which gave information including details of support groups.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Practice staff described how they were aware of the needs of their practice population, and tailored their care and services accordingly.

The practice offered appointments at a branch site for those patients who found this more convenient.

Phlebotomy services were available, this saved patients a journey of some 15 miles to the community service.

Good



Summary of findings

The premises were suitable for patients with limited mobility, the practice provided wheelchairs for those that needed them.

There was a complaints system in place that was fit for purpose. The complaints received had been dealt with in a timely and appropriate manner.

Are services well-led?

The practice is rated as requires improvement for being well-led.

The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity; however, the management oversight of these was not effective.

The overarching governance framework that supported the delivery of the strategy and good quality care needed to be improved. This included arrangements to monitor and improve quality and identify risk. For example, supervision and support to the nursing team.

The practice was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

The team described a focus on continuous learning and improvement at all levels, this needed to be embedded to drive improvements.

Requires improvement



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 inadequate for safe, and requires improvement for well led services. The concerns which led to these ratings apply to everyone using the practice including this group.

The practice offered proactive, personalised care to meet the needs of the older people in its population. Home visits were available for those unable to attend the practice. Continuity of care was maintained for older people through a stable GP workforce and personalised patient centred care.

The practice provided appointments at a branch surgery for those that needed them.

The practice regularly reviewed attendances at the accident and emergency department to ensure that those patients identified as vulnerable to admission were reviewed.

We saw evidence that the practice had worked with the community teams to ensure end of life care was well managed.

Requires improvement



People with long term conditions

The practice is rated as inadequate for safe, and requires improvement for well led services. The concerns which led to these ratings apply to everyone using the practice including this group.

The GPs in the practice undertook all the chronic disease management; data showed that patient outcomes were similar when compared with other practices in the locality. Patients that had attended appointments had a structured annual review to check that their health and medication needs were being met.

Home visits were available to those patients who could not attend the surgery.

Longer appointments were available and could be booked by patients if required. The practice staff knew their patients and followed up patients who did not attend their appointments by telephone.

Requires improvement



Families, children and young people

The practice is rated as inadequate for safe, and requires improvement for well led services. The concerns which led to these ratings apply to everyone using the practice including this group.

Requires improvement



Summary of findings

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 patients who had a high number of A&E attendances.

Immunisation rates were slightly lower when compared with local averages for all standard childhood immunisations. Young children were given priority appointments for urgent needs.

Appointments were available outside of school hours. The premises were suitable for children and babies. We saw examples of joint working with midwives, health visitors, and school nurses.

Working age people (including those recently retired and students)

The practice is rated as inadequate for safe, and requires improvement for well led services. The concerns which led to these ratings apply to everyone using the practice including this group.

The needs of the working age population, including those recently retired and students had been identified, and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. The practice did not restrict patients to certain appointment times to attend for their annual reviews; patients who worked were able to book at times that were convenient to them. Telephone consultations were available for those patients who wished to seek advice from a GP. NHS health checks were available.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as inadequate for safe, and requires improvement for well led services. The concerns which led to these ratings apply to everyone using the practice including this group.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It offered longer appointments and carried out annual health checks.

The practice told us that all of patients with a learning disability had received an invitation to attend for an annual review but that only 20% had attended.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. We saw the practice provided vulnerable patients with information about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

Staff knew how to recognise signs of abuse or neglect 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.

Practice staff were intuitive to the needs of this group of patients and demonstrated that they had a personalised approach to helping them. Phlebotomy appointments were available at the practice.

The GPs were proactive in caring for their patients that were nearing the end of their lives. The GPs told us that they believed in continuity of care for their patients and their relatives during this difficult time.

People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for safe, and requires improvement for well led services. The concerns which led to these ratings apply to everyone using the practice including this group.

The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Staff told us that 80% of patients with dementia had received advance care planning and had received appropriate reviews. There was a lead GP for dementia, each patient had a named GP, and continuity of care was prioritised for them.

