

# Church Farm Surgery

## Quality Report

Church Farm,  
Aldeburgh,  
Suffolk  
IP15 5EA  
Tel: 01728 452027  
Website: [www.aldesurg.enta.net](http://www.aldesurg.enta.net)

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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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Church Farm Surgery on 22 July 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.
- Risks to patients were assessed and well managed. However not all staff had undergone DBS checks prior to their employment.
- 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.

The areas where the provider must make improvement are:

- The provider must ensure that records relating to the recruitment and management of staff are complete and include Disclosure and Barring Service (DBS)

# Summary of findings

checks for all clinical staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice must ensure systems in place are sufficient to ensure patients who were prescribed high risk medicines have the necessary monitoring to support safe prescribing. The practice must ensure the results of appropriate blood monitoring tests are recorded in the patients records.

The areas where the provider should make improvement are:

- Ensure patients waiting for their appointments in all areas of the practice can be clearly seen by reception staff to enable closer monitoring in case of change in condition.
- The practice should implement an extended clinical audit programme to encompass outcomes wider than prescribing.
- Continue to ensure patients with a learning disability receive annual health checks.
- Continue to proactively identify carers.
- Undertake regular fire drills.

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

**Chief Inspector of General Practice**

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received support and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were assessed and well managed. However we found the practice did not have a completed record of a DBS check for one member of clinical staff who had been with the practice for four years. We were told the practice had recently ensured this member of staff had undertaken a DBS check; however the practice did not have a record of completion or of the outcome. We noted there were other members of clinical staff whose DBS check had not been confirmed as completed (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). There was scope to improve regular fire drills and patients waiting for their appointment could not be seen by staff in the event of their health deteriorating.
- Annual infection control audits had been undertaken and we saw evidence of audits and action plans to address any improvements identified as a result. Mini audits to check cleanliness were also undertaken.
- The practice had a Legionella policy and documented risk assessment in place.
- The practice ensured all medicines needing cold storage were kept in an appropriate fridge. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. However we found the auditing system was not fully effective as not all patients on thyroxine (a hormone replacement medicine) had a record of the appropriate blood monitoring test in the last fifteen months recorded on the system.

# Summary of findings

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

## Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at an 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.

Good



## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that where patients were identified with reduced hearing or vision, staff offered them support and guidance. Staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said that urgent appointments with a GP were available on the same day.
- Practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group and local practices to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



# Summary of findings

- 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, local practices and other stakeholders.
- GP appointments had been extended to 12 minutes to ensure patients had sufficient time to discuss their concerns.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. All home visits were triaged by a clinician to prioritise visits and ensure appropriate clinical intervention.
- The practice offered health checks for patients aged over 75.
- Nationally reported data showed that outcomes for patients for some conditions commonly found in older people including heart failure were above local and national averages.
- The practice worked in cooperation with local practices in providing care plans for vulnerable and/or with complex needs at risk of hospital admission.
- The practice provided weekly and ad-hoc medical services by named GPs to nursing and residential homes. One GP undertook daily clinics at the local hospital to oversee patients' chronic needs. GPs also attended nursing and residential homes when requested.
- The practice worked closely with the parish nurse to provide support to older patients.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes QOF related indicators was 87% which was below the CCG average by 3% and the national average by 2%.
- Longer appointments and home visits were available when needed.
- All these patients 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.

# Summary of findings

## Families, children and young people

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

Good



- 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
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 80% and above the national average of 72%.
- 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.
- Childhood immunisation rates for the vaccinations given were above CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% and five year olds were all above CCG and national averages at 100%.

## 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).

Good



- 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.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The bowel cancer screening rate for the past 30 months was 63% of the target population, which was in-line with the CCG average of 63% and above the national average of 58%. The breast cancer screening rate for the past 36 months was 80% of the target population, which was in line with the CCG average of 80% and above the national average of 72%.



# Summary of findings

## 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



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 40% of patients diagnosed with a learning disability who had their care reviewed in a face to face meeting in the last 12 months, which is lower than the national average.
- 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.
- 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).

Good



- 80% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Performance for mental health related QOF indicators was 91% which was in-line with the CCG average and 2% below national averages.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with local and national averages. 214 survey forms were distributed and 137 were returned. This represented 64% response rate.

- 99% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 96% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 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 ten comment cards which were all positive about the standard of care received.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. 100% of patients who responded to the Friends and Family survey between April 2014 to March 2016 were likely or extremely likely to recommend the practice.

