

Ixworth Surgery

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 Ixworth Surgery on 5 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events which were discussed at monthly meetings.
- Risks to patients were assessed and well managed and comprehensive risk assessments had been carried out.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice specialist respiratory nurse had developed a comprehensive personal asthma action plan and a chronic obstructive pulmonary disease (COPD) plan to highlight to patients how to identify various stages of their condition including how to take their medication and whether intervention was required. Audits undertaken showed that

Summary of findings

performance was above average for the control of patients with asthma and COPD. In the adult asthma audit, 90% of the practice's population of adult asthmatics demonstrated good control, compared to only 60% in other practices in the audit.

The area where the provider should make an improvement is:

- Continue to monitor diabetes data and respond to outlying figures to achieve improvements.

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.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed most patient outcomes were average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Regular meetings took place to discuss patients with complex needs, care plans, vulnerable patients and end of life care.
- Regular visits were made to nursing and residential homes with a lead GP for each home.
- Respiratory audits and plans were undertaken by the GPs and respiratory nurse.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the 2016 national GP patient survey showed patients experiences were in line with other practices for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

The practice's computer system alerted GPs if a patient was a carer and the practice had identified 3.2% of carers. Carers meetings were held on the first Monday of each month and were open to any carers to attend. These were informal meetings facilitated by an ex-member of staff, and educational meetings had been organised which included dementia support and Age UK.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. These included meeting with the CCG medicines management team and the locality group to discuss best practice, NICE guidelines and sharing information.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. Regular complaints meetings took place and the practice complaints policy was evidenced.
- Nurse practitioners had undergone specialised training in flushing PICC lines (peripherally inserted central venous catheter) in order that patients would not have to attend hospital to have this carried out.
- Patients were informed about prescription delivery services that were available.

Good



Are services well-led?

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

Good



Summary of findings

- 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 and held regular governance meetings. Policies were available on the practices shared drive and also in hard copy.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Home visits were carried out by the doctors and nursing staff to administer flu vaccinations together with annual reviews if required.
- Home visits were also available for patients unable to attend the surgery and appointments were offered at times suitable for the elderly.
- A hearing aid clinic was available at the practice.
- Physiotherapy clinics were available at the practice
- Phlebotomy services were available for all patients each morning and two afternoons a week meaning that patients did not have to travel to hospital for this procedure.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice diabetic nurse provided specialist clinics and home visits for patients with long term conditions.
- Performance for diabetes related indicators was 63% which was 29% below the CCG average and 27% below the national average. The practice should continue to review and monitor the control of patients with diabetes.
- The practice respiratory nurse provided specialist clinics at the practice and home visits for asthmatic and COPD patients.
- Longer appointments and home visits were available when needed.
- Patients with long term conditions had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



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 people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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 percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 87% compared to the CCG average of 82% and the national average of 82%.
- A range of appointments were available throughout the day including urgent appointments, and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- A monthly orthoptist clinic could be accessed by referral from the GPs.
- Chlamydia testing was available.

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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Appointments were available with the GPs and also the nurse practitioners which included pre-bookable and sit and wait appointments.
- Contraceptive services were available including the fitting of coils and implants.
- Telephone and face to face appointments were available daily from 8am which the practice found were more suitable for working age patients.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients including regular multi-disciplinary and palliative care meetings.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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 percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was 77%
- Performance for mental health related indicators was comparable to the CCG and national average. For example the percentage of patients on the practice register experiencing poor mental health who have a record of blood pressure in the preceding 12 months was 89% which was 0.3% above the CCG average and 1% above the national average. Exception reporting for these indicators was 12.5% which was 3% below the CCG average and 0.2% below the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia and an ex-employee ran a carers group in the local café.
- A mental health practitioner attended the surgery on a weekly basis.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice performance was slightly lower than the local and national averages. 219 survey forms were distributed and 132 were returned. This represented a 60% response rate.

- 70% of patients found it easy to get through to this practice by phone compared to the CCG average of 80% and the national average of 73%.
- 81% 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 88% and the national average of 85%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.