Same day appointments and telephone triage with a GP was offered to ensure that any health needs were quickly assessed for this group of patients.

The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Staff had knowledge on how to care for patients with mental health needs and dementia.

Requires improvement



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 performing in line or above the local and national averages. 221 survey forms were distributed and 108 were returned. This represented a 49% completion rate.

- 96% of patients found it easy to get through to this practice by phone compared to the CCG average of 81% and the national average of 73%.
- 88% 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 87% and the national average of 85%.

- 92% 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%.
- 89% 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 83% and the national average of 78%.

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

We spoke with three patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed, and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that systems and processes to manage and mitigate risk are robust and embedded.
- Ensure that the practice policy for signing of prescriptions is adhered to and that all prescriptions are signed in a timely manner.
- Improve the security arrangements for the dispensary, ensuring that only authorised staff have access.
- Ensure that robust systems are embedded to ensure that all medicines and devices are within their expiry date and fit for use.
- Ensure that all equipment is tested/calibrated and is safe to use.

Action the service **SHOULD** take to improve

- Review the infection control policy and audit tool used ensuring that it is robust and meets the standards as outlined in The Health and Social Care

Act 2008: code of practice on the prevention and control of infections and related guidance. Including ensuring that they hold a record of all clinical staff immunisation records.

- Proactively identify and offer support to carers.
- Develop a system to routinely take minutes of meetings, cascade and share learning with the wider team.
- Strengthen the clinical supervision of the clinical staff employed at the practice.
- Improve the system to record the arrival, actions taken, and learning shared from safety alerts that are sent to the practice.
- Review the monitoring of the fridge temperatures ensuring that comments and actions as appropriate are taken should the temperature not be within the required range.
- Develop a more comprehensive programme of audits to monitor and improve performance and services.

Lakenheath Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A Care Quality Commission (CQC) Lead Inspector led our inspection team. The team included a GP specialist adviser, and a practice nurse specialist adviser. The inspector had remote access to Pharmacist support.

Background to Lakenheath Surgery

Lakenheath Surgery, with a small branch at Hockwold provides a range of medical services to approximately 5100 patients in the town of Lakenheath, and the nearby villages of Eriswell, Sedge Fen, Holywell Row, Wangford, Hockwold and Feltwell. We did not visit the branch site.

The practice is in the NHS west Suffolk (Clinical Commissioning Group).

The practice holds a General Medical Services (GMS) contract to provide GP services. The practice dispenses medicines to some patients.

Data from Public Health England shows the practice serves an area where income deprivation affecting children and older patient's people is lower than the England average. The practice has a slightly above average number of older patients and a lower number of patients aged 10 to 40 years.

The practice has a team of four GPs (two male and two female) meeting patients' needs. All four GPs are partners meaning they hold managerial and financial responsibility

for the practice. There is one practice nurse, and one health care assistant. There are two dispensers. A team of four receptionists and an administrative/secretary support the practice manager.

Patients using the practice have access to a range of services and visiting healthcare professionals. These include midwives, and a mental health worker.

The practice is open Monday to Friday from 8am to 6.30pm with appointments available from 8.30am to 6.00pm.

Outside of practice opening hours the patients contact 111 for an emergency service. Details of how to access emergency and non-emergency treatment and advice is available within the practice and on its website.

Why we carried out this inspection

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

How we carried out this inspection

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?

Detailed findings

- 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.

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 28 July 2016. During our inspection we spoke with a range of staff including GPs, nursing, dispensary, reception and administration team staff and the practice manager. We spoke with three patients who used the service. We observed how patients were being cared for.

The senior GP was not available on the day of the inspection; the lead inspector conducted a telephone conversation with them on Tuesday 2 August 2016.

Are services safe?