## Areas for improvement

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

- The provider must ensure that records relating to the recruitment and management of staff are complete and include Disclosure and Barring Service (DBS) checks for all clinical staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice must ensure systems in place are sufficient to ensure patients who were prescribed high risk medicines have the necessary monitoring to support safe prescribing. The practice must ensure the results of appropriate blood monitoring tests are recorded in the patients records.

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

- Ensure patients waiting for their appointments in all areas of the practice can be clearly seen by reception staff to enable closer monitoring in case of change in condition.
- The practice should implement an extended clinical audit programme to encompass outcomes wider than prescribing.
- Continue to ensure patients with a learning disability receive annual health checks.
- Continue to proactively identify carers.
- Undertake regular fire drills.

# Church Farm 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.

## Background to Church Farm Surgery

Church Farm Surgery provides personal medical services to a population of 3937 patients in Aldeburgh and the surrounding villages in Suffolk.

The practice's patient population is below the CCG and national averages for patients aged 0 – 54 years but above the CCG and national averages for patients aged 55 and over. The practice patient demographics are mainly affluent, white, middle class residents. The practice provides treatment and consultation rooms on the ground floor with level access. Parking is available.

The practice has a team of three GPs (one male and two female) who are partners which mean they hold managerial and financial responsibility for the practice. In addition to this, there is one male salaried GP.

There is a nursing team, which includes three nurses, two phlebotomists and one healthcare assistant who run a variety of appointments for long term conditions, minor illness, and family health.

There is a practice manager who is supported by a team of non-clinical administrative, secretarial and reception staff who share a range of roles, some of whom are employed on flexible working arrangements.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments with GPs are from 8.50 am to 11.30 and from 3.30pm to 5.30 with overflow appointments at the end of morning and afternoon surgeries to ensure patients who needed to be seen are seen on the day. In addition to pre-bookable appointments that can be booked up to three weeks in advance, urgent appointments are also available for people that need them. Appointment times with GPs have been increased to 12 minutes to ensure patients are given sufficient time during their consultation to address their needs. The practice participates in the Suffolk Federation's access pilot called 'GP+' and make appointments available outside core hours. The practice also uses the 111 service when the practice is closed.

## 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 22 July 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff including GPs, the practice manager, nursing staff, administration, secretarial and reception 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 an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

### 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. Nurses were also trained to child protection or child safeguarding level three; we saw that where one nurse required a review of this

training a schedule was in place for this to happen. A notice in the waiting room advised patients that chaperones were available if required. Nursing 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). However we found the practice did not have a completed record of a DBS check for one member of clinical staff who had been with the practice for four years. We were told the practice had recently ensured this member of staff had undertaken a DBS check; however the practice did not have a record of completion or of the outcome. We noted there were other members of clinical staff whose DBS check had not been confirmed as completed.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example plans included replacing fabric chairs in the waiting rooms with ones that had wipe able covers.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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 pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. However we found the auditing system was not fully effective as not all patients on thyroxine (a hormone replacement medicine) had a record of the appropriate blood monitoring test in the last fifteen months recorded on the system. We discussed this with the practice who confirmed they would introduce further systems to ensure the appropriate tests were undertaken.

## Are services safe?

- 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 vaccines and medicines against a patient specific directive from a prescriber.
- We reviewed six personnel files and found not all appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. The practice were not able to confirm that the appropriate checks through the Disclosure and Barring Service had been completed for some clinical staff.

### 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 hallway which identified local health and safety representatives. We saw that patients waiting for their appointments could not be seen by reception or other staff, there was a risk that patients, whose health could deteriorate while waiting for their appointment, may be overlooked. We discussed this with the practice who confirmed they were aware of the problem and were looking at ways to overcome this issue.
- The practice had up to date fire risk assessments, however there was scope to improve the frequency of 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 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).

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

### Arrangements to deal with emergencies and major incidents

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 there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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 guidelines 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.
- 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 were 85% of the total number of points available. With a 4% exception reporting rate, this was below the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for asthma related indicators was 84% which was below the CCG average by 10% and the national average by 14%.
- Performance for hypertension related indicators was 95% which was below the CCG average by 2% and the national average by 3%.
- Performance for mental health related indicators was 91% which was in-line with the CCG average and 2% below national averages.
- Performance for atrial fibrillation related indicators was 96% which was below the CCG average by 2% and the England average by 3%.
- Performance for diabetes related indicators was 87% which was below the CCG average by 3% and the national average by 2%.

