Brandon Medical Practice

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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Brandon Medical Practice on 8 August 2017. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach for reporting and recording significant events.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions; however these arrangements were not always effective.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We found the audit programme to be of limited scope and not always focussed on the most recent guidance available.
- The practice's use of the computer system required improvement to provide improved assurance around patient recall systems.
- Practice specific policies were implemented and were available to all staff in paper form. Due to the practice's recent transition into the Suffolk Primary Care (SPC) partnership, there were a mix of SPC's and the practice's previous policies, including two for safeguarding, which created the risk of confusion over which policies were in use. The practice advised this would be addressed immediately.
- The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England. We looked at documentation relating to complaints received in the previous 16 months and found that they had been fully investigated and responded to in a timely, but not always in an empathetic manner.

Summary of findings

- Data from the National GP Patient Survey, published in July 2017, showed patients rated the practice below average for most aspects of care. Feedback from patients was mixed and the practice did not have an active Patient Participation Group (PPG).
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff, which it acted on. Staff told us they were able to undertake development opportunities.
- Staff were supported through a system of appraisals and continued professional development. Staff informed us they felt well supported.

The areas where the provider must make improvement is:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider should make improvement are:

- Effectively track blank prescription stationary through the practice.
- Review patients with learning disabilities, those with dementia or experiencing poor mental health in a timely manner.
- The current audit programme should be reviewed to take into account current evidence based guidance.
- Review the recording and coding of medical records to ensure accurate and reflective care and treatment of patients, including patients who are carers.
- Continue patient engagement to establish an active patient participation group.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events. Lessons were shared on a regular basis to make sure action was taken to improve safety in the practice.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, mostly received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again. Although we did see that the practice response to some patient complaints had not always been of an emphatic or appropriate nature.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- Risks to patients were assessed and generally well-managed; however, risks relating to the premises' hard wiring, tracking of prescription stationary and the checking of expiry dates on equipment and medicines needed to be addressed.
- Premises were clean and risks of infection were managed effectively. There were infection prevention and control policies, procedures and audits in place.

Are services effective?

Good

The practice is rated as good for providing effective services.

- 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 (2015/2016) showed that the practice had achieved 98% of the total number of points available, which was in line with the CCG average and 3% above national average. The practice reported 9% exception reporting, which was 1% below the CCG and national average (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We found the audit programme was of limiting scope and not always focussed on the most recent guidance available.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- When we reviewed information on care plans for patients with learning disabilities we found that improvement was needed so that patient reviews would be undertaken and recorded in a timely manner.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services caring?

Requires improvement 

The practice is rated as requires improvement for providing caring services.

- Information for patients about the services available was easy to understand and accessible.
- Results from the National GP Patient Survey, published in July 2017, were mixed compared with CCG and national averages for patient satisfaction scores.
- The practice's computer system alerted GPs if a patient was a carer. In total, the practice had identified 28 (approximately 0.5%) patients as carers. Written information was available to carers to inform them of the various avenues of support available to them. The recording and coding of medical records to ensure accurate and reflective care and treatment of patients required improvement, specifically for carers
- We saw staff in general treated patients with kindness and respect, and maintained patient and information confidentiality. However, the practice complaint register indicated various complaints regarding clinicians' interactions with patients, with a trend relating to communication style. Some patients we spoke with confirmed communication had broken down between them and a clinician and one comment card confirmed the same. The practice had taken appropriate steps to address this performance and we also received various pieces of positive feedback regarding the same clinician.

Summary of findings

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement 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.
- Patients said there was continuity of care, with urgent appointments available the same day. Although patient survey data and comments from patients and comment cards indicated that waiting times in the practice were longer than patients were willing to accept.
- Results from the National GP Patient Survey, published in July 2017, showed that patient's satisfaction with how they could access care and treatment was generally below local and national averages. Performance for waiting times was considerably below average. There was no action plan in place to address the below average scores. The practice had recruited new nursing staff to try and improve this.
- The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England. We looked at documentation relating to complaints received in the previous 16 months and found that they had been fully investigated and responded to in a timely, but not always empathetic manner. There was a system in place for staff to learn from complaints through discussion at meetings or via direct feedback. Changes in practice were made in response if this was deemed appropriate.

Are services well-led?