Our findings

Safe track record and learning

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents, comments, and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

Specifically designed forms were available to staff to report incidents and near misses. These were reported to the practice manager or GP partners. Significant events were discussed at staff meetings. We saw evidence of shared learning; for example in the minutes of a staff meeting held 15 March 2016 we saw that the staff had discussed a significant event relating to an injection a patient had received. Clinical staff were reminded to check for alerts and to add appropriate codes to patients' records.

Overview of safety systems and processes

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

- Arrangements reflected relevant legislation and local requirements. The practice policies that were accessible to all staff outlined who to contact for further guidance if staff had concerns about a patient's welfare.

There was a lead GP for safeguarding and multi-disciplinary team meetings were held at the practice each month, minutes were available for staff. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Practice staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

Vulnerable patients were highlighted on the practice electronic system. This included children subject to child protection plans and patients with a diagnosis of dementia.

The practice had a system for managing safety alerts, the alert was received by the practice manager who cascaded to the GPs. We saw evidence that following a recent medicines alert the practice had taken the necessary

actions to identify and review patients. However, the system needed to be improved, the practice did not record these alerts or actions taken to ensure reflective and shared learning and for future monitoring.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who undertook this role had been trained and had a DBS check. (DBS)
- We observed the premises to be clean and tidy. There was a general cleaning schedule; the practice nurses were responsible for cleaning the equipment; we were not assured that the records we saw were accurate to reflect how regular this was. We noted that the records indicated that an ear irrigation machine was last cleaned on 13 June 2016. Practice staff told us this was the last time it had been used.

The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. An infection control audit was undertaken two days before our inspection and a previous audit had been undertaken in November 2015. We noted that the practice had made some of the improvements identified in 2015, for example, it was identified that the practice storage of speculums was not adequate, new storage boxes had been introduced. We were concerned that the audits were not robustly managed and areas of improvement not always detailed.

Several shortfalls were identified during the inspection for example robust management of devices and stock. The practice told us that they recognised that they had not provided the oversight and management to this role. Directly following the inspection, they shared with us a plan to address this issue and have shown evidence that they have purchased new equipment.

A sharps injury policy was in place and staff were aware of the actions to take. All clinical waste was well managed.

The practice did not hold the records of staff immunisation status.

- We visited the practice dispensary and reviewed medicines that were stored and available for use within the practice treatment rooms. There was a lead GP, and two dispensary staff that managed the dispensary.

Are services safe?

In the dispensary, not all the arrangements for managing medicines kept patients safe (including obtaining, prescribing, recording, handling, storing, security, and disposal).

Processes were in place for handling repeat prescriptions for patients who were taking high risk medicines. The practice system highlighted patients and the practice performed regular searches for patients on medicines such as methotrexate, and contacted the patient for a blood test if needed.

Medicines in the dispensary were generally stored safely; however the practice did not monitor the fridge temperatures in the dispensary or treatment room appropriately. The practice did not record the maximum and minimum temperatures, nor did they use a second thermometer or have the one used calibrated regularly. We highlighted this to the practice who took immediate action and ordered new ones. The practice told us that they would train staff to ensure that the system was robust.

Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). These were well presented and had been reviewed annually.

In the dispensary the stock levels and expiry dates of medicines were checked regularly and the practice undertook an annual stock take. Controlled drugs were stored correctly and the dispensary staff demonstrated a consistent approach towards the storage, recording, and destruction of controlled medicines. All medicines we checked in the dispensary were within their expiry date. We found a significant number of expired medicines and devices in the emergency equipment and treatment room. The practice removed and replaced these immediately.

There was a repeat prescription policy for dispensary staff to follow. The practice did not follow their policy and ensure that all prescriptions were signed within 24 hours. We found a significant number that had not been signed within seven days. Some had not been signed for longer than that. We highlighted this to the practice who took immediate action and put measures in place to ensure that the policy would be followed in the future.

Uncollected prescriptions were highlighted to the GPs to ensure patient safety. Blank prescription forms and pads were securely stored and there were systems in place to

monitor their use. Patients, if the staff did not know them personally, collecting controlled drugs were asked for identification, and all patients or collectors were asked to sign for collection.