- Performance for depression, epilepsy, heart failure, learning disabilities and palliative care were all in line of above CCG and national averages with the practice achieving 100% across each indicator.

Exception reporting for indicators was either below or in-line with CCG and national averages. We discussed the practice QOF results for 2014 to 2015 with the practice management team, the practice recognised the need to improve their QOF performance and had taken action to ensure improved performance.

There was evidence of quality improvement including clinical audit.

- Clinical audit was undertaken by the practice and audit cycles were either completed or ongoing at the time of our inspection in order to ensure that improvements were implemented and monitored. For example, the practice had undertaken an audit of prescribing for amlodipine and simvastatin. The purpose of this audit was to review all patients on both medicines at a dose higher than 20 mgs to reduce drug interaction following new guidelines. The practice had identified six patients in December 2015 and reviewed the prescribing of their medicines; a follow up audit in June 2016 evidenced no patients. However we noted that the guidance had been updated in October 2012 and the first audit had not been undertaken until December 2015. Other audits included a two cycle audit of Warfarin and new oral anticoagulation (NOAC) prescribing guidance. This audit of non-steroidal anti-inflammatory medicines and specified broad spectrum antibiotics showed the practice were below national and CCG averages and in line with NICE prescribing guidance.
- Prescribing of medicines including specified broad spectrum antibiotics was lower than national averages in line with NICE guidance, and the practice worked with the CCG management technician to ensure cost effective prescribing.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

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



# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training. Staff who administered vaccinations 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 their practice development. Staff had access to appropriate training to meet their needs and to cover the scope of their work; for example, the healthcare assistant had recently passed their national vocational qualification in health and social care level three. This included ongoing support during sessions, one-to-one meetings, appraisals, 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, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and 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.

### 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 the 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.

### 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. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 80% and below the national average of 72%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The bowel cancer screening rate for the past 30 months was 63% of the target population, which was in-line with the CCG average of 63%



## Are services effective?

(for example, treatment is effective)

and above the national average of 58%.The breast cancer screening rate for the past 36 months was 80% of the target population, which was in line with the CCG average of 80% and above the national average of 72%.

Childhood immunisation rates for the vaccinations given were above CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% and five year olds were all above CCG and national averages at 100%.

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 ten 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.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG and the national average of 87%.
- 96% 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%.
- 92% 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%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to CCG and the national average of 91%.

- 97% 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 July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to CCG and the national average of 82%.
- 93% 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%.

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. Information leaflets were available in other languages and in easy read format.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 54 patients as carers (1.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

## Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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. One patient we spoke with described the kindness, support and guidance they received from staff during their bereavement.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Appointments were available outside school and core business hours to accommodate the needs of children and working people.
- 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were facilities for patients with disabilities and translation services were available.
- A hearing loop was available, and staff knew how to assist people with visual impairment.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, a carers notice board, a babies and toddlers information board, mental health services and dementia.
- The practice website contained some general details for patients, including smoking cessation, contraceptive services, minor surgery and travel vaccinations.
- The practice had a flexible approach for appointments with vulnerable patients, and tried their best to accommodate them at the most suitable time for each individual.
- The practice worked closely with community midwives, mental health link workers, substance abuse and alcohol support workers and diabetic specialist nurses and promoted provision of these services from the surgery premises where possible. In addition the practice worked closely with the parish nurse to provide support to older patients.
- The practice oversaw the care of patients in local nursing/residential homes and the local hospital where one GP provided daily clinics. A lead GP undertook weekly ward rounds at each location to oversee patients' chronic needs. GPs also attended when requested.
- The practice provided a range of nurse-led services including chronic disease management such as diabetic reviews asthma and chronic obstructive pulmonary disease reviews. Patients at risk of hospital admission were identified as a priority. In addition they offered minor illness clinics, dressings, phlebotomy services, audiology services, immunisations, shingles, flu and pneumococcal vaccinations, sexual health and family planning services.
- The midwife provided antenatal clinics once a week from the practice. In addition the Health Visitor attended the practice regularly to discuss any new families coming into the area or concerns raised regarding families/children under the age of 6 years. The health visitor provided a clinic at the village hall twice a month; this information was displayed in the practice waiting room.
- The practice offered minor surgery on site including joint injections to reduce unnecessary travel for patients.
- Each month, the practice facilitated a room for the Citizens Advice Bureau and Suffolk Age UK to attend the practice to support patients and provide guidance and signposting to other services.
- The practice provided on-line services including appointment booking, blood test results, vaccination history, and other significant entries in patients' medical records. Patients could order their medicines on line and have them sent to the pharmacy of their choice via the electronic prescription service recently introduced by the practice.
- Folders in the waiting room contained information about the practice, the PPG, copies of newsletters and other surgery and health information
- The practice worked in partnership with Onelife offering lifestyle management and smoking cessation.
- The practice worked closely with a drug and alcohol abuse support service, and offered weekly appointments with a link worker from the Suffolk Wellbeing service. The practice also provided a room for a cognitive behavioural therapist who attended the practice weekly to support patients. Appointments were arranged through the link worker.
- In addition the practice provided a room for CMAS (Community Memory Assessment Service). They attended weekly and the service was offered to patients of the practice and patients from the surrounding area.

