

# Dr F Rowe & Partners

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr F Rowe & Partners on 7 January 2016. Overall the practice is rated as good.

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.

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. There was scope to improve and extend learning from significant events.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment, and clinicians had lead areas of responsibility.
- Patient records were of a particularly high standard due to methodical and consistent use of readcodes.
- Feedback from patients about their care was consistently and strongly positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice used clinical audits to review patient care and took action to improve services as a result.
- Management of the practice formulary was strong and enabled practice staff to support patients to manage their medicines in a safe and effective way.

# Summary of findings

- Patients said they were able to make appointments which suited them. Urgent appointments were 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.

We saw one area of outstanding practice:

- The practice had appointed a Medicines Management Lead and this staff member had adopted a particularly robust system which ensured that patients received the medicines they needed in a safe and effective way. Extensive work around the practice formulary had been undertaken. The electronic prescribing system had been adopted comprehensively and resulted in patients being able to access medicines in a convenient way. An effective system was in place to ensure that newly registered patients could access their medicines in a safe way. A robust system was in place to ensure that GPs were alerted when reviews for patients taking high risk medicines were due. There was clear and effective oversight of hypnotic and sedative prescribing. The practice had adopted a particularly robust approach to ensuring that not only MHRA (Medicines Health and Regulatory Authority) alerts but also MHRA safety updates were disseminated to staff and acted upon.

However there were areas of practice where the provider should make improvements:

- There was scope to improve and extend learning from significant events. The practice should also consider whether some complaints merit investigation as a significant event in order to maximise learning.
- There was scope to improve the information provided by screen in the waiting room so that patients could better access and understand it.
- Doctors' bags should not contain medicines already prescribed to a patient, unless intended only for use by that named patient.
- There was scope to improve the management of blank prescription forms and to ensure that an audit trail of usage was maintained.
- Nurse meetings should be minuted in order to provide future reference and for sharing with absent staff. Likewise, outcomes from multi-disciplinary team meetings should be recorded in patient notes.
- Ensure that patients with depression are correctly read coded.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

**Chief Inspector of General Practice**

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. However there was scope to improve and extend shared learning. There was scope to consider whether some patients complaints also merited investigation as significant events.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- The practice had effective recruitment procedures in place to ensure all staff had the necessary skills and qualifications to perform their roles, and had received the appropriate pre-employment checks.
- Risks to patients and the public were assessed and well-managed including procedures for infection control and other site-related health and safety matters. Risks to vulnerable patients with complex needs were monitored by multi-disciplinary team meetings to provide holistic care and regular review.
- Medicines, including vaccines and emergency drugs, were stored safely and appropriately with good systems to monitor and control stock levels.
- The practice had effective systems in place to deal with medical emergencies.
- The practice ensured staffing levels were sufficient at all times to respond effectively to patient need.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality. The practice had achieved an overall figure of 90.5% for the Quality and Outcomes Framework 2014-15. this was 2.4% above CCG average and 1.4% above national average.
- Staff assessed needs and delivered care in line with current evidence based guidance, including NICE (National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Clinical audits demonstrated quality improvement and we saw an example of a full cycle audit that had led to improvements in prescribing.

Good



# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. GPs had specific areas of interest including sexual health and minor surgery and acted as a resource for their colleagues.
- A medicines management lead had been working at the practice for 6 years and their work ensured that patients could access medicines in a safe and effective way.
- Annual appraisals and personal development plans were in place for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs, in order to deliver care more effectively. Social service staff, district nurses, community matrons and third sector organisations attended these meetings. However, outcomes from these meetings were not recorded in patients' notes.

## Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice in line with CCG and national averages in respect of care. For example, 90% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- Patients we spoke with during the inspection and most feedback on our comments cards indicated they were treated with compassion, dignity and respect and felt involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. However there was scope to improve the format of information provided on the waiting room screen.
- We observed that staff treated patients with kindness and respect, and maintained confidentiality.
- GPs regularly visited patients in their own homes and in local residential settings to ensure that they were provided with effective and convenient care.
- Views of external stakeholders were positive and aligned with our findings.

Good



## Are services responsive to people's needs?

The practice is rated good for providing responsive services. It reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to provide improvements to services where possible. Services were planned and delivered taking into account the needs of different patient groups. The practice was well equipped to assess and treat patients in meeting

Good



# Summary of findings

their needs. Information about how to complain was available in the practice leaflet. Records showed that senior staff responded appropriately and promptly to issues raised. Learning from the outcomes of complaints was shared with staff.

