

# Siam Surgery

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Siam Surgery on 24 October 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.
- Patient safety alerts were logged, shared and initial searches were completed and the changes effected.
- 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 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 with a relaxed and friendly management style, and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

- Review the chaperone policy and procedure and the arrangements for documenting written patient consent for invasive procedures.

# Summary of findings

- Following the practice's own audit work, drive work forward to ensure that patients on warfarin are identified and reviewed as appropriate.
- Ensure that portable appliance testing (PAT) is completed in accordance with the practice risk assessment.
- Ensure that patient's privacy is maintained whilst using the minor surgery room.
- Ensure that written information on the practice's complaints policy is available in the waiting room.
- The practice nurse contacted every patient who had been diagnosed with cancer to provide support and advice on local support services and benefits. Peripherally inserted central catheter (PICC) line care was also offered to patients to reduce the need for them to travel to West Suffolk Hospital. PICC is a form of intravenous access that can be used for a prolonged period of time, for example for patients receiving long term chemotherapy.

We saw one area of outstanding practice:

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Learning was shared and action was taken to improve safety in the practice. Checks were made to ensure the learning had been embedded.
- Patient safety alerts were logged, shared and initial searches were completed and the changes effected.
- Patients on high risk medicines were identified and reviewed. The practice had recently identified the need to undertake this for patients prescribed warfarin and had included this in their monthly searches going forward.
- When things went wrong patients received reasonable support, detailed information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### 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 or above average compared to the national average. Where these were below average, the practice were able to demonstrate that this had improved in their more recent data.
- 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. Although these had not all been signed and dated.
- 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.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with other practices for most 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.
- The practice nurse contacted every patient who had been diagnosed with cancer to provide support and advice on local support services and benefits.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.
- Peripherally inserted central catheter (PICC) line care was also offered to patients to reduce the need for them to travel to West Suffolk Hospital. PICC is a form of intravenous access that can be used for a prolonged period of time, for example for patients receiving long term chemotherapy.
- The practice had a higher prevalence of patients with respiratory needs than the local and national average. They held clinics three times a week, a joint clinic with the specialist respiratory nurse every month and offered telephone advice.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure, with a friendly and open management style and staff felt supported by the management team. 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.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- GPs and nursing staff provided home visits to patients living in the eight nursing and residential homes covered by the practice.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis, dementia and heart failure were above the local and national averages.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Patients who had a hospital admission were reviewed on discharge. The practice nurse also contacted patients with respiratory needs following an unplanned admission, to offer support and advice.
- The practice nurses held three respiratory clinics per week and offered telephone consultations. Joint clinics were held monthly with the specialist respiratory nurse.
- 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). Data from 2014/2015 showed that performance for diabetes related indicators was 81%, which was below the local average of 92% and national average of 89%. The practice explained their performance was lower as they had prioritised work on admission avoidance. Exception reporting for diabetes related indicators was 9% which was below the local average of 12% and the national average of 11% (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).

Good



# Summary of findings

- Longer appointments and home visits were available when needed.
- Patients with complex needs 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.

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

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

- 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 high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice offered a full range of contraception services and chlamydia screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Midwives, health visitors, school nurses and social services were based in the health centre. We saw positive examples of joint working with these professionals.
- Parent and child parking was available at the practice.

Good



## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients were able to book evening and weekend appointments with a GP through Suffolk GP+ (Suffolk GP+ is for patients who urgently need a doctor's appointment, or are not able to attend their usual GP practice on a weekday.)
- 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.

Good



# Summary of findings

- The practice's uptake for the cervical screening programme was 82% which was comparable to the CCG average of 81% and the national average of 82%.

## People whose circumstances may make them vulnerable

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

- The practice worked closely with a learning disability nurse and annual health assessments for people with a learning disability were undertaken by the practice nurse and the GP. The practice had 53 patients on the learning disabilities register. 44 of these patients have had or have been booked for a health review since April 2016.
- The practice offered longer appointments and appointments at quieter times 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.

Good



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

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

- 87% of patients experiencing poor mental health had a comprehensive care plan, which was in line with the local average of 88% and the national average of 89%.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 225 survey forms were distributed and 121 were returned. This represented 54% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to the local average of 81% and national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 87% and the national average of 85%.
- 91% of patients described the overall experience of this GP practice as good compared to the local average of 89% and the national average of 85%.
- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 83% and the national average of 78%.

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

We received 34 comment cards which were all positive about the standard of care received. Patients reported that they were able to get an appointment easily, were listened to and that all aspects of their contact with the surgery were excellent. A number of patients named specific staff members for being particularly helpful, knowledgeable and kind.

We spoke with representatives from two care homes where residents were registered at the practice. The feedback was very positive, particularly in relation to communication, home visits and involving patients and families in their care.