Requires improvement

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

- The practice was part of the Suffolk Primary Care (SPC) group, a partnership of 11 GP practices from across the county. The practice had a vision to deliver and promote principles of high quality and evidence-based care, whilst attempting to preserve consistency for patients. However, a small number of patients had commented that this was not always the case in their experience.
- The practice had an overarching governance framework which supported the delivery of the strategy and good quality care, but this needed improvement. For example, improvement was required in identifying, recording and managing risks, issues

Summary of findings

and implementing mitigating actions. There was no action plan in place to address areas of lower than average patient satisfaction and complaints' handling had not been appropriate in the past.

- There was a clear leadership structure and staff felt supported by management. The partners and management were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.
- The provider was aware of, and had systems in place to ensure, compliance with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice, in cooperation with the SPC, had responded with various actions when it became apparent that communication during a complaints' process had broken down.
- Staff were supported through a system of appraisals and continued professional development. Staff informed us they felt well supported.
- The practice valued feedback from patients, the public and staff but did not proactively encourage patients to provide feedback. The practice did not have an active Patient Participation Group (PPG).

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

Requires improvement

The practice is rated as requires improvement for the care of older people. The practice was rated as requires improvement for providing safe, caring, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group; however there were examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were above, or in line with, local and national averages.
- GPs had protected time to allow them to undertake reviews of patients in care homes.
- The practice worked with multi-disciplinary teams when providing care for older people, if required.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The practice was rated as requires improvement for providing safe, caring, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group; however there were examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice facilitated a diabetic nurse specialist to improve services available for patients with diabetes, thus reducing the need to travel to hospital.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The practice achieved 93% of the points available for diabetes related indicators; this was 3% lower than the CCG average but 3% above the national average.

Summary of findings

- Longer appointments and home visits were available when needed.
- 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.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated as requires improvement for providing safe, caring, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group; however there were examples of good practice.

- 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 in line with or above the local averages for most standard childhood immunisations.
- Feedback from patients' comment cards told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme according to 2015/16 data was 86%, which was above the local and England average of 82%. Patients who had not attended for a screening appointment were followed up with letters and telephone calls.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had an effective handover process to new services for children that de-registered from the practice and were subject to safeguarding plans.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice was rated as requires improvement for providing safe, caring, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group; however there were examples of good practice.

Summary of findings

- 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.
- Extended hours appointments were available at the practice one Saturday in every four. Patients also had access to the local GP+ arrangement, allowing them to access out of hours GP appointments within the locality.
- Smoking cessation and NHS health checks were encouraged and the practice offered travel immunisations available on the NHS. During 2016/17, 140 out of 176 invited patients had attended for a health check.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was rated as requires improvement for providing safe, caring, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group; however there were examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had 14 patients with a learning disability, six of whom had received an annual review in 2016/17.
- 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.
- Patients who were carers were identified and signposted to local carers' groups but improvement was required to ensure all patients who were carers were registered as such by the practice. The practice had 28 patients (approximately 0.5%) registered as carers.
- 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)

Requires improvement

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

Summary of findings

The practice was rated as requires improvement for providing safe, caring, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group; however there were examples of good practice.

- The practice had 50 registered patients with dementia, of whom 41 had received a review in 2016/17.
- The practice had 51 registered patients with mental health conditions, of whom 39 had received an actual review in 2016/17.
- The practice regularly worked 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.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2017. The results showed the practice's performance was mixed in comparison with local and national averages. 239 survey forms were distributed and 100 were returned. This represented a 42% completion rate.

- 83% of patients found it easy to get through to this practice by phone compared to the CCG average of 81% and the national average of 71%.
- 82% 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 84%.
- 77% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.
- 61% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 77%.

We received 20 Care Quality Commission comment cards, of which 19 were all positive about the service experienced. One card contained negative comments regarding care and GP interaction. The 19 positive cards included comments that the practice offered a good service and staff were kind, caring and treated patients with dignity and respect. Various cards contained positive comments relating to specific care patients had received and the caring and kind attitude that staff had displayed during these episodes. A number of cards made specific positive references to individual members of staff, where one card included negative comments about one specific member of staff.

There was no active patient participation group (PPG) but we spoke with five patients. Three patients told us they were satisfied with the care provided by the practice staff and said their dignity and privacy was respected. They felt involved in making decisions about their care and told us that the staff were very friendly, professional, kind and caring. Two patients commented that waiting times could sometimes extend beyond their expectation.

Two patients stated they felt the complaints' process was ineffective and they did not feel involved in decision making about the care and treatment they received. They also told us they didn't feel listened to nor had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Three patients said they did feel involved in the decision making processes and felt listened to.

