Swan Surgery

Quality Report

Northgate Business Park
Bury St Edmunds
Suffolk
IP33 1AE
Tel: 01284 750011
Website: www.swansurgery.org.uk

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Swan Surgery on 16 June 2016. Overall the practice is rated as requires improvement.

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

- Staff understood their responsibilities to raise concerns and to report incidents and near misses. However, whilst reviews and investigations took place, there was scope to formalise learning from significant events.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, patients could potentially access liquid nitrogen that was located in an open area. Following the inspection the practice provided evidence that they had ensured patient access was not possible to areas concerned.
- The practice had a number of policies and procedures to govern activity, but some were not robust or followed correctly.
- Patients said they were treated with compassion, dignity and respect.
- On the day of the inspection information about how to complain was difficult for patients to access and there were inconsistencies with the practice policy and how the practice responded to complaints.
- Patients said they found it easy to make an appointment with a named GP and there were urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice liaised effectively with support organisations and proactively supported vulnerable patient groups.

The areas where the provider must make improvements are:

- Implement effective clinical oversight of the triage and filing of incoming patient documentation.

Summary of findings

- Ensure recruitment arrangements include all necessary employment checks for all staff, including locum staff.
- Ensure that patients are not put at risk of harm from contact with hazardous substances and ensure that risk assessments are reviewed in a timely manner, for example fire risk assessment.
- Ensure that processes surrounding training systems are improved and ensure mandatory training for staff is up to date and recorded effectively.
- Formalise induction processes, ensuring that all staff receive an induction appropriate to their role and that the induction process is completed in an effective manner.
- Investigate ways to ensure patient safety in unobserved waiting areas.
- Ensure appropriate action is consistently taken in relation to medical safety alerts.
- Ensure that complaints are dealt with in a timely manner and the policy in place for complaints is followed. The practice must also ensure that information relating to complaints is readily available for patients.

In addition the provider should:

- Formalise learning from trends in significant events.
- Improve communication with patients in order to seek their feedback and act on it.
- Communicate information resulting from multi-disciplinary team (MDT) meetings in an effective manner.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- Patients were at risk of harm because systems and processes were not in place, had weaknesses or were not implemented in a way to keep them safe. For example, we found gaps in recruitment checks, inconsistent processes surrounding Medicines & Healthcare products Regulatory Agency (MHRA) and patient safety alerts, and insufficient processes, knowledge and oversight for dealing with incoming clinical correspondence
- 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. However, whilst reviews and investigations took place, the practice told us they did not carry out an annual review of significant events in order to analyse trends but did undertake auditing of significant events on an informal basis.
- Risks to patients had been assessed and partially managed, however some of these were not assessed robustly, not updated regularly and some risk assessments were not up to date. For example, the last fire risk assessment took place in 2005. During the inspection we found that patients had access to liquid nitrogen and in the same area we found that patients also had access to an unlocked vaccine fridge, clinical waste containers and sharps bins, and patient identifiable information on dressings. A door to a treatment room was also open and allowed the potential for patients to enter unobserved. During the inspection the practice removed the liquid nitrogen and patient dressings from the area. Following the inspection the practice provided evidence that they had ensured patient access was not possible to these areas.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly in line or above average compared to the national average. For example, the percentage

Summary of findings

of patients with COPD who had a review undertaken including assessment of breathlessness in the last 12 months was 94% compared to a CCG average of 92% and a national average of 90%.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was evidence that audit was driving improvement in patient outcomes.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs and meetings took place on a monthly basis, however record keeping was limited and not shared effectively throughout the practice.
- We saw that the practice undertook some training with staff, however staff training records did not clearly show mandatory training was undertaken in a timely manner. Staff were also unclear as to which training they had undertaken.

Are services caring?

Good 

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published January 2016 showed patients rated the practice higher than others for several aspects of care, for example 96% 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%. However, the data also showed patients rated the practice lower in some areas. For example, 83% 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%.The practice was aware of this and was proactively looking to address the identified issues.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Comment cards stated that staff responded compassionately when they needed help and provided support when required
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect.

Are services responsive to people's needs?