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Care plans were in place for older patients with complex needs.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided primary medical services to residents living in local care homes. A CCG led initiative was in place to facilitate visits to patients in residential care by a Nurse Practitioner.
- Patients over 75 were able to attend the practice for annual health checks and were proactively supported to attend.
- The flu vaccination rate for over 65s was 70.98% which was comparable to CCG and national averages.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were in line with or above local and national averages.

Good



### People with long term conditions

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

- All patients with a long-term condition had a named GP and nursing staff had lead roles in chronic disease management. For those patients with the most complex needs and associated risk of hospital admission, the practice team worked with health and care professionals to deliver a multidisciplinary package of care.
- Nursing staff have received training to equip them to deliver both diabetic reviews and asthma care appointments.
- Indicators to measure the impact of the management of diabetes were higher than local and national averages. Performance for the diabetes related QOF indicator was above the CCG and national average with the practice achieving 95.3%, which was 4.9% above the CCG average and 6.1% above national average.
- QOF indicator results for asthma were higher than CCG and national averages at 100%.

Good



# Summary of findings

- Patients on the practice long term condition register were invited to a structured annual review to check that their health and medicine needs were being met. Patients were followed up where they did not attend.

## **Families, children and young people**

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

- Urgent appointments were available every day to accommodate children.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances, or did not attend for planned hospital appointments on more than two occasions. Effective liaison was in place between the practice and the health visiting team.
- Immunisation rates were in line with local and national averages for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86.3% to 100% and five year olds from 90.3% to 96.8%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81.9% which was in line with the national average of 81.8%.
- The midwife holds an antenatal clinic at the surgery on Tuesday afternoons and parent craft classes one evening a week.
- The GPs provided an enhanced service to fit coils and contraceptive implants. These were undertaken by one of the GPs during sexual health sessions at Felixstowe Community Hospital.
- A clinic provided access to support with contraception.

**Good**



## **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. This included good access to appointments including telephone consultations.

**Good**



# Summary of findings

- The practice participated in the Suffolk Federation access pilot called 'GP+' and made appointments available outside core hours.
- Health promotion and screening was provided that reflected the needs for this age group.

## 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 learning disability. Homeless people could register with the practice.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and informed patients 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 provided good care and support for end of life patients. Patients were kept under close review by the practice in conjunction with the wider multi-disciplinary team.
- The practice had carried out annual health checks for people with a learning disability, and 32% had attended so far in 2015/16. The remaining patients were being contacted to arrange a health check. The practice offered longer appointments for people with a learning disability.

Good



## People experiencing poor mental health (including people with dementia)

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

- The dementia diagnosis rate was above the CCG and national average. It carried out advance care planning for patients with dementia. Monthly dementia clinics were provided for patients and their families.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Good



# Summary of findings

- The practice had told patients experiencing poor mental health and patients with dementia about how to access various support groups and voluntary organisations. Leaflets were available in the waiting area on a range of services available for patients and carers.
- The practice told us that QOF data had not been submitted in 2013/14 and that the practice was therefore still on the back foot with regard to 2014/15 QOF results. We therefore reviewed the most recent information available and saw that a mental health register was in place and that regular reviews & care plans were in place for these patients. There was a clear system for monitoring patients on lithium therapy. There were also improved figures for recording of alcohol consumption for patients on the mental health register.
- We found that there were coding issues regarding depression assessments and the practice stated that improved GP staffing levels will address this gap.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on July 2015 showed the practice was generally performing in line with local and national averages. There were 124 responses and a response rate of 48%.

- 72% find it easy to get through to this surgery by phone compared with a CCG average of 81% and a national average of 73%.
- 90% find the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 40% with a preferred GP usually get to see or speak to that GP compared with a CCG and national average of 60%.
- 88% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 90% and a national average of 85%.

- 97% say the last appointment they got was convenient compared with a CCG average of 94% and a national average of 92%.
- 76% describe their experience of making an appointment as good compared with a CCG average of 79% and a national average of 73%.
- 64% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65%.
- 54% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards and 19 were positive about the standard of care received. Patients expressed satisfaction with the surgery and noted that it was easy to make an appointment.