We spoke with six patients during the inspection. All of the patients said they were satisfied with care they received. One patient reported that there was often a wait for the telephone to be answered in the morning, but was complimentary of the care received and thought staff were caring. The practice engaged with the Friends and Family Test. The most recent data which was published in July 2016, showed that from 11 responses, 100% of patients would recommend the practice.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Review the chaperone policy and procedure and the arrangements for documenting written patient consent for invasive procedures.
- Following the practice's own audit work, drive work forward to ensure that patients on warfarin are identified and reviewed as appropriate.

- Ensure that portable appliance testing (PAT) is completed in accordance with the practice risk assessment.
- Ensure that patient's privacy is maintained whilst using the minor surgery room.
- Ensure that written information on the practice's complaints policy is available in the waiting room.

## Outstanding practice

The practice nurse contacted every patient who had been diagnosed with cancer to provide support and advice on local support services and benefits. Peripherally inserted central catheter (PICC) line care was also offered to

patients to reduce the need for them to travel to West Suffolk Hospital. PICC is a form of intravenous access that can be used for a prolonged period of time, for example for patients receiving long term chemotherapy.

# Siam 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, and a nurse specialist adviser.

### Background to Siam Surgery

The practice area covers the town of Sudbury and extends into the outlying villages. The practice offers health care services to around 9350 patients. It is located in a new, purpose built health centre and has consultation space for GPs and nurses, as well as professionals including midwives, physiotherapists, health visitors, school nurses and social services. The practice holds a General Medical Service (GMS) contract with the local CCG.

- There are five GP Partners at the practice (two female and three male), four practice nurses including one nurse prescriber.
- A team of administration and reception staff support the management team. The practice manager is supported by an assistant practice manager and a reception manager.
- The practice is open between 8am and 6.30pm Monday to Friday and appointments are available from 8.20am to 6pm. Patients are able to book evening and weekend appointments with a GP through Suffolk GP+.
- When the practice is closed, patients are asked to call the out of hours service, which is provided by Care UK, or to dial 999 in the event of a life threatening emergency.
- The practice demography is similar to the national average.

- Male and female life expectancy in this area is in line with the England average at 79 years for men and 83 years for women.

### 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 24 October 2016. During our visit we:

- Spoke with a range of staff (GPs, practice nurses, reception and administration) 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.
- Spoke with representatives from two care homes where residents were registered at the practice.

# Detailed findings

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 or assistant 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, detailed 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 every year in order to identify trends.

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. For example, a recent safety alert had been cascaded to relevant staff, with a copy put in the practice's alerts file. The GPs had reviewed the alert and taken the appropriate action in identifying and reviewing those patients to whom the alert relate.

### 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 GP and a deputy lead nurse 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 and nurses were trained to child safeguarding level three.
- A notice in the waiting room and consultation rooms advised patients that chaperones were available if required. The practice used nurses to act as chaperones and all the nurses we spoke with were clear on their role when acting in this capacity. All nurses who acted as chaperones 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). One of the GPs we spoke with said that the chaperone stood outside the curtain. The nurses and other GPs we spoke with confirmed that the chaperone was situated where they could observe the procedure. The policy was not specific on where the chaperone should stand. The provider agreed to review the process and policy for chaperoning.
- 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. We found that the clinical waste was not stored securely outside the premises. We raised this with the provider who took immediate action to ensure it was secure. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The lead for infection control was planning to undertake infection control training for non-clinical staff to strengthen what they had received during induction.
- 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 was not routinely reviewing patients on warfarin, although they had recently identified the need to do this from a clinical audit one of

## Are services safe?

the GPs had undertaken. As a result of the audit, they had identified and reviewed patients on warfarin to ensure they were safe. We were assured that the practice were going to continue to identify and review all patients on warfarin on a monthly basis. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed four 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 Disclosure and Barring Service.

### 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 and a number of health and safety risk assessments had been undertaken. The practice had up to date fire risk assessments and learning had been identified and actioned as a result of a fire drill. Future fire drills were being planned. All the electrical equipment had been checked in June 2015 to ensure the equipment was safe to use. The risk assessment for the practice identified that this should be undertaken annually, but this had not yet been completed. Following the inspection, the

practice showed us that the next check had been arranged for November 2016. 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 rooms and store cupboard.
- 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 damage to the premises. The plan included contact numbers for key staff and suppliers. Copies were kept off the premises by management team members.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- 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 95% of the total number of points available. This compares with the CCG average of 97% and national average of 95%. The overall exception reporting rate was 8% which was 2% below the CCG average and 1% below the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/15 showed:

- Performance for diabetes related indicators in 2014/2015 was 81% this was 11% below the CCG average and 8% below the national average. The exception reporting rate was 9%, which was lower than the CCG (12%) and national (11%) exception reporting rates. The practice explained their performance was lower as they had prioritised work on admission avoidance. The data for 2015/2016 should that performance for diabetes related indicators has increased to 98%, compared to a CCG average of 96% and a national average of 90%.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 65%. (This test

identifies whether a patient is on target to keep the risk of complications low). This was lower than the CCG average of 80% and national average of 78%. The practice explained their performance was lower as they had prioritised work on admission avoidance. The 2016/2017 data provided by the practice showed that this percentage had improved to 77% and was expected to increase further through the rest of the year.