Requires improvement 

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

Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice liaised with the community midwife team and had plans to host clinics four days per week at the surgery that any patient registered with one of the five town practices could attend.
- Patients said they were able to make appointments when they needed them. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice held joint diabetic clinics twice monthly with the local hospital specialist diabetic nurse. This allowed the practice to treat diabetic patients in a timelier manner.
- On the day of inspection information about how to complain was not readily available for patients and there were inconsistencies between the practice complaints policy and the way the practice responded.

Are services well-led?

Requires improvement

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

- The practice had a vision and a strategy and there was a documented leadership structure. Staff felt supported by management but some were not sure who to approach with issues when key members of staff were absent.
- There were structures and procedures in place but these were not robust enough to ensure the practice had an effective governance framework to support the delivery of the strategy and good quality care.
- The practice actively encouraged staff to mix in a non-formal environment. For example the practice encouraged all members of the practice team to attend a coffee morning that took place after morning surgery each day.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The provider was rated as requires improvement for safe, effective, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis, heart failure, and chronic obstructive pulmonary disease were above local and national averages.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safe, effective, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients with more than one long term condition were reviewed in a single clinic appointment.
- 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 99%, which was above the CCG average by 7% and the national average by 10%. The practice reported 16% exception reporting, which was 4% above the CCG average and 5% above the national average.
- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice held joint diabetic clinics twice monthly with the local hospital specialist diabetic nurse. This allowed the practice to treat diabetic patients in a timelier manner.

Summary of findings

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safe, effective, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group.

- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 84%, which was above the CCG and England averages
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice was also soon to commence hosting four clinics per week for the community midwife team for which appointments were available for patients registered at any of the five town practices.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safe, effective, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group.

- 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 such as online appointment booking and repeat prescription requests. The practice also offered a range of health promotion and screening that reflects the needs for this age group.
- The practice provided both telephone appointments and sit and wait slots.
- The practice offered pre-bookable Saturday morning appointments for both nurses and GP's.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for safe, effective, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Summary of findings

- The practice had a proactive approach in registering patients at the practice who were homeless.
- 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.
- The practice temporarily registered patients who were undergoing treatment at local rehabilitation centres and hostels in order to provide accurate medical treatment.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for safe, effective, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group.

- 92% of patients diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months, which is above the England average of 84%.
- 97% of patients experiencing poor mental health had a comprehensive, agreed care plan documented in their record in the preceding 12 months, which is above the England average of 88%.
- The practice regularly worked with multi-disciplinary teams, including local mental health trusts, in the case management of patients experiencing poor mental health, including those with dementia.
- 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 in January 2016. The results showed the practice was performing in line with local and national averages. 251 survey forms were distributed and 119 were returned. This represented a 47% completion rate.

- 84% of patients found it easy to get through to this practice by phone compared to the local (CCG) average of 81% and the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local (CCG) average of 87% and the national average of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the local (CCG) average of 89% and the national average of 85%.
- 96% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local (CCG) 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 26 comment cards which were all positive about the standard of care received. Patients felt that the practice provided an efficient, responsive and caring service, praising both individual members of staff and the practice as a whole. One patient commented that the whole practice team worked well together to support patients.

We spoke with four patients during the inspection. All of the patients said they were satisfied with the care they received and thought staff were helpful, caring, and were treated with dignity and respect. One patient mentioned that they had problems relating to a complaint that they made and resolving the matter in a timely manner, another mentioned that parking could be difficult at times and another told us that they had found the automated telephone answering system problematic.

Areas for improvement

Action the service MUST take to improve

- Implement effective clinical oversight of the triage and filing of incoming patient documentation.
- Ensure recruitment arrangements include all necessary employment checks for all staff, including locum staff.
- Ensure that patients are not put at risk of harm from contact with hazardous substances and ensure that risk assessments are reviewed in a timely manner, for example fire risk assessment.
- Ensure that processes surrounding training systems are improved and ensure mandatory training for staff is up to date and recorded effectively.
- Formalise induction processes, ensuring that all staff receive an induction appropriate to their role and that the induction process is completed in an effective manner.
- Investigate ways to ensure patient safety in unobserved waiting areas.
- Ensure appropriate action is consistently taken in relation to medical safety alerts.
- Ensure that complaints are dealt with in a timely manner and the policy in place for complaints is followed. The practice must also ensure that information relating to complaints is readily available for patients.

Action the service SHOULD take to improve

- Formalise learning from trends in significant events.
- Improve communication with patients in order to seek their feedback and act on it.
- Communicate information resulting from multi-disciplinary team (MDT) meetings in an effective manner.