## Areas for improvement

### Action the service SHOULD take to improve

- There was scope to improve and extend learning from significant events. The practice should also consider whether some complaints merit investigation as a significant event in order to maximise learning.
- There was scope to improve the information provided by screen in the waiting room so that patients could better access and understand it.
- Doctors' bags should not contain medicines already prescribed to a patient, unless intended only for use by that named patient.

- There was scope to improve the management of blank prescription forms and to ensure that an audit trail of usage was maintained.
- Nurse meetings should be minuted in order to provide future reference and for sharing with absent staff. Likewise, outcomes from multi-disciplinary team meetings should be recorded in patient notes.
- Ensure that patients with depression are correctly read coded.

## Outstanding practice

- The practice had appointed a Medicines Management Lead and this staff member had adopted a particularly robust system which ensured that patients received the medicines they needed in

a safe and effective way. Extensive work around the practice formulary had been undertaken. The electronic prescribing system had been adopted comprehensively and resulted in patients being able

## Summary of findings

to access medicines in a convenient way. An effective system was in place to ensure that newly registered patients could access their medicines in a safe way. A robust system was in place to ensure that GPs were alerted when reviews for patients taking high risk medicines were due. There was clear and effective

oversight of hypnotic and sedative prescribing. The practice had adopted a particularly robust approach to ensuring that not only MHRA (Medicines Health and Regulatory Authority) alerts but also MHRA safety updates were disseminated to staff and acted upon.

# Dr F Rowe & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an inspection manager.

### Background to Dr F Rowe & Partners

Howard House Surgery is located in Orwell Road in Felixstowe, a seaside town on the East Coast. The practice serves a population where older people are more highly represented than the national average. Currently the practice has 7200 registered patients. The practice employs 3 GP partners, 3 salaried GPs, a long term locum, 2 practice nurses, 2 nurse practitioners, 2 health care assistants, and a management and administration team of 13 staff. Patients can see both male and female GPs at this practice.

The practice is open between 8am and 8pm Mondays and Tuesdays and between 8am and 6.30pm Wednesdays, Thursdays and Fridays. Appointments are from 8.30am to 4pm daily. Extended hours surgeries are offered until 8.00pm Mondays and Tuesdays.

Additional GP appointments are available on weekday evenings, weekends and bank holidays through 'GP+'. These appointments are at the Riverside Clinic in Ipswich, weekdays 6.30pm - 9pm, weekends & bank holidays 9am - 9pm. Outside of these hours, patients are asked to contact NHS 111 service for advice.

### Why we carried out this inspection

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

### How we carried out this inspection

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

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

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions

# Detailed findings

- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

The inspection team :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC's intelligent monitoring systems.
- Carried out an announced inspection visit on 7 January 2016.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. We noted that the practice manager had dealt with some issues which would have been more ideally addressed by a clinician.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. There was scope to improve and extend learning from significant events and to ensure that all relevant staff were included in meetings where outcomes were discussed. There was also scope to ensure that complaints resulting from clinical incidents were treated as significant events.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- There was scope to ensure that patients knew that a chaperone could be made available to them if they wished. All staff who acted as chaperones were trained

for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead but they were not present on the day of our inspection. We were shown evidence that they had liaised with local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken but we noted that the practice had not yet addressed all of the improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored, but there was scope to implement systems to monitor their use. We noted that medicines that had previously prescribed for a patient were stored in a doctor's bag. Doctors' bags should not contain medicines already prescribed to a patient, unless intended only for use by that named patient. The practice told us that this issue would be swiftly rectified.
- Recruitment checks were carried out and the 3 files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For

## Are services safe?

example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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

### **Arrangements to deal with emergencies and major incidents**

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a

defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 90.5% of the total number of points available, with 10.6% exception reporting, this was 2.4% above CCG average and 1.4% above national average. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was above the CCG and national average with the practice achieving 95.3%, which was 4.9% above the CCG average and 6.1% above national average
- Performance for asthma, atrial fibrillation, cancer, dementia, epilepsy, heart failure, learning disabilities, osteoporosis, palliative care, peripheral arterial disease and rheumatoid arthritis were all better or the same in comparison to the CCG and national averages with the practice achieving 100% across each indicator.
- Performance for mental health related indicators was below the CCG and national average at 84.6%, this was 6.4% below the CCG and 8.2% below national average. The practice told us that QOF data had not been submitted in 2013/14 and that the practice was therefore still on the back foot with regard to 2014/15 QOF results. We therefore reviewed the most recent information available and saw that a mental health

register was in place and that regular reviews & care plans were in place for these patients. There was a clear system for monitoring patients on lithium therapy. There were also improved figures for recording of alcohol consumption for patients on the mental health register. We found that there were coding issues regarding depression assessments and the practice stated that improved GP staffing levels will address this gap.