- 75% 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 80% 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 22 comment cards which were all positive about the standard of care received. All comments received were positive and complimentary about the practice, and patients were keen to express their satisfaction of the services provided.

We spoke with ten patients during the inspection. All ten patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They said they were treated with dignity and respect and all patients interviewed said they would recommend the surgery to someone moving into the area.

Ixworth Surgery

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 second CQC inspector, and a practice manager specialist adviser.

Background to Ixworth Surgery

Ixworth surgery is located in a rural village. Included in the practice catchment area is RAF Honington. There is poor public transport in the area and volunteer drivers make regular calls to the surgery as part of the local patient transport service funded by donations or on occasion, a small charge is made.

The practice list size is 9,000 of which there is higher proportion of patients aged 50 – 85 than the England average. The practice has a smaller proportion of patients aged 20 – 39 years of age.

- The practice has a branch surgery at Stanton that all patients can access if they wish. There is parking available at both sites. Internet access is available to patients at Ixworth.
- There are six GPs (three male, three female). The nursing team consists of two nurse practitioners, a respiratory nurse specialist, three practice nurses and a healthcare assistant. The practice is supported by a management team, medical secretaries, receptionists, data team, administrators and a pharmacy/dispensing team.

- The practice provides a range of services including midwifery, health visiting, child health clinic, orthoptist clinic, flu clinics, minor surgery, immunisation and contraceptive advice.
- The opening times are: Monday to Friday 8am – 6.30 pm. When the surgery is closed the out of hours cover is provided by Care UK through the NHS 111 service.
- The practice is an accredited training practice for medical students.

The practice, being aware of green issues had installed solar panels, LED lighting (light emitting diode), and under floor heating in an attempt to reduce its carbon footprint.

Ixworth surgery is located at Peddars Close, Ixworth, Bury-St-Edmunds, Suffolk IP31 2HD. The branch surgery is at Stanton Health Centre, 12, The Chase, Stanton, Bury-St-Edmunds, Suffolk IP31 2XA.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 December 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Minutes of meetings at which significant events were discussed were evidenced. Seventeen significant events had been recorded in the last twelve months.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. Policies were available both in hard copy and on the practice computer system and staff were aware of how to record an event. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Regular significant event meetings took place and any incidents were also discussed at monthly clinical meetings and at twice yearly all team meetings.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events but no trends had been identified, the practice investigated significant events in an effective and timely way.
- We reviewed safety records, incident reports, and MHRA (Medicines and Healthcare Products Regulatory Agency) alerts and saw minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a new procedure for scanning patients letters had been implemented as it had been identified that in some instances letters from outside organisations were marked with 'for information only', when in fact further intervention had been required.

- The practice employed data clerks to input information onto the practice computer system. In order to check that the information being recorded was accurate, monthly quality assessments were carried out by the practice manager and GP.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The nurse practitioner was trained to level three and the practice nurses were trained to level two. All administrative staff were trained to level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and 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). A notice in the waiting room advised patients that chaperones were available if required. Practice nurses carried out chaperoning duties and were trained for the role, and had received a Disclosure and Barring Service (DBS) check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A member of the nursing team had attended a two day course on infection prevention and, together with a GP, led on this in the practice. Infection

Are services safe?

control audits had been carried out and all recommendations made were actioned. There was an infection control protocol in place and staff had received up to date training.

Medicines Management.

The service included both a dispensary and a pharmacy owned by the GPs, appropriate arrangements were in place to ensure dispensing and pharmacy patients received the same level of care. The dispensary was open from 8.30am to 6.30pm Monday to Friday and 9am to 1pm on Saturdays.