Areas for improvement

Action the service MUST take to improve

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Action the service SHOULD take to improve

- Effectively track blank prescription stationary through the practice.
- Review patients with learning disabilities, those with dementia or experiencing poor mental health in a timely manner.
- The current audit programme should be reviewed to take into account current evidence based guidance.
- Review the recording and coding of medical records to ensure accurate and reflective care and treatment of patients, including patients who are carers.
- Continue patient engagement to establish an active patient participation group.

Brandon Medical Practice

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 advisor, and a practice manager specialist advisor.

Background to Brandon Medical Practice

Brandon Medical Practice is situated in Brandon, Suffolk. The practice provides services for approximately 5,500 patients and operates from three separate buildings in one location: a purpose built surgery, a wooden lodge and a former house. The house is used as the administrative base for the practice and both ground and upper floors are utilised whereas the two clinical practice buildings operate over one floor.

The practice is part of the Suffolk Primary Care group, a collaborative partnership of 11 GP practices in Suffolk.

The practice has two GP partners (one female and one male). The clinical team includes two nurses, an emergency care practitioner and a healthcare assistant. The practice employs a practice manager, an assistant practice manager, a practice administrator and a practice secretary. A team of reception staff are also employed at the practice.

The practice holds a Personal Medical Services (PMS) contract.

Information obtained from Public Health England in 2016 shows that the patient population has a lower number of patients from the ages of zero to 49 compared to the England average. The practice has a higher number of patients aged 60 and over compared to the England average. The practice is located within an area of medium deprivation.

The practice is open between 8am to 6.30pm Monday to Friday. Appointments with GPs and nurses are from 9am to 11.50am every morning and from 2pm to 6pm every afternoon. Out of hours GP services are provided by Care UK through the 111 service. Extended appointment hours are provided by the GP+ service in Bury St Edmunds and Ipswich, Suffolk between the hours of 6.30pm to 9pm on weekdays and 9am until 2pm at weekends.

Why we carried out this inspection

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

How we carried out this inspection

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

- Spoke with a range of staff and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for, and talked with carers and 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- We reviewed safety records, incident reports, patient safety alerts and minutes of various regular meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, mostly received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Staff told us they would inform their line manager of any incidents either verbally or electronically. We saw that managers investigated incidents immediately if required and shared outcomes with staff. The incident recording supported the recording of notifiable incidents under the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The information was monitored by a designated member of staff for relevance and shared with other staff, as guided by the content of the alert. Any actions required as a result were brought to the attention of the relevant clinician(s) to ensure issues were dealt with. Clinicians we spoke with confirmed that this took place.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients 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. Safeguarding policies were accessible to all staff. Due to the practice's recent transition into the Suffolk Primary Care (SPC) partnership there were a mix of SPC's and the practice's previous policies, including two different policies for safeguarding, which risked creating confusion over which was used. The new policy clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Guidelines were on display in the consultation rooms. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies or healthcare professionals (for example, health visitors and school nurses). Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role with GPs, nurses and the emergency care practitioner trained to safeguarding level three. The practice had an effective handover process to new services for children that de-registered from the practice and were subject to safeguarding plans.
- A notice 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 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).
- We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and disposal). Stores of blank prescription paper were stored securely but there was no system to track prescription stationary through the practice. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer medicines against a patient specific direction from a prescriber.

Requires improvement

Are services safe?

Monitoring risks to patients

Risks to patients were assessed but not always 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 and a poster which identified local health and safety representatives. The practice had an up to date fire risk assessment and carried out 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.
- A hardwire electrical assessment of the premises had not been undertaken but was arranged immediately after the inspection and the practice provided evidence to demonstrate this had been completed.
- The practice 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 (legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice did not check the temperature of water from taps in case of a scalding risk but commenced this immediately after our inspection. The practice had a programme of continuous infection control audits in place. These included a sharps box audit, a hand hygiene audit and an audit on the decontamination of equipment.
- Staff told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments and there were sufficient stocks of equipment and single-use items required for a variety of interventions. We found a small number of items were out of date. For example, we found that there were two out of date oxygen masks. The practice acted on this immediately and removed them.
- 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. The practice's staff could cover for each other in times of need.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents. However, these needed improving:

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training and there were emergency medicines available in the treatment room. Staff knew of their location and medicines were stored securely. However one medicine was not in date; the medicine GlucaGon, (used for the treatment of hypoglycaemia) had expired. The medicine's expiry date needed to be altered if kept out of the fridge; staff explained they were not aware of this and replaced it immediately.
- The practice had a business continuity plan in place for major incidents. A risk assessment was incorporated in the plan and a separate staff and suppliers' contact list was available.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence based guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- 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 (2015/16) showed that the practice had achieved 98% of the total number of points available, which was the same as the CCG average and 3% above national average. The practice reported 9% exception reporting, which was 1% below the CCG and national average (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

- The practice achieved 100% of the points available for asthma related indicators; this was 1% higher than the CCG average of 99% and 3% above the national average of 97%.
- The practice achieved 100% of the points available for cancer related indicators; this was the same as the CCG average of 100% and 2% above the national average of 98%.
- The practice achieved 95% of the points available for mental health related indicators; this was 2% higher than the CCG and national average of 93%.
- The practice achieved 93% of the points available for diabetes related indicators; this was 3% lower than the CCG average of 96% but 3% above the national average of 90%.

The practice reported 9% exception reporting in 2015/16, which was 1% below the CCG and national average (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw evidence of a variety of audits that the practice had undertaken. When we reviewed four audits, three of these were single cycle with the second cycle not yet undertaken. We did see evidence of multiple and completed audits where the improvements found were monitored but we found the audit programme to be of limited scope as the majority of audits were single cycle and not focussed on the most recent guidance available. The practice explained they did not have capacity to do any more.

For example, we saw evidence of an audit on consent recording for patients undergoing contraceptive intrauterine device (coil) fitting. The criteria measured was that all patients undergoing the procedure should have a consent form filled in by the clinician fitting the device. An audit was undertaken in July 2016 on 22 patients; 86% of these patients had a recorded consent form which had been coded on to the computer system. The practice made changes in response to the findings and a second audit was undertaken in July 2017 which highlighted that 100% of patients had a consent form completed.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. When we reviewed whether patients with a learning disability had received timely health reviews we saw that six of 14 patients had received an annual review in 2016/17.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It included role specific training as well as mandatory training including safeguarding, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

Good

Are services effective?

(for example, treatment is effective)

scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Staff we spoke with confirmed this took place and told us they had development opportunities.

- 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.
- Staff had access to training that the practice deemed mandatory, and made use of, e-learning training modules, in-house and external training. When we reviewed the training records we saw that mandatory training was generally up to date.

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.

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 ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.
- Where a patient's mental capacity to consent to care or treatment was unclear a GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. The practice had undertaken a multi-cycle audit on the recording of consent for intrauterine device (coil) fitting.

Supporting patients to live healthier lives

Most patients who might be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives and those at risk of developing a long-term condition. We found that there was improvement needed in the recognition of patients who were carers.

Patients were signposted to the relevant services through consultations, notices in the waiting room and on the practice's website. The practice hosted a diabetic nurse specialist on a monthly basis, meaning that patients who were referred to this nurse by the practice did not have to travel to hospital.

The practice's uptake for the cervical screening programme according to 2015/16 data was 86%, which was above the local and England average of 82%. Patients who had not attended for a screening appointment were followed up with letters and telephone calls.

The practice also encouraged their patients to attend national screening programmes for breast and bowel cancer screening. The breast cancer screening rate for the past 36 months was 73% of the target population, which was below the CCG average of 78% and in line with the national average of 73%. Furthermore, the bowel cancer screening rate for the past 30 months was 55% of the target population, which was below the CCG average of 62% and the national average of 58%.

Childhood immunisation rates for the vaccinations given to under twos (59 eligible patients) during 2015/16 ranged

Good

Are services effective?

(for example, treatment is effective)

from 93% to 98% (excluding meningitis C and PVC immunisation) and for five year olds (64 eligible patients) immunisation rates ranged from 95% to 98% (excluding meningitis C and PVC immunisation).

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. Where abnormalities or risk factors were identified, the practice informed us that follow-ups on the outcomes of health assessments and checks were made. During 2016/17, 140 out of 176 invited patients had attended for a health check.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

On the day of the inspection we observed members of staff to be courteous and helpful to patients and treated them with dignity and respect. However, comments from patients and complaints received by the practice indicated that communication from clinical staff had not always been courteous and professional in the past.

- 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.

We received 20 Care Quality Commission comment cards, of which 19 were all positive about the service experienced. One card contained negative comments regarding care and GP interaction. The 19 positive cards included comments that stated that patients felt the practice offered a good service and that staff were kind, caring and treated them with dignity and respect. Various cards contained positive comments relating to specific care patients had received and the caring and kind attitude that staff had displayed. A number of cards made specific positive references to individual members of staff, where one card included negative comments about one specific member of staff.