- Performance for mental health related indicators was 92%. This was in line with the CCG average and 1% below the national average. The exception reporting rate was 3% which was lower than the CCG average of 12% and national average of 11%.
- Performance for dementia related indicators was 100% which was 1% above the CCG average and 6% above the national average. The exception reporting rate was 17% which was higher than the CCG and national average of 8%.
- The prevalence of Chronic Obstructive Pulmonary Disease (COPD) was 3% which was higher than the national average of 2%. The performance for COPD indicators was 86%. This was below the CCG average of 98% and the national average of 94%. The practice showed us that the data for 2015/2016 had improved significantly to 98%.
- The prevalence of asthma was 8%, which was higher than the national average of 6%. The performance for asthma indicators was 100% which was above the CCG average of 97% and the national average of 97%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, one of these had a completed audit cycle, where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, as a result of a recent clinical audit, there was improved identification of patients with dementia from 0.6% to 0.76% and patients with dementia who had not received a review in the previous 12 months, had fallen from 33% to 9%. Another clinical audit which reviewed stroke prevention in patients on atrial fibrillation therapy, identified a 17% improvement on the percentage of patients receiving the optimum recommended treatment in order to prevent stroke. This

# Are services effective?

## (for example, treatment is effective)

audit also identified a small number of patients who were prescribed warfarin but had not had the appropriate monitoring for two months. These patients had subsequently been reviewed. We were assured that the practice were going to continue to identify and review all patients on warfarin on a monthly basis.

### 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, including GP locum staff. This covered areas such as safeguarding, infection control, fire safety, dealing with emergencies, 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, providing sexual health and contraceptive advice, and for those undertaking ear irrigation.
- 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 clinical meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. We reviewed four staff files and saw that appraisals and a six month review had been undertaken for a new member of staff. However not all the appraisals had been dated or signed. The practice was in the process of scheduling staff appraisals for this year and it was confirmed that all staff had received an appraisal within the last 12 months.
- Staff had training passports which identified the training deemed mandatory by the practice. Staff had received training that included: safeguarding, fire safety

awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house training, workshops and conferences.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, 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 practice was recording patient consent for joint injections and insertion of an intrauterine device (IUD) with a tick box on the patient record. We looked at the record for one patient and saw that appropriate consent had been obtained in terms of explanation of the benefits and risks of the procedure to the patient. Whilst

# Are services effective?

(for example, treatment is effective)

we were assured that patient consent was given and patients we spoke with confirmed this, a written consent form, signed by the patient might be more appropriate for these procedures.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. This included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, exercise, smoking and alcohol.

The practice's uptake for the cervical screening programme was 82% which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to contact patients who did not attend for their cervical screening test. 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 percentage of females, aged 50 to 70 who had been screened for breast cancer in the last three years was 74%, which was in line with the CCG average of 78% and the national average of 72%. The percentage of patients aged 60 to 69 who had been screened for bowel cancer in the last 30 months was 60%. This was in line with the CCG average of 62% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 77% to 98% which was comparable to the CCG range of 67% to 96% and national range of 73% to 95%. Immunisation rates for five year olds ranged from 71% to 96% which was comparable to the CCG range of 70% to 96% and national range of 83% to 95%. Childhood immunisations clinics were available one morning and one afternoon a week and to encourage attendance ad hoc appointments were also available. Missed appointments were followed up by text message and a phone call to encourage rebooking. Contact was made with the Health Visitor if patients had not attended after three reminder letters had been sent.

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. The practice worked closely with a learning disability nurse and annual health assessments for people with a learning disability were undertaken by the practice nurse and the GP. 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 polite 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. There was no curtain in the minor surgery room, however the practice agreed to resolve this.
- 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.

We spoke with representatives from two care homes who said they felt the practice offered an excellent service. Patients told us they were very satisfied with the care provided by the practice and staff were helpful, caring and treated them with dignity and respect. All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. We spoke with two members of the patient participation group (PPG). They also highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 80% 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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 83% 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%.
- 80% 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%.
- 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 89% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw information was available on the practice's website and notices in the practice informing patients this service was available. In addition, GPs were fluent in a number of languages and had an emergency multilingual phrase book.
- We saw a number of information leaflets were available in easy read format.