- A named GP met regularly with the dispensers to discuss issues relating to dispensing procedures, policies, concerns or incidents. Records were kept of any dispensing errors and incidents were logged efficiently and reviewed promptly. These were discussed on a regular basis with the dispensing staff and also the practice.
- The dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We saw evidence of regular review of these procedures in response to incidents or changes to guidance in addition to annual review.
- The practice used a robotic system that combined prescription filling, labelling, verification, and dispensing for tablets and capsules; this improved accuracy of the process. A second check process was also in place to further reduce the risk of errors. We observed a process for checking stock to ensure medicines remained within their expiry dates. All of the medicines we checked were within their expiry date.
- There were a team of eight dispensary staff who had achieved the appropriate NVQ level two or three diploma and were supported by two pharmacists, one of whom held an independent prescribing qualification. The dispensary staff had completed mandatory training. The pharmacist had recently introduced one to one meetings and the staff told us they found this beneficial. All staff had received an annual appraisal, including a competency assessment and were supported to maintain their development plans.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS) which rewards practices for providing high quality services to patients of their

dispensary. As part of this scheme the practice had to ensure that face to face reviews of 10% of patients were carried out to assess compliance and understanding of the medicines being prescribed, known as DRUMS (Dispensing review of the use of Medicines). The dispenser confirmed that DRUMS were carried out by GPs.

- Records showed dispensary fridge temperature checks were carried out which ensured medicines were stored at the appropriate temperature and staff were aware of the procedure to follow in the event of a fridge failure. In addition the surgery had taken steps to ensure non-refrigerated medicines were stored at appropriate temperatures.
- There was a process in place for the dispensing of high risk medicines which ensured the GP's reviewed these medicines before prescribing. Systems were in place to deal with any medicines alerts or recalls, and records kept of any actions taken.
- Unwanted and expired medicines were disposed of in line with waste regulations and confidential waste was appropriately handled.
- A medication delivery service had been set up for elderly patients, those with long term conditions and vulnerable patients.
- Blank computerised prescription forms were stored securely in the dispensary and a record of prescription numbers used was kept.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety such as control of substances hazardous

Are services safe?

to health, lone working, dispensing errors, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff were trained in various aspects of the surgery and were able to cover for sickness and holidays.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and this was staggered throughout the year in order that all staff could attend.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date.
- 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 assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. NICE guidelines were also discussed at clinical meetings.
- 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 used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 91% of the total number of points available, which was below the CCG average by 6% and national average by 5%. The exception reporting rate for the practice was 7%, which was lower than the local and national average of 10% (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).

Overall the practice was not outlier for any QOF apart from diabetes performance which the practice was already addressing. Data from 2015/2016 showed:

- Performance for diabetes related indicators was 63% which was 29% below the CCG average and 27% below the national average. The practice were aware of this prior to the end of the last QOF year, and had put in place measures to improve this, including additional training for the health care assistant, a new approach to recalling patients during their birth month and using a

combination of letters and telephone calls to try to get the patients to attend. Exception reporting for this condition was 7% which was below the CCG average of 9% and the national average of 11%.

- Performance for mental health related indicators was 94% which was in line with the CCG and national average.
- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was 77%.

Patients with learning disabilities were invited for an annual health check by way of invitations and telephone calls. Invitations were printed in easy read format with accompanying pictures. These enabled patients to understand what would take place during the health check. Action plans were produced also in easy read format and with pictures. Appointments were flexible and at a time to suit the patients. Patients who did not attend were recalled the following year.

A personal asthma plan had been compiled using NICE (National Institute of Clinical Excellence), guidelines and the asthma organisation action plan, giving information to patients on how to identify if their asthma was getting worse and the symptoms to look for. Information was colour coded in order that patients could identify the severity of the condition. The nurse specialist spent time with each patient looking at past history, medication and symptoms and explained how the plan worked. The plan included information and links for further information including websites and videos.

A personal COPD (chronic obstructive pulmonary disease) plan had also been written and given to patients suffering from this condition. This included information on medication, dosage, when to use, symptoms and a management plan. Contact telephone numbers and website addresses were included. All asthma and COPD reviews were undertaken by the specialist nurse and weekly meetings took place with the lead GP in respiratory conditions to discuss patients with these conditions.