There was no active patient participation group (PPG) but we spoke with five patients. Three patients told us they were satisfied with the care provided by the practice staff and said their dignity and privacy was respected. They felt involved in making decisions about their care and told us that the staff were very friendly, professional, kind and caring. Two patients commented that waiting times could sometimes extend beyond their expectation.

Two patients stated they felt the complaints' process was ineffective and their wishes for their personal care were not always taken on board.

Results from the National GP Patient Survey, published in July 2017, were mixed in comparison with CCG and national averages for patient satisfaction scores. For example:

- 77% of patients said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.
- 85% 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%.
- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 86%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

There was no action plan in place to address areas of lower than average patient satisfaction.

Care planning and involvement in decisions about care and treatment

Results from the National GP Patient Survey, published in July 2017, were mixed in comparison with CCG and national averages for questions about the patients' involvement in planning and making decisions about their care and treatment. For example:

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 66% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 88% 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 the national average of 85%.

There was no action plan in place to address areas of lower than average patient satisfaction.

Requires improvement

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 28 (approximately 0.5%) patients as carers. Written information was available to carers to inform them of the various avenues of support available to them. The practice had plans in place to commence a review of all patients' records to ensure carers were coded correctly. They also intended to send reminders to patients who were carers to register as such but this had not yet taken place.

Staff told us that families who had suffered bereavement were contacted by their usual GP. This 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.

Requires improvement

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.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice employed an emergency care practitioner with a paramedic background who was able to provide home visits to patients. The patients that the practitioner saw were triaged by GPs to ensure suitability and were reviewed and discussed by the practitioner and a GP following consultation. If it was decided at triage or after consultation by the practitioner that a patient had to be seen by a GP, this was arranged.
- Smoking cessation and NHS health checks were encouraged and the practice offered travel immunisations available on the NHS.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- There were facilities suitable for patients with a disability and translation services available. One receptionist spoke Polish, a common foreign language in the locality, this enabled patients who spoke Polish to access the service more easily.
- Online appointment booking, prescription ordering and access to medical records were available.
- The practice hosted a diabetic nurse specialist on a monthly basis, meaning that patients who were referred to this nurse by the practice did not have to travel to hospital.
- GPs had protected time to allow them to undertake reviews of patients in care homes and for those requiring annual home visits.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments with GPs and nurses were from 9am to 11.50am every morning and from 2pm to 6pm. Out of hours GP services were provided by Care UK through the 111 service. Extended hours appointments were available at the practice one Saturday in every four. Patients also had access to the local GP+ service in Bury St Edmunds and Ipswich between the hours of 6.30pm to 9pm on weekdays and 9am until 2pm at weekends.

Appointments could be booked four weeks in advance for all clinicians. When we reviewed the appointment diary we noted that whilst appointments were available, some clinicians did not have any availability for five weeks. This was reflective of some patients' comments that they found it difficult to book an appointment with a clinician of choice.

Results from the National GP Patient Survey, published in July 2017, showed that patient's satisfaction with how they could access care and treatment was generally below local and national averages. Performance for waiting times was considerably below average:

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 81% and the national average of 71%.
- 33% of patients usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 64% and the national average of 64%.
- 73% of patients describe their experience of making an appointment as good compared to the CCG average of 78% and the national average of 73%.
- 31% of patients feels they don`t normally have to wait too long to be seen compared to the CCG average of 61% and the national average of 58%.

There was no action plan in place to address the below average patient satisfaction but the practice acknowledged that waiting times needed to be improved. The practice had recruited new nursing staff to support improvement of this.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England. It was unclear whether there was a designated responsible person who handled all complaints in the practice prior to our inspection. We saw evidence of a

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

clinician responding inappropriately to a patient's complaint. The practice acknowledged they had not consistently followed their complaints procedure in the past; as a result, the practice had recently made the practice manager the designated responsible person to handle complaints. .

The practice discussed and reviewed the complaints as they occurred at practice meetings. The practice had received 15 complaints between April 2016 and the date of our inspection (August 2017), both verbal and written complaints were recorded. The practice monitored complaints for trends and had taken actions in response to trends.