Swan Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Swan Surgery

Swan Surgery is a purpose built practice situated in Bury St. Edmunds, Suffolk. The practice provides services for approximately 12000 patients. It holds a Personal Medical Services contract with West Suffolk CCG.

The most recent data provided by Public Health England showed that the patient population has a higher than average number of patients aged between five and 19, 35 to 54 and over 85 compared to the England average. The practice is located within an area of low deprivation.

Swan Surgery is open from Monday to Friday and also offers pre-bookable appointments on a Saturday morning. It offers appointments between 8am and 6.30pm daily, with extra appointments available for pre-booking on a Saturday morning between 8.30am and 12pm. Extended appointment hours are provide by GP+ for whom the practice allows use of its premises. Out of hours care is provided by Care UK via the NHS 111 service.

The practice is a training practice and teaches trainee GPs and Foundation Year Two medical students as well as being a community teaching practice for medical students from King's College London School of Medicine.

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 16 June 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, the practice manager and a range of reception and administration 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:

Detailed findings

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

The practice had a system in place for reporting and recording significant events, however this required some improvement.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available. The practice used the same form to record significant events and complaints. When staff did not have time to complete the form they recorded the incident by emailing the practice manager.
- Whilst the practice undertook reviews relating to significant events and investigations took place, the practice told us they did not carry out an annual review of significant events in order to identify and analyse trends but did undertake auditing of significant events on an informal basis.
- We saw evidence that significant events were discussed at clinical meetings and the practice provided us with evidence showing that relevant information relating to significant events was cascaded throughout the practice through the monthly staff newsletter.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information and an apology. Patients were told about any actions to improve processes to prevent the same thing happening again.

Safety was monitored using information from a range of sources, and we saw evidence of National Institute for Health and Care Excellence (NICE) guidance being shared effectively.

However the system for sharing guidance alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and other bodies required improvement.

- Information relating to guidance alerts was monitored by designated members of staff and shared with other staff electronically. We found gaps in the practice's records to demonstrate that alerts and updates had been actioned. For example, whilst we saw evidence of alerts being sent to appropriate people within the practice they were unable to provide an audit trail of completed actions and we did not see consistent evidence that action had been taken at individual patient level. There were records to show which staff had received relevant updates and alerts, however the practice could not reassure itself that adequate action was consistently being taken to keep patients safe.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, however some of these processes and practices were not adequate.

- Policies 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 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 provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and the practice told us that GPs and nurses were trained to child protection or child safeguarding level 3, although non-clinical staff had not all attended training. We did not see evidence of adult safeguarding training, although the practice stated that this was to take place later on in the year. A notice in the waiting room advised patients that chaperones were available if required. Non-clinical staff who acted as chaperones had received a standard Disclosure and Barring Service (DBS) check. (DBS
- During the inspection we observed that staff were unclear on procedures when processing, triaging and filing incoming patient documentation. For example, staff members did not receive sufficient clinical oversight and training to enable them to make correct decisions when deciding whether to bring information to a GP's attention or when coding the procedure correctly. We did not see evidence of any policy that staff could refer to if necessary. This meant that there was a risk that a GP may not be made aware of vital information relating to patient medical conditions.

  The practice used a global inbox to monitor correspondence and staff explained how the system was used, however we noted that there were two items

within the inbox dating from 2015 that had not been filed. The practice told us that they would ensure that this was recorded as a significant event and would be closely monitored in the future.

- We observed the premises to be clean and tidy. A 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 which had been issued by the infection control team. The policy contained procedures and process relating to infection control and staff were aware of the policy location. However, staff did not always follow the protocols relating to infection control processes. For example, there were instructions contained within the policy on how to clean body fluid spills and the designated equipment to use, however the staff we spoke to had not followed these protocols and the practice did not have the steam cleaner required to follow the protocols. Following the inspection the practice purchased the steam cleaner to enable staff to clean spills effectively. We saw evidence that the practice had identified the need to carry out infection control audits, although this had only recently been introduced. The audits identified actions requiring completion, however as the auditing system had only recently been introduced some actions were still awaiting completion. We saw evidence that the practice had a cleaning plan in place with clearly defined responsibilities.
- During the inspection we saw evidence of good practices and procedures for the minor operations room, including infection control processes. This included cleaning directions, stock checks, sterilised equipment, waste disposal and logging of procedures for both before and after theatre sessions were undertaken.
- There were inconsistencies between the practice recruitment policy and the recruitment checks that were carried out. Some staff files we reviewed showed that some recruitment checks had been not been undertaken prior to staff employment. For example, we noted that immunisation evidence for some clinical staff was missing and had been identified as such but had not been followed up. We also noted that some references for staff were missing or had only received one reference. Evidence relating to checks on locum GPs was incomplete. For example, information relating to insurance and mandatory training such as safeguarding and basic life support was not available.