The practice advised us that both plans had subsequently been adopted and used by the local Clinical Commissioning Group. The respiratory nurse attended educational events and undertook training and education of other practices on her speciality, including the benefits to patients using the plans.

Are services effective?

(for example, treatment is effective)

The Practice participated in a number of audits including three external audits on adult asthma, child asthma and COPD, a chronic lung condition causing shortness of breath and recurrent coughing.

In the adult asthma audit, 90% of the practice's population of adult asthmatics demonstrated good control, compared to only 60% in other practices in the audit.

In the COPD audit the practice performance was above local averages. For example the practice identified 25% of current smokers compared to 32% locally. The practice reported 73% of their patients had stopped smoking compared to a local average of 54%, with only 2% in the practice recorded with an unknown history compared to a local average of 14%. All patients had a self-management plan compared to 48% in local results.

Control of child asthma was 85% in the practice, compared to local results of 65% of patients in the audit. All of the children in the practice had a self-management plan compared to only 75% in the local results.

Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nursing staff had undertaken diabetic training, infection control training, cytology and immunisation updates. The practice respiratory nurse had developed a personal asthma and COPD action plan which had been adopted by the clinical commissioning group.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Patients at risk were regularly reviewed and the practice register updated in order to improve communication. Meetings were attended by the community matron, the GPs, nurses, social services, physiotherapy and the pharmacist. The palliative care meetings also included the Macmillan nurse.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Asthma reviews were carried out and smoking cessation clinics were available at the practice.
- The practice's uptake for the cervical screening programme was 87% which was above the CCG and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes

for bowel and breast cancer screening. The percentage of females aged 50 – 70 years screened for breast cancer in the last 36 months was 80% compared to the CCG average of 80% and the national average of 72%. The percentage of patients aged 60 – 69 years screened for bowel cancer in the last 30 months was 66% compared to the CCG average of 63% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates and boosters for the vaccinations given to under two year olds ranged from 65% to 98% compared to the CCG average of 71% to 97% and the national average of 73% to 95% and five year olds from 77% to 98% compared to the CCG average of 71% - 97% and the national average of 81% to 95%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were 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.

All of the 22 patient Care Quality Commission 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. Patients also commented that they had received a wonderful service and that the practice was good in all areas of care.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 87% 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 96% and the national average of 95%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average and the national average of 91%.

- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were slightly below the national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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.

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 including living well advice, treatment and conditions, how to register and how to make a complaint.

- The practice's computer system alerted GPs if a patient was a carer and the practice had identified 3.2% of

Are services caring?

carers. Carers meetings were held on the first Monday of each month and were open to any carers to attend. These were informal meetings facilitated by an ex-member of staff, and educational meetings had been organised which included dementia support and Age UK.

Written information was available to direct carers to the various avenues of support available to them. Information on the practice website also gave information to carers.

The GPs advised us that they gave personal contact numbers to patients on the palliative care register, and bereaved families were contacted by their usual GP. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The partners attended regular CCG meetings and the CCG visited the practice on an ad-hoc basis.

- There were longer appointments available for patients with a learning disability, mental health issues and vulnerable patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities with a wheelchair and crutches available should patients need them for access around the surgery. A hearing loop and translation services were also available.
- Disabled spaces were clearly marked in the car park and the practice welcomed guide dogs.
- Staff training was comprehensive and included transgender awareness, dementia, recognition and prevention of female genital mutilation and equality and diversity.
- The practice recognised the needs of RAF families based at Honington and had links with the RAF medical service. They provided information on local charitable trusts for those in financial hardship, coping with loneliness and suffering from post-traumatic stress disorder.
- A range of attached services were available at the practice including IAPT (Improving access to psychological therapies), regular dietician clinics, hearing aid and health visitor clinics.

- The nurse practitioners were trained to flush PICC lines (peripherally inserted central venous catheter used to provide therapy through an intravenous catheter). This meant that patients receiving treatment for cancer did not have to travel to hospital to have this done.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were staggered throughout the day and included sit and wait and emergency same day appointments. Children under the age of one year old were automatically given an appointment for the same day. All appointments could be booked up to one month in advance. Double appointments were available upon request and when indicated on the practice computer system.