We looked at documentation relating to complaints received in the previous 16 months and found that they had been fully investigated and responded to in a timely, but not always empathetic manner. There was a system in place for staff to learn from complaints through discussion at meetings or via direct feedback. Changes in practice were made in response if this was deemed appropriate. For example, of the 15 complaints received, nine were related to the behaviour and interaction of one specific clinician. Patients had raised complaints about their attitude and interaction. In response the practice had, together with the Suffolk Primary Care leadership team, developed supporting mechanisms for this member of staff, including communications training, mentoring and proactive collection of patient feedback.

We saw that information was available to help patients understand the complaints system on the practice's website and via the reception staff, although prior to our inspection we had received feedback from patients that this information was not readily available. Information about how to make a complaint was displayed on the wall in the waiting area. Reception staff showed a good understanding of the complaints' procedure.

Are services well-led?

Requires improvement

(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 vision to deliver and promote principles of high quality and evidence-based care, whilst attempting to preserve consistency for patients. However, a small number of patients had commented that this was not always the case in their experience.
- The practice was part of the Suffolk Primary Care (SPC) group, a partnership of 11 GP practices from across the county. SPC had a robust strategy and a supporting business plan in development which reflected the vision and values which were regularly monitored. The leadership team had accounted for necessary changes in the practice's future, such as the need for updated governance systems and support for GPs.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care, but this needed improvement.

- There was a clear staffing structure and rota planning and staff were aware of their own roles and responsibilities. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness. Nurses had lead roles in long term condition management with support from the GPs.
- The GPs and nurses were supported to address their professional development needs for revalidation.
- Staff were supported through a system of appraisals and continued professional development. Due to various leadership changes over the past two years this process had not been consistent but staff informed us they felt well supported.
- Practice specific policies were implemented and were available to all staff in paper form. Due to the practice's recent transition into the Suffolk Primary Care (SPC) partnership, there were a mix of SPC's and the practice's previous policies, including two different policies for safeguarding; this created a risk of confusion over which policies were in use. The practice advised this would be addressed immediately.
- The practice, with support from the SPC, had taken appropriate steps in response to a trend in complaints.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We found the audit programme to be of limited scope as audits were low in numbers and not always focussed on the most recent guidance available.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Although some improvement was required. For example, a hard wire test of the premises had not been undertaken, monitoring of equipment and medicine expiry dates required improvement, prescription pads were not tracked and water temperature testing did not take place.
- Complaints' handling had not been appropriate in the past but the practice had taken appropriate steps to address these concerns prior to our inspection.

Leadership and culture

The partners and management were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. Staff told us that various regular team meetings were held and that they had the opportunity to raise any issues at these meetings, were confident in doing so and felt supported if they did. Staff said they felt respected and valued by the partners in the practice. Nursing and paramedical staff we spoke with explained they had good clinical support from the GPs.

When we reviewed minutes of meetings we noted a variety of meetings took place; for example, safeguarding, nurse, partner, reception and regular multi-disciplinary meetings. The clinicians we spoke with also explained they held daily ad hoc meetings to discuss clinical matters and incidents and conversations took place daily during lunchtimes if any specific concerns or matters needed discussion.

The provider was aware of, and had systems in place to ensure, compliance with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty and had responded with various actions when it became apparent that communication during a complaints' process had broken down.

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

The practice valued feedback from patients, the public and staff but did not proactively encourage patients to provide

Are services well-led?

Requires improvement

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

feedback. The practice did not have an active Patient Participation Group (PPG). The practice were attempting to set up a PPG and had an advertisement to join visible in the waiting room.

We spoke with five patients. Three patients told us they were satisfied with the care provided by the practice staff and said their dignity and privacy was respected. They felt involved in making decisions about their care and told us that the staff were very friendly, professional, kind and caring. Two patients commented that waiting times could sometimes extend beyond their expectation.

Two patients stated they felt the complaints' process was ineffective and they did not feel involved in decision making about the care and treatment they received. They also told us they didn't feel listened to nor had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Three patients said they did feel involved in the decision making processes and felt listened to.

The practice had 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. Clinicians we spoke with explained they held regular ad-hoc meetings to discuss clinical matters and incidents if any specific concerns or matters needed discussion.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The equipment and emergency medicines being used to care for and treat service users was not safe for use. In particular: Clinical equipment and emergency medicines had not been stored appropriately and some items were found to be out of date.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: Practice policies were not clear and did not provide staff with clear or consistent guidance; for example there were two different safeguarding policies available to staff. There were no systems or processes that enabled the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular: There was no action plan in place to address areas of lower than average patient satisfaction.