Medicines Management

- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained.
- The practice had carried out a dispensing review of patients (DRUMS) on 10% of their patients to ensure that medicines are being used safely and correctly.
- There were clear operating procedures in place for the dispensary that accurately reflected practice.
- There were a variety of ways available to patients to order their repeat prescriptions
- Blank prescription forms were held securely on arrival in the dispensary and records were held of the serial numbers of the forms received. Staff had a process for tracking prescription stationery through the dispensary.
- Staff checked the temperatures in the dispensary fridges daily which ensured medicines were stored at the appropriate temperature. Dispensary staff knew what to do in the event of a fridge failure.
- Repeat prescriptions were signed before the medicines were given to patients. Dispensary staff could identify when a medicine review was due and explained that they would alert the relevant GP before issuing the prescription if the review was out of date.
- Dispensary staff had appropriate dispensary training and held qualifications in line with the requirements of the Dispensary Services Quality Scheme (DSQS), a national scheme that rewards practices for providing high quality services to patients of their dispensary. Dispensary staff had annual appraisals and felt that these were a good opportunity to discuss any training needs, however some aspects of mandatory training were missing, such as safeguarding, although the staff we spoke to were aware of the procedure to follow.
- The practice held stocks of controlled drugs (CDs - medicines that require extra checks and special storage requirements because of their potential for misuse) and had in place suitable arrangements for the storage,

recording and destruction of CDs. For example, access to the CD cupboard was restricted and keys held securely, and there were appropriate arrangements in place for the destruction and recording of both patient returned and out of date CDs. Dispensary staff were aware of how to investigate a CD discrepancy and knew how to contact the regional CD accountable officer.

- Dispensary staff recorded significant events and described a comprehensive system for their analysis and review. We saw evidence of significant events that occurred in the dispensary being logged and shared with the wider surgery team and changes made to processes as a result of significant event reviews. Where a patient was affected by an incident we saw evidence of an understanding and application of the duty of candour.
- The practice had a system in place for the management of high risk medicines. The dispensary alerted the appropriate GP when a repeat prescription for a high risk medicine was requested by a patient. The GP checked relevant blood test results before authorising the repeat prescription.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Monitoring risks to patients

During the inspection we found that there was scope for improvement to the way that risks to patients were assessed and well managed.

- There was a health and safety policy in place for monitoring and managing risks to patient and staff safety. However there were inconsistencies between the policy and evidence found on the day. For example, the policy stated that all staff must undergo basic life support training, fire training and that the practice will undertake immunisation checks for staff, however we were not shown evidence on the day of the inspection that these were always undertaken.
- The practice provided safety data sheets for substances that were under control of substances hazardous to health (COSHH) and the health and safety policy referred to COSHH.
- The practice had undertaken various checks to monitor the safety of the premises such as emergency lighting, portable appliance testing (PAT) of electrical equipment, calibration of equipment and weekly fire system/alarm and fire extinguisher checks. However, the practice was not able to provide evidence of training for all staff and the practice did not have a nominated fire marshal. The fire risk assessment for the practice had not been reviewed since 2005. Following the inspection the practice informed us that they would undertake a fire risk assessment and implement fire training for staff.
- We saw that the practice had processes in place with regards to legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings) and actions relating to identified risks had been completed.
- The practice had five waiting areas within the practice building. Some of these were not observed by practice staff and the safety and security of vulnerable patients could not be assured. For example, if a patient became unconscious there was a risk of a delay in the patient receiving urgent treatment. The practice told us that they were aware of this and would look into possible solutions in order to reduce the risk to patients.
- During the inspection we noticed that there was an open area which patients could access without being observed. The area contained an unlocked vaccine fridge, clinical waste containers and sharps bins, and a dewar of liquid nitrogen (liquid nitrogen is used to remove certain types of warts and lesions by freezing them and a dewar is the container which it is stored in). The area also contained dressings awaiting collection by patients. The dressings were labelled with patient identifiable details. The practice removed them from the area once notified. The vaccine fridge was unlocked and we were told by staff that the key had been lost. Following the inspection we were provided with evidence that the practice had placed a new lock on the fridge. At the time of inspection we notified the practice that the liquid nitrogen was not in a place of safety and that there was an immediate risk of injury to patients. The practice moved the container to a lockable room to remove the immediate risk. The practice told us that they provided in house training to staff to allow them to handle the liquid nitrogen safely and we saw that safety equipment to allow handling was present. We also asked the practice if they had any risk assessments in relation to the liquid nitrogen, along with maintenance records of the storage vessel. However they were unable to provide these, although the practice stated that they