## 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. Patients who were newly diagnosed with cancer were contacted by one of the practice nurses, who offered support and advice on local services and benefits. Peripherally inserted central catheter (PICC) line care was also offered to patients to reduce the need for them to travel to West Suffolk Hospital. Patients with respiratory needs were also contacted by the practice nurse following an unplanned hospital admission, to provide support.

The practice's computer system alerted GPs if a patient was also a carer and had identified 119 patients as carers (1.3% of the practice list). The practice offered referral to Suffolk Family Carers, who also attended the practice during carer's week, at flu clinics and held a support group at the health centre. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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.

- Evening and weekend appointments were available through Suffolk GP+. Saturday morning appointments were available at the practice when flu clinics were being held.
- Telephone appointments were available for patients if required. The practice used a text message appointment reminder service for those patients who had given their mobile telephone numbers.
- The practice had 53 patients on the learning disabilities register. 44 of these patients have had or have been booked for a health review since April 2016. The practice offered longer appointments and appointments at quieter times 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.
- GPs undertook a weekly visit to one nursing home to assess, monitor and review a large number of patients who were residents. Feedback was very positive particularly in relation to continuity of care.
- All consultation rooms were on the ground floor and easily accessible. Translation services were available and GPs were fluent in a number of languages including Polish, German Romanian, Russian, Nepali, Bengali, Hindi and Urdu.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Alerts were recorded on the patient's record to ensure staff were aware of any particular needs. This included, for example where longer appointments were needed, help with repeat prescriptions or an urgent visit.

### Access to the service

The practice was open between 8am and 6:30pm Monday to Friday, with appointments offered between 8.20 am and 6pm. Appointments could be booked in person, by telephone or online. In addition to pre-bookable appointments that could be booked up to two months in

advance, urgent appointments were also available for people that needed them. The practice offered online prescription ordering and access to the patient's own medical record.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher when compared to local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 92% of patients said they could get through easily to the practice by phone compared to the CCG average of 81% and the national average of 73%.

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. Requests for home visits were triaged and allocated by the duty GP to all the GPs on duty. 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 person responsible who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system on the practice's website and in their information leaflet. However written information about the practice's complaints procedure was not available in the waiting room. Reception staff showed a good understanding of the complaints procedure and they had written information that they could give to patients if they informed them they wanted to make a complaint.

We looked at documentation relating to five complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner. Lessons were learnt from individual concerns and complaints, and also from an analysis of trends and action was taken as a result to improve the

## Are services responsive to people's needs? (for example, to feedback?)

quality of care. Complaints were shared with staff, as appropriate to encourage learning and development. Checks were made that learning had been embedded into practice.

# 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, by putting patients first. Staff we spoke with knew and understood the vision and demonstrated these values during the inspection.

The practice had a business development plan which reflected the vision and values and was regularly monitored by the management team. The practice had identified potential and actual changes to practice, and given consideration to how they would be managed. For example, increasing patient numbers since the practice had relocated to the new health centre and the planned new housing development in the area. The practice had started to train non-clinical staff to undertake both reception and administration roles.

### 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. The practice were aware that the summarising of patients notes received since 1 January 2016 was currently at 75%. They had actions in place to mitigate the risk associated with this, for example prioritising patients with complex needs. They had also recruited a member of staff for notes summarising who was due to commence employment at the practice imminently.
- 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 and management staff 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 and management staff were approachable, supportive and always took the time to listen.

The practice had seen significant changes in the past two years, with the retirement of the senior GP, and senior practice nurse, two new GP partners joining the practice and the move to a new health centre. There was a clear leadership structure in place and the management style was defined as informal and friendly. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at any time and felt confident and supported in doing so. 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.

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). The practice had systems in place to ensure that when things went wrong with care and treatment:

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

### 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 practice engaged with the Friends and Family Test. The most recent data which was published in July 2016, showed that from 11 responses, 100% of patients would recommend the practice.

The practice undertook their own patient survey which concentrated on having confidence and trust in the GP and nurse, and obtaining an appointment, as these were the

# Are services well-led?

Good 

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

areas with disappointing results in the National GP patient survey in 2015. The results of the practice's patient survey, reported in January 2016, showed significantly higher rates of satisfaction in these areas.

The practice PPG met every quarter to discuss practice news, make suggestions for change and to learn more about health and care subjects which patients had said mattered to them. We looked at the most recent PPG action plan and saw evidence that the practice had listened to the views of patients and had made improvements in these areas. For example, photographs of staff and information on their role were on the practice's website and in the practice leaflet. The practice had moved from a small surgery into part of a large health centre, so wanted to maintain a personal touch.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt empowered by management to make suggestions or recommendations for practice.

## **Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. The management team had recognised areas where improvements could be made and had supported additional training for GPs and nurses in order to improve the service received by patients. We found examples for this in relation to diabetes and mental health. The practice had also supported the training of practice nurses. They had agreed to support all of the practice nurses to attend the GP practice nurse conference.