We discussed the security arrangement to the dispensary and identified that these could be more robust. The practice did not restrict the access to only allow authorised staff entry and access to keys for locked cupboards.

Regular medicines audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines.

- Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation. We saw that these were signed and dated.
- There was a recruitment process in place. The personnel files we viewed, all appropriate recruitment checks had been undertaken prior to employment. All clinical staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Monitoring risks to patients

Risks to patients were assessed but not always well managed.

- There was a health and safety policy available with a poster in the office. This policy had been reviewed in July 2015.

A full fire risk assessment had been carried out in September 2015 and this was reviewed six monthly. The practice staff carried out weekly alarm checks to ensure that the systems were safe.

The fire extinguishers were checked in December 2015. The practice undertook annual training and fire drills.

All electrical equipment was checked annually and was last completed in April 2016 to ensure that it was fit for purpose.

Not all clinical equipment, for example the ECG (The electrocardiogram is commonly used to detect abnormal heart rhythms) had been calibrated in the past 12 months to ensure it was working properly.

Are services safe?

- Patient safety alerts were received by the practice and cascaded to the appropriate staff; the practice did not keep a log of these to ensure any actions identified had been completed and to ensure shared learning.

Arrangements to deal with emergencies and major incidents

Not all the arrangements the practice had in place to respond to emergencies and major incidents were adequate.

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. However, medicines and devices we checked were not within their expiry dates. For example needles and syringes expired in 2014 and Ventolin expired in June 2016. Although the log we saw indicated that these had been checked, the evidence we found contradicted that. We noted that although the practice undertook the fitting of coils, the practice did not hold atropine (to

treat possible severe bradycardia, slow heart beat) in their emergency kit. The practice provided evidence, within one week of the inspection to show that they were now compliant in this area.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to an emergency.
- Staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult masks available. 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. Copies of this were held in the GP partner's homes.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs were familiar with best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and locally produced quality standards. The practice held a weekly clinical meeting where guidelines were reviewed and best practice shared. We were concerned that the nursing staff were not included in these meetings and the GPs did not take minutes to share learning 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 were 91.8% of the total number of points available; this was 4.7% below the CCG average and 2.9% below the national average. The practice exception reporting rate was 8.0%; this was 1.7% below the CCG average and 1.2% below the 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).

This practice was not an outlier for other national clinical targets. Data from QOF 2014-2015 showed

- Performance for diabetes related indicators was 84%; this was 8% below the CCG average and 5% below the national average. The practice exception reporting rate was 9%; this was below the CCG average of 12% and the national percentage of 11%.
- Performance for mental health related indicators was 97%; this was 4% above the CCG average and 4% above the national average. The practice exception reporting rate was 12% this was in line with the CCG average of 13% and below the national percentage of 11%.
- The practice had 10 patients with learning disabilities on the practice register; all of these patients had received an invitation for a review with a GP, but only two patients had received one in the past 12 months. The practice told us that the GPs saw all patients for

medicines reviews at six months; this would include this group of patients. They told us that they reviewed the patients' needs but did not record it as an annual review.

The practice explained to us that they had been challenged with QOF during the period 2014-2015. The practice had changed their clinical system, this had been complex, and there had been issues with the performance data merging. The practice was assured that the content of the medical records was safe but that code matching had not gone smoothly.

The practice shared their performance figures for 2015-2016, these showed improvement. This data has not yet been verified and is not in the public domain.

The practice had completed one full audit cycle which they shared with us. The audit was looking at urinary tract infection management. The practice implemented a new protocol and the re audit showed a 20% increase from 80% to 100% of correct recording of symptoms in the medical records. This audit helped the practice to manage urine samples more effectively.