had emergency contact details they could use in the event of an emergency. Following the inspection the practice provided evidence that they had carried out work to ensure patient access was not possible to this area.

- At the time of inspection we also found that a treatment room door was left open and unlocked in an unobserved area. Following the inspection the practice provided evidence that they had ensured patient access was not possible to this area.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for all the different staffing groups to ensure enough staff were on duty and the practice had introduced a buddy system to ensure that during GP absences test results could be forwarded to an appropriate clinician.

Arrangements to deal with emergencies and major incidents

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

- The practice used an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Whilst we saw that some staff received basic life support training we were unable to see evidence that all staff had received this due to inconsistencies in the training records.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. First aid kit and accident recording procedures were available.
- Emergency medicines were accessible to staff and staff knew of their location.
- 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.

Requires improvement

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.

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 from 2014/2015 were an achievement of 99.7% of the total number of points available. This was 1.2% above the local CCG average and 4.9% above the national average. The practice had an average exception reporting rate of 10.3%, which is 0.6% above the local CCG average and 1.1% above the England 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). This practice was not an outlier for any QOF (or other national) clinical targets, however some rates of exception reporting were higher or lower than the local CCG and National average. Data from 2014/2015 showed:

- Performance for diabetes related indicators was 99%, which was above the CCG average of 92% and the England average of 89%. Exception reporting for these indicators was 16%, which was similar to the CCG average of 12% and the England average of 11%.
- Performance for chronic obstructive pulmonary disease related indicators was 100%, which was above the CCG average of 98% and the England average of 96%. Exception reporting for these indicators was 10%, which was lower than the CCG and England averages of 12%.
- Performance for mental health related indicators was 98%, which was above the CCG average of 92% and the England average of 93%. Exception reporting for these indicators was 5%, which was lower than the CCG average of 12% and the England average of 11%.
- Performance for atrial fibrillation related indicators was 100%, which was in line the CCG average of 100% and the England average of 99%. Exception reporting for this indicator was 21.3%, which was higher than the CCG average of 12% and the England average of 11%.
- Performance for osteoporosis related indicators was 100%, which was in line with the CCG average of 99% and above the England average of 81%. Exception reporting for these indicators was 20%, which was higher than the CCG average of 10% and the England average of 13%.
- Performance for primary prevention of cardiovascular disease related indicators was 100%, which was the same as the CCG average and above the England average of 97%. Exception reporting for these indicators was 50%, which was higher than the CCG average of 34% and the England average of 30%.

We asked the practice whether they were aware of the higher exception reporting rates. The practice explained that they had identified the reason for higher exception reporting rates for atrial fibrillation as having included groups of patients which need not be included. The practice expected exception reporting rates to be lower as a result of this change. In response to the high exception reporting rate for cardiovascular disease the practice performed a thorough analysis of QOF data and identified several factors that may have caused the high exception reporting rate. The practice stated that they will continue to monitor this indicator. In reply to the osteoporosis exception reporting rates the practice told us that they had investigated the exception reporting codes used and were satisfied that these were correctly used.

There was evidence of quality improvement including clinical audit.

- We saw evidence of two completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, the practice had undertaken an audit on patients prescribed mirabegron (a medicine that is used to treat overactive bladder). The

aim of the audit was to check if patients prescribed this medicine were undergoing regular blood pressure reviews; as a recent medical alert indicated that severe hypertension may occur as a result of taking the medicine. Results indicated that 11 patients were prescribed mirabegron. The practice identified that of these 11 patients nine needed to be contacted to make arrangements to have their blood pressure recorded. Following the second audit, the results identified that two patients still required blood pressure readings to be taken and the practice had scheduled reviews to take place.