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

- 71% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 70% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

Home visits requests were added to the practice visit request screen with brief details of the medical condition. A task was sent directly to the duty doctor if an urgent call was made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Telephone consultations were available with ten phone slots per GP per day.

A range of health checks were offered including well woman and man checks, patients 75 years and above, chronic disease checks and child health checks.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including a section on the practice website advising patients of whom to make a complaint to at the practice.

We looked at all complaints received in the last 12 months and found that these were handled in a timely way and with openness and transparency. Verbal complaints were also recorded and an annual review had been undertaken. The practice had not identified any trends in complaints. All staff were aware of the practice complaints procedure and the practice policy was evidenced on the computer system and in hard copy. Changes had been made as a result of complaints and these included the installation of a new telephone system and regular reviews of the appointment system.

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 in the practice booklet and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The business plan also included succession planning to ensure continuity of care.
- The practice had a three year development plan which they reviewed annually. This included succession planning, staffing and demands.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners 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. Staff told us the partners were approachable and always took the time to listen to all members of staff. Regular meetings took place with heads

of department, clinicians, whole team and pharmacy. The GPs were assigned as leads in various areas in the practice i.e. lead GPs for infection control, health and safety, medicines management, staff management, pharmacy, research, safeguarding, complaints and clinical governance, mental capacity and deprivation of liberty and data quality.

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

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

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us 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. The reception staff advised us that they had completed a spread sheet of what needed to be done in the reception area and who needed training in these areas. They informed us that staff morale had improved after the introduction of the spread sheet and that this was regularly reviewed and updated at reception meetings. The secretaries had produced a crib sheet for the reception staff to outline what needed to be done in the event of holiday or sickness. This would ensure that there would not be a delay in forwarding fast track referrals as reception staff were made aware of the procedure.
- We noted that various events took place throughout the year to support team building which included bowling, annual Christmas dinner and individual team dinners.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Good 

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

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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- In 1988 the practice had invited one of the patients to look at the feasibility of setting up a patient association. A public meeting had been held and a committee of representatives from some of the larger villages were elected and officers appointed. The practice continued to be represented at the meetings and the group were known as the Ixworth Surgery Patient Association and was run by patients. Every patient registered with the surgery automatically became a member of the Association.
- The practice had gathered feedback from patients through their patient suggestion box on the reception area and patients survey completed in 2015. As a result of suggestions received in the suggestion box the practice worked with their patient association to compile information for the 'Striding to Fitness Health Walks'. This contained information on local walks, the type of walk and medical conditions which may benefit from exercise. Six members of the association met regularly with the practice and a GP and the practice manager attended the meetings. A volunteer driver scheme had been set up as it had been recognised that transportation locally was poor. Patients with no other means of attending the surgery were able to request transportation to the surgery through a local co-ordinator. All drivers had undergone a DBS check (The disclosing and barring service helps employers to

make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, formerly known as the CRB check [criminal records bureau]). At the time of the inspection it was confirmed that the number of volunteer drivers had increased to 40.

- Education meetings had been arranged for the community by the patient association and fund raising had also been undertaken for the purchase of medical equipment
- The practice had gathered feedback from staff through meetings, staff appraisals and the suggestion box. 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. A staff suggestion form was available and staff told us that they were happy to complete it and that their suggestions would be discussed and implemented if appropriate.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and open to new suggestions both within the practice and externally. For example the secretaries had put forward plans for a fast track referral process for patients with cancer and the respiratory nurse had written a personal action plan for patients with asthma and COPD. The practice met with other local surgeries to share education, concerns and improvements. The practice planned to set up a community garden for the benefit of vulnerable groups of patients and those with mental health issues. Additionally the practice planned to hold drop in sessions for families who had an RAF Honington service member, to allow them to come to discuss any medical concerns and an opportunity to socialise. The practice recognised that families of serving members of the air force on occasion felt isolated or lonely.