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 such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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.
- An annual staff meeting was held for all staff, staff we spoke with thought these were useful. For example minutes from a meeting held on March 2016 detailed the discussion regarding access for later appointments. Following this meeting the GPs agreed to add additional appointments till 6pm each evening. Practice staff told us that they had other opportunities for meeting, but that they did not record these.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

- Referrals for patients to secondary care or other agencies were well managed. Routine referrals were usually sent the same day or within 48 hours and urgent referrals within 24 hours.
- The practice staff worked with other services to meet patients' needs and manage those patients with more complex needs. This included community nursing teams and health visitors. The practice worked with community teams when co-ordinating end of life care. Regular meetings with the wider health team were held to manage and plan patient care.

Special patient notes and comprehensive care plans were completed by the practice on the electronic system and this ensured that emergency services staff had up to date information of vulnerable patients. We reviewed care plans and found them to be comprehensive. The practice had 84 patients on their unplanned admissions register, 84 of these patients had an up to date care plan in place. These care plans were readily available for any GP visiting the patient at home, on return to the practice the care plan was updated with any new, relevant information.

Patients' individual records were written and managed in a way to help ensure safety. Experienced practice staff summarised patients' medical records, we noted that the practice did not undertake regular review of the records to monitor quality. Practice staff who undertook this role told us that they were well supported by the GPs. Records were kept on an electronic system, which collated all communications about the patient including, scanned copies of letters and test results from hospitals. All correspondence communication was sent to the GPs, who undertook any required actions. We reviewed this system and found this to be well managed to ensure that patients were safe.

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 patients, assessments of 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. All staff were aware of Gillick competency and applied it in practice. Staff recorded patients' verbal consent in the medical records and recognised that they needed to improve the written consent for procedures such as minor surgery.

Supporting patients to live healthier lives

The practice's uptake for the cervical screening programme was 79.56%, which was in line with the CCG average of 81.48% and the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- The number of women screened for breast cancer was 74% this was lower when compared with the CCG average of 78% and above the national average of 72%.
- The number of patients screened for bowel cancer was 61% this was lower than the CCG average of 62% and higher than the national average of 58%.

Childhood immunisation rates for the vaccinations given were lower when compared with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to

- Under two year olds ranged from 91% to 96% compared to with CCG range 93% to 97%.
- Five year olds ranged from 89% to 96% compared to with CCG range 92% to 96%.

We discussed these results with the practice, they told us that they were aware of this figures and that they actively encouraged attendance. The practice recognised that their population base included families from the American air base and that some families chose to undertake this health prevention opportunities privately or abroad. The practice tried to gain the data from the patients to update their records.

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 years.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Patients we spoke with said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey (July 2016) also showed patients felt they were treated with compassion, dignity, and respect. The practice was in line or above the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% 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%.
- 87% 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%.
- 87% 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%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 92%.
- 92% 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.

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

- 90% 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%.
- 82% 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%.
- 86% 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:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets 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. The practice encouraged patients to register as a carer when they join the practice. A carer's leaflet was available.

The practice had identified less than 1% of the patients as carers; the practice recognised that this needed to be improved and told us that they would review the opportunities to record carers on their system and to offer them support.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Staff at the practice worked hard to understand the needs of their patients. Both clinical and non-clinical staff demonstrated a clear understanding of the concept of personalised care for the patients according to their individual needs. The practice area is subject to large planning and development of a substantial sized new housing estate, the practice had identified that an expansion their premises would need to be undertaken to meet this need.

The practice was proactive in engaging with other services and providing facilities for them to enable patients to be seen at the practice, closer to their homes for additional services. For example, a mental health link worker attended the practice to see patients who needed extra support.

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. For example;

- There were longer appointments or home visits available for patients with a learning disability or dementia. The practice had a lead GP for dementia.
- There were male and female GPs available for patients.
- Home visits were also available for older patients and others that needed one. 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.
- Facilities for patients with disabilities were available. There were automatic doors, and appropriate toilet facilities in place. There was not a hearing loop available for patients who wore hearing aids; however, staff described how they would communicate with this group of patients appropriately.