Effective staffing

We could not consistently be assured that all staff had the skills, knowledge and experience to deliver effective care and treatment.

The practice had a formal induction programme for all newly appointed staff, however we noted that this did not include nurses. Some clinical staff had recorded on the paperwork of their six monthly review that they had not received a formal induction and that they were not aware of which health and safety induction processes they had undertaken. On the day of the inspection the practice confirmed there was no formal induction process for nurses, although they had identified this as an area to be addressed and would follow the similar approach that was in place for non-clinical staff. However we did not see conclusive evidence that the induction process for non-clinical staff was completed in a timely manner or being followed correctly. For example, the practice told us that all induction paperwork was completed at the time of the six month review but not in real time as elements of the induction were completed. We also noted that staff had highlighted at the time of the six month review that they were not sure which elements of health and safety training they had undertaken.

- The practice provided some evidence of how they ensured role-specific training and updating for some staff, however due to incomplete evidence surrounding training records we could not see evidence of this for all staff. We did see evidence of training for staff who dealt with patients who had long term conditions such as asthma and diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training.
- We saw evidence that staff received appraisals and reviews. The practice told us that they did not keep copies of the appraisals for nurses and said that the nurses keep the original copies. Staff we spoke with confirmed this and told us that the appraisals and reviews were open and supportive.
- There was evidence that the practice undertook some training of staff in order to keep skills up to date, however the practice operated two separate training records and it was not clear which staff had received training in areas considered as mandatory by the practice such as basic life support, infection control and fire training. Some staff members we spoke with told us they had not received mandatory training and were also unclear as to the training that they had undertaken. The practice had identified the need to reconcile the training records and planned to implement a single training log to help identify training requirements and ensure mandatory training was undertaken.

Coordinating patient care and information sharing

Whilst information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system we could not be assured that staff always had access to important information. For example, notes relating to multi-disciplinary team (MDT) meetings were not cascaded effectively throughout the practice. Whilst we were told that multi-disciplinary team meetings took place with other health care professionals on a monthly basis, evidence of notes from these meetings was not comprehensive and information was not recorded on patient notes. We were told that notes relating to meetings were recorded in a logbook, however there was no clear evidence of the outcomes of the meeting being shared effectively with the rest of the clinical team. Following the inspection the practice stated that they will alter their recording process for MDT meetings and will enter records directly into patient notes at the time of the meetings.

The practice worked 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.

Requires improvement

Are services effective?

(for example, treatment is effective)

We saw evidence of comprehensive care plans which included long term conditions and advanced care planning. These were reviewed and updated.

Information such as NHS patient information leaflets was available in the patient waiting room Further information for patients was available on the practice website.

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 and smoking cessation. Patients were signposted to the relevant service.
- Nurses and health care assistants were trained to provide smoking cessation advice and the practice liaised with local support groups to provide an effective service.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG and England average of 82%. The practice ensured that a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, the percentage of females aged 50-70 who had been screened for breast cancer in the last 36 months was 78% compared to a CCG average of 78% and an England average of 72%. The percentage of persons aged 60-69 who had been screened for bowel cancer in the last 30 months was 61% compared to a CCG average of 63% and an England average of 58%.

Childhood immunisation rates for the vaccinations given were mostly comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 97% compared to the local CCG averages of 94% to 97% and five year olds from 94% to 98% compared to the local CCG averages of 93% to 97%.

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 number of patients on the over 65 register who received the flu vaccination was 1348, which represented 76% of patients on the register. Appropriate follow-ups for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

At the annual flu clinic the practice took the opportunity to take patient observations such as blood pressure and pulse readings in order to establish whether patients had atrial fibrillation (atrial fibrillation is a health condition whereby the heart can beat irregularly). The practice then used this information to calculate and decrease the risk of stroke to affected patients.

Good

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.

All of the 26 patient Care Quality Commission comment cards we received were positive about the standard of care received. Patients felt that the practice provided an efficient, responsive and caring service, praising both individual members of staff and the practice as a whole. One patient commented that the whole practice team worked well together to support patients.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 96% 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%.
- 87% 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%.
- 91% 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%.
- 83% of patients said the nurse was good at listening to them compared to the clinical commissioning group (CCG) average of 94% and the national average of 91%.
- 83% of patients said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 83% 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%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice was aware of the lower scores surrounding nurses and was investigating ways to improve these areas.