# Are services responsive to people's needs?

(for example, to feedback?)

## Access to the service

The practice was open between 8 am and 6.30pm Monday to Friday. Appointments with GPs were from 8.50 am to 11.30 and from 3.30pm to 5.30 with overflow appointments at the end of morning and afternoon surgeries to ensure patients who needed to be seen were seen on the day. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them. Appointment times had been increased to 12 minutes to ensure patients were given sufficient time during their consultation to address their needs. The practice took part in the Suffolk Federation GP+ scheme which offered routine appointments outside of opening hours. The practice could book appointments for patients with this service.

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

- 77% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 99% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 100% of patients said the last appointment they got was convenient compared to the CCG average of 94% and the national average of 92%.

People told us on the day of the inspection that they were able to get appointments when they needed them. However we were told there was often a long waiting time to make an appointment with a GP of choice.

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.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website and from posters in the reception area.
- Reception staff showed a good understanding of the complaints' procedure.

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner.

# 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 and staff knew and understood the values
- The practice objectives included the provision of the highest standard of care to patients. To ensure staff were trained and competent, that equipment and building maintenance was carried out and accessible for patients and to ensure the practice identified and acted on opportunities for improvement.

### 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.

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 a verbal and 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 the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example in May 2015 the practice held a 'Supporting Older People in our Community' coffee morning. The Patient Participation Group and staff from the surgery organised a morning of information sharing, support and free refreshments. In attendance were Suffolk Family Carers, Care line Suffolk, a representative from Parkinson's UK, Healthwatch Suffolk, Suffolk Mind, East Anglian Ambulance, Alzheimer's Society and the local CCG. As a result of the feedback received the practice have produced a

# Are services well-led?

Good 

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

'Directory of Services' available for the older community in Aldeburgh and the surrounding areas and continued to update the information provided. Following this success further events have been organised.

- The PPG were given the task of reviewing, simplifying and ensuring that the information on offer in the waiting area of the practice was clear and up to date.
- The practice quarterly newsletter provided surgery news and updates for staff and patients. This included information on staff changes, for example new members of staff covering maternity leave this included their picture. Staff achievements, other services available at the practice with dates and times for clinics, PPG news, and meeting dates.
- The practice Friends and Family survey results for both April 2014 to March 2015 and April 2015 to March 2016 showed 100% of patients who responded would be likely or extremely likely to recommend the practice to friend or family.
- The practice had gathered feedback from staff through, one to ones and general feedback at meetings. 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.

## Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and were mindful of the potential ways that primary care services may need to adapt to meet future demand and the availability of resources. They were considering how this might impact on their practice and were reviewing working with local practices as part of the Deben Health Group and their CCG to prepare for this, to ensure they could address challenges and maximise opportunities to develop.
- The practice GPs told us they were in discussions with the Deben Health Group to form a working relationship and share resources, knowledge and skills.



## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>The practice did not ensure recruitment arrangements included all necessary employment checks for staff as governed by Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:</p> <p>Information Required in Respect of Persons Employed or Appointed for the Purposes of a Regulated Activity. This includes</p> <p>Disclosure and Barring checks.</p> <p>This was in breach of regulation 19(1)(2)(3)(a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>The system in place was not sufficient to ensure patients who were prescribed high risk medicines had the necessary monitoring to support safe prescribing.</li></ul> <p>This was in breach of regulation 12(1)(2)(a)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>