- The practice offered referral for smoking cessation advice and weight management advice.

Access to the service

The practice was open and appointments were available between 8.00am and 6.30pm Monday to Friday. Pre-bookable appointments could be booked up to four weeks in advance; urgent appointments were available on the day for people that needed them.

Results from the national GP patient survey (July 2016) showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 96% 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%.

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. The practice manager was responsible for dealing with these.

We saw that information was available to help patients understand the complaints system. There were leaflets and posters displayed in the waiting area and information was available on the web site. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

There had been seven complaints recorded since June 2015, we looked at two complaints and found these had been dealt with appropriately.

Are services well-led?

Requires improvement 

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

Our findings

Staff exhibited an open, transparent attitude. They described a consistent vision and ethos to offer good care and treatment to their patients. Our findings showed that this was not always achieved as the practice had been through a period of great change. The senior partner retired and new GP staff were recruited, there had been some prolonged leave due to ill health. Within the past 18 months, the practice changed their clinical computer system and introduced a new telephone system. The GPs also shared with us that some of the refurbishment that is needed had been delayed due to the transfer of property ownership.

The practice were responsive to our findings and shared with us (within three days of the inspection) their action plan to give reassurance that they will drive the improvements necessary to meet the regulations. We will be able to reflect the changes when we re-inspect.

The practice staff were aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

The practice had systems in place that ensured that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, detailed information, a verbal and written apology.

Governance arrangements

The practice needed to improve their overarching governance framework which supported the delivery of the strategy and good quality care and outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff, however these were not always followed, for example the infection control systems showed weaknesses.

- The performance of the practice was monitored through the quality and outcomes framework (QOF) but the programme of continuous clinical and internal audit needed to be improved to monitor quality and to make improvements.
- The arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions needed to be improved. This included the logging of actions, learning identified, and changes made to encourage improvement.

Leadership and culture

On the day of inspection the partners and management team in the practice demonstrated they had the experience, capacity, and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care, however, we found that they did not always achieve this. Staff told us the partners and managers were approachable and always took the time to listen to all members of staff.

The leadership needed to be strengthened to ensure robust oversight and management of the practice.

- The practice told us that they held meetings, but that they did not record these. Therefore we were not assured that there was reflective and shared learning.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued, and supported, particularly by the manager and partners in the practice.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was set up in 2011. The practice had struggled to recruit high numbers so the GP telephoned members when they were not able to attend a meeting. The practice had improved the notice boards in the waiting area and added a "community" noticeboard in

Are services well-led?

Requires improvement 

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

the main entrance. The health visiting team attended the practice once a month, which allowed parents without transport to see a member of the team at the surgery rather than travelling to the clinic in Mildenhall. In 2015, with the PPG feedback the practice upgraded the practice telephone system to allow better patient access and increase the availability for telephone based consultations.

- The practice had gathered feedback from staff through meetings, and one to ones. Practice staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, to ensure that all the referrals the GPs had

dictated had been recorded, the staff member suggested that the GP completed a proforma so that they could cross match the patient referrals, ensuring that none were lost or not recorded.

Continuous improvement

The practice told us that they recognised that they needed to continually review their services to meet the needs of the patients and to run a safe and successful practice. They reflected that they were a new partnership who was building the future of the surgery together. They told us that they would be reviewing their nursing capacity and look to increasing this, balancing skill mix with experience and the needs of patients.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The practice did not have systems and processes to manage and mitigate risk to patients to keep them safe.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The practice did not sign prescriptions in a timely manner to ensure that they managed medicines in a safe way.• The security arrangements for the dispensary were not sufficient to ensure that medicines were kept safe and that only authorised staff had access.• A significant number of medicines and devices were not within their expiry date and were available for use.• Not all of the practice equipment was tested/ calibrated to ensure it was safe to use.