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.

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 mostly in line with local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 87% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 93% and national average of 90%.
- 79% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and national average of 85%.

Good

Are services caring?

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.
- The practice had installed a hearing loop in reception.
- The practice had installed an automatic door at the main entrance of the building so that people who required assistance had easy access to the building and they had also installed a stair lift so that patients could access the upper floor of the surgery.

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. Links to websites for support groups were available on the practice website.

The practice computer system alerted GPs if a patient was also a carer. The practice had identified 165 patients as carers (1.2% of the practice list). Once a carer had been identified they were given a carer's pack which gave details of support organisations. Information was available to direct carers to the various avenues of support available to them, including Suffolk Family Carers. The practice told us that they kept a dementia resource folder at reception which contained details of useful local services that can be given to people who are caring for someone with dementia.

Staff told us that if families had suffered bereavement, their usual GP contacted them by phone. The practice offered support by giving them advice on support services and the processes that occur following a patient death. Where appropriate the practice discussed needs of bereaved relatives with other healthcare professionals.

The practice told us that they proactively registered vulnerable people at the practice, including those that were homeless. When patients were homeless the practice used the surgery address in order to be able to register the patient. The practice also told us that they had close links with local support organisations. Where appropriate they temporarily registered patients from some of the organisations to ensure the practice had full medical details to allow support with complex treatment plans.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice liaised with the community midwife team and had plans to host clinics four days per week at the surgery that any patient registered with five local practices could attend.

- Online appointment booking and prescription ordering was available for patients.
- Home visits were available for older patients or patients who would benefit from these.
- Urgent access 'sit and wait' appointments were available for people who required them
- There were disabled facilities, a hearing loop and translation services available. Some of the practice staff also spoke languages such as German, Estonian, Russian and Hindi.
- The practice website had the facility to be translated into 13 languages.
- Clinical rooms had space for wheelchairs and prams/ pushchairs to manoeuvre.
- Staff were aware of patients who had limited access and offered support when required. The practice had a stair lift to assist patients with limited mobility to gain access to the upper floor of the surgery. The practice had installed automatic doors at the main entrance to assist with access and had dedicated disabled parking spaces near to the surgery entrance.
- GPs visited local care homes in order to provide treatment for their registered patients who live there. When we spoke to several of the care homes they stated that the care they received was of a good standard and responsive to the residents' needs.
- The practice hosted community physiotherapy clinics for patients in the locality.
- The practice provided clinics for patients with long term conditions and had recently started to hold joint diabetic clinics twice a month with the specialist diabetes nurse from the local hospital. This allowed the practice to initiate certain medicines quickly rather than the patients having to wait for an initial hospital appointment first.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday and also on Saturday morning for pre-bookable appointments between 8:30am and 12pm. Extended appointment hours were provide by GP+ for whom the practice allowed use of its premises. Out-of-hours care is provided by Care UK via the NHS 111 service. In addition to pre-bookable appointments, urgent appointments were also available for people that needed them.

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

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 84% 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%.
- 80% of patients said that they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 96% of patients said that 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.

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.

For example, urgent visit requests were put through to the duty doctor by messaging via the practice computer system. Home visit requests were also added as an urgent call request on the appointment screen. The requests are then triaged by a doctor and home visits are then allocated.

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. Staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns, however this required improvement.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- Whilst the practice had a complaints policy in place there were inconsistencies between the way the practice responded and the written policy. There was a designated responsible person who handled all complaints in the practice.
- On the day of the inspection we did not see evidence that information was readily available to help patients understand the complaints system. For example, there was an area on the practice website where patients could make complaints electronically, however there was no information with regards to what would happen after the complaint was submitted, or information about other organisations that could assist in making a complaint. The general practice leaflet also did not contain information on how to make a complaint and on the day of inspection we did not see complaints leaflets on display within the practice. During our inspection a patient wished to make a complaint, but the reception staff did not have a complaints leaflet to give them and suggested that the patient email the practice manager. Following the inspection we were shown evidence that the practice now has complaints leaflets that contain the required information in the reception area and posters containing complaints information in the waiting areas.