- Performance for hypertension was also below CCG and national average with the practice achieving 88.5%, this was 8.4% below CCG average and 9.3% below national average. We saw however that the practice had since recruited an additional Health Care Assistant and that figures have improved.
- The dementia diagnosis rate was above the CCG and national average.
- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. A number of QOF based clinical audits had been completed in the last two years. These were completed audits where the improvements made were implemented and monitored. We also saw an example of a full cycle audit that had led to improvements in prescribing.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

# Are services effective?

## (for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis. However there was a need to ensure that outcomes from multi-disciplinary team meetings were recorded in patient notes.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of 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. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A comprehensive range of 'Live Well' videos were available for download on the practice's website, including healthy eating and exercise, dealing with addictions, promoting good sexual health, transgender health and dealing with snoring.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81.99%, which was comparable to the national average of 81.88%. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86.3% to 100% and five year olds from 90.3% to 96.8%. Flu vaccination rates for the over 65s were 70.98%, and at risk groups 46.47%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

All but 1 of the 20 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with a member of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was in line for its satisfaction scores on consultations with doctors and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 85% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.

- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

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

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

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

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%

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.

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

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and staff told us that support was proactively offered to this patient group, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

## Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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

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;

- The practice participated in the Suffolk Federation access pilot called 'GP+' and made appointments available outside core hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

### Access to the service

The practice was open between 8am and 8pm Mondays and Tuesdays and between 8am and 6.30pm Wednesdays, Thursdays and Fridays. Appointments were from 8.30am to 4pm daily. Urgent appointments were also available for people that needed them. Extended hours surgeries were offered until 8.00pm Mondays and Tuesdays. Additional GP appointments were available on weekday evenings, weekends and bank holidays through 'GP+'. These appointments were at the Riverside Clinic in Ipswich, weekdays 6.30pm - 9pm, weekends & bank holidays 9am - 9pm.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.

- 72% patients said they could get through easily to the surgery by phone compared to the CCG average of 81% and national average of 73%.
- 76% patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 64% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

### Listening and learning from concerns and complaints

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

All five patients we spoke with on the day of the inspection were unaware of the complaints process. Nevertheless they told us that they had not had cause to complain and would feel confident to approach reception staff or the practice manager if they wished to raise an issue. Reception staff had complaints forms available to give to patients – there was scope to also put up a poster in the reception area to ensure that patients were aware of the process if they required it.

We looked at 12 complaints received in the last 12 months and found that they had been satisfactorily handled and dealt with in a timely way. However we noted that there was scope to improve the handling of some complaints by ensuring that a clinician dealt with any complaints where clinical concerns were raised. We also found that there was scope to investigate complaints of a clinical nature as significant events in order to extend learning.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, retraining had been rolled out following a clinical complaint.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed on the practice website and read, 'We aim to provide a high standard of medical care in a friendly and professional manner.' Staff we spoke with knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However there was scope to ensure that nurse meetings were minuted, both to provide future reference and for sharing with absent staff.
- The practice had appointed a Medicines Management Lead and this staff member had adopted a particularly robust system which ensured that patients received the medicines they needed in a safe and effective way. Extensive work around the practice formulary had been undertaken. The electronic prescribing system had been adopted comprehensively and resulted in patients being able to access medicines in a convenient way. An effective system was in place to ensure that newly registered patients could access their medicines in a

safe way. A robust system was in place to ensure that GPs were alerted when reviews for patients taking high risk medicines were due. There was clear and effective oversight of hypnotic and sedative prescribing. The practice had adopted a particularly robust approach to ensuring that not only MHRA (Medicines Health and Regulatory Authority) alerts but also MHRA safety updates were disseminated to staff and acted upon.

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All 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 delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team.

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 they felt involved and engaged to improve how the practice was run.