We looked at two complaints received in the last 12 months and found that whilst complaints had been recorded there were inconsistencies with the way the practice responded to the complaint against the practice policy. For example, the complaints were not dealt with in a timely manner and we did not see evidence that the patient was satisfied with the response from the practice as there was no copy of the practice response on record. During the inspection we were informed that the practice completed audits relating to complaints in order to identify trends and that this information was sent to the local CCG, however the practice was not able to show us evidence of this taking place.The practice provided evidence of matters relating to complaints being shared through the monthly newsletters.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a mission statement to provide "the highest quality healthcare to our patients" and to "treat all patients equally, courteously and with respect". Staff we spoke to were aware that the practice had a mission statement.

The practice had looked to the future and identified areas for the development of the practice including updating the practice facilities and updating the practice website and record keeping processes.

Governance arrangements

The practice had structures and procedures in place but some of these were required improvement to ensure the practice had an effective governance framework to support the delivery of the strategy and good quality care and required improvement.

- There was a clear staffing structure and most staff were aware of their own roles and responsibilities, although some staff required further guidance which was not always in place.
- Whilst some practice specific policies were implemented and were available to staff, some were not followed correctly while others required review and adjustment.
- We saw evidence of some audits taking place, however systems in place used to monitor processes such as alerts, complaints and recruitment required improvement.
- We saw limited arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however systems in place to manage and monitor risks were not robust.
- The practice encouraged all members of the practice to attend informal breaks at the end of morning surgery where staff could mix and clinical and non-clinical discussion could take place.

Leadership and culture

The partners had a variety of skills, knowledge and experience, however on the day of the inspection we found we found that there was scope for the practice leadership to be improved. At the time of inspection some supporting governance systems were not robust or in place, or available to view to enable the conclusion that safe, high quality, compassionate care was always able to be provided. This also meant that not all staff always had a structure in place to enable them to feel totally supported in their job role. However, staff told us the partners were visible, approachable, took the time to listen to them, and tried to make them feel part of the practice.

The provider was compliant 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), although some governance systems had scope for improvement.

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:

There was a clear leadership structure in place and staff mostly felt supported by management, although some members of staff felt that there could be more guidance in instances where key members of staff were not present.

- Staff told us that they could raise concerns informally within the practice and that there was an open culture within the practice.
- The practice was planning a practice away day later on in the year.
- Staff said they felt respected, valued and supported within the practice and that the partners were approachable.

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

The practice encouraged and valued feedback from patients, and the public, although some staff were not able to explain how they were involved in making decisions about the practice. Whilst the practice sought patients' feedback through Friends and Family questions and DSQS the practice did not engage effectively with the patient participation group.

- The practice had a patient participation group (PPG) which existed online only. No meetings took place and there was little communication between the PPG and the practice. Following the inspection the practice told

Are services well-led?

Requires improvement

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

us that they planned to review the PPG and were putting together plans to try and recruit new members as well as improving communication between the practice and the group.

- The practice had gathered feedback from staff through appraisal and informal discussion.

Continuous improvement

The practice took part in local pilot schemes to improve outcomes for patients in the area. For example, the practice engaged with the local learning disability liaison nurse in a pilot scheme launched in January 2016 which is designed to improve outcomes for patients. The practice was also effectively engaging with the local hospital diabetic specialist nurse in order to promote effective health outcomes for patients. The practice also supported apprentices, particularly in the area of administration.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The practice did not ensure that patient access to hazardous substances was restricted and that risk assessments relating to the practice building were not updated. Patients were at risk of harm as practice building waiting areas were unable to be observed. The practice did not ensure evidence of actions completed in relation to medical alerts was consistently recorded.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **How the regulation was not being met:** The practice did not comply with the complaints policy in place and complaints were not always dealt with in a timely manner. Records and audits surrounding complaints were not robust and information surrounding the complaints process was not readily available to patients.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:**

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury	The practice did not operate effective systems or processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients arising from incoming clinical documentation such as letters from hospitals.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The practice did not ensure that all staff received an appropriate induction for their job role and the induction processes in place were not robust. Processes surrounding training systems were not robust and mandatory training for staff was not up to date or recorded effectively.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** 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: Information Required in Respect of Persons Employed or Appointed for the Purposes of a Regulated Activity.