

Martlesham Heath Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Martlesham Heath on 5 April 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- Where vulnerable and frail patients were identified, the practice provided them with a direct telephone number to the practice. Staff received training to ensure this telephone line was responded to within two rings to ensure patients received an appropriate and rapid response to their requests for assistance. This ensured that such patients did not feel isolated.

Summary of findings

The areas where the provider should make improvement are:

- Ensure patients waiting for their appointments in all areas of the practice can be clearly seen by reception staff to ensure patients whose health might deteriorate can be seen by staff.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



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

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The GPs had looked at prescribing issues such as usage of second-line antibiotics over the past six months. The GPs were very pleased to report that in January 2016 their prescribing spend was within the CCG indicative budget.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice in-line with or above others for several aspects of care.

Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team. The practice took part in discussions of hospital out-patient referral rates & prescribing data with other local practices within the clinical commissioning group (CCG). At the time of our inspection, the data showed that hospital referral rates were above the CCG average. Hospital admission rates were below average for the practice. The practice commented that during the period covered by these figures it had faced staffing problems due to a retirement vacancy in addition to long-term sickness absence. Fortunately the practice had recruited an experienced GP to a substantive post. This had enabled the GPs to undertake more discussion of referral criteria. The practice had also reduced the proportion of sessions covered by locum GPs and were hopeful that this would reduce out-patient referral rates.
- The practice participated in the Suffolk Federation access pilot called 'GP+' and made appointments available outside core hours.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- 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 this.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.

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.
- 66% of patients with diabetes, on the register, whose blood pressure reading were 140/80mm Hg or less (01/04/2014 to 31/03/2015) compared to the national average of 78%.
- 100% of patients with diabetes, on the register had received a flu vaccination the previous year.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



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 relatively high for all standard childhood immunisations.
- 68.31% of patients with asthma, on the register, had an asthma review in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the national average of 75.35%.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 78.21% which was below the national average of 81.83%.
- 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.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with 69.6% of patients aged between 60-69 years of age, screened for bowel cancer in last 30 months and 82% of female patients aged 50-70 years of age, screened for breast cancer in last 36 months. These were above CCG and national averages.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Of the ten patients on the learning disabilities register, only four had received a health review in the previous 12 months. We were told the practice were in the process of inviting these patients for an annual review. The practice offered longer appointments for patients with a learning disability.
- Where vulnerable and frail patients were identified, the practice provided them with a direct telephone number to the practice. Staff received training to ensure this telephone line was

Good



Summary of findings

responded to within two rings to ensure such patients received an appropriate and rapid response to their requests for assistance. This ensured that such patients did not feel isolated.

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 76% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was below the national average of 84%.
- 93% of patients experiencing poor mental health who had had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they might have been experiencing poor mental health.
- 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 published January 2016. The results showed the practice was performing in line with local and national averages. 232 survey forms were distributed and 118 were returned. This represented 51% response rate.

- 96% found it easy to get through to this surgery by phone compared to a CCG average of 81% and a national average of 73%.
- 87% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 90% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).
- 86% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However five cards raised concerns regarding access to appointments, seeing a GP of choice and the length of appointments.

We spoke with 11 patients during the inspection and one patient following the inspection. We were told they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients told us they felt privileged to be a patient at the practice, others told us they had moved to the surgery following recommendations from family and friends and were very pleased with the care and treatment at the practice. In addition patients we spoke with and several of the comment cards completed named specific members of staff including clinical and non-clinical staff praising them for their treatment, help and support.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure patients waiting for their appointments in all areas of the practice can be clearly seen by reception staff to ensure patients whose health might deteriorate can be seen by staff.

Outstanding practice

- Where vulnerable and frail patients were identified, the practice provided them with a direct telephone number to the practice. Staff received training to

ensure this telephone line was responded to within two rings to ensure patients received an appropriate and rapid response to their requests for assistance. This ensured that such patients did not feel isolated.

Martlesham Heath 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 pharmacy inspector.

Background to Martlesham Heath Surgery

Martlesham Heath Surgery provides personal medical services to a population of 5,876 patients in the Ipswich area. The practice is situated six miles to the east of Ipswich. This is an ancient area of heathland and latterly the site of Martlesham Heath Airfield. (made famous by the film 'Reach for the Sky' about RAF Squadron Leader Douglas Bader who was stationed there during The Second World War). A new village was established here in the mid 1970's and this has developed into a modern community based on a traditional village pattern. The practice's patient population consists of: 20% of patients aged 0 – 17, 54% of patients are aged 18 – 64 years, 23% of patients are aged 65 years and over. The practice is situated within 600 meters of a large BT HQ Research Laboratory and the practice provides medical services to large numbers of short term temporary residents and their families. The practice patient demographics are mainly affluent, white, middle class residents.

The practice provides treatment and consultation rooms on the ground floor with level access. We noted that although the main doors are not automatic, however there is a front door bell and a sign advising patients who are unable to manage the door that assistance is available. Parking is available.

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

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

There is a practice manager who is supported by a team of non-clinical administrative, secretarial and reception and dispensary staff who share a range of roles, some of whom are employed on flexible working arrangements. The practice also has a dispensary service which is available from 8.00am until 6.30pm Monday to Friday.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 12am and from 3pm to 6pm Monday to Friday. Extended surgery hours are offered on Wednesdays from 6.30pm to 9.30pm. In addition to pre-bookable appointments that could be booked up to 12 weeks in advance. Urgent appointments are also available for patients that need them. Appointment reminders are sent to patients via text message. The practice participates in the Suffolk Federation's access pilot called 'GP+' and make appointments available outside core hours. The practice also uses the 111 service when the practice is closed. (This is the Out-of-Hours emergency service led by GPs).

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

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 5 April 2016. During our visit we:

- Spoke with a range of staff including GPs, nurse practitioners, the practice manager, dispensary staff and non-clinical 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:

- 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 a system in place for reporting and recording significant events.

Staff told us they would inform the practice manager of any incidents by way of a significant events book kept in the main reception area. Staff were aware of what would constitute a significant event and the practice manager would check the book regularly. There was also a significant event form saved on the practice's computer system. Any events that required urgent attention were dealt with immediately, however the practice acknowledged that the recording of learning outcomes and discussions at practice meetings needed to be improved. We saw that since January 2016, the practice had included significant events and complaints as a regular item on the agenda for practice meetings. During the inspection, the practice manager set up a spreadsheet for significant events and complaints in order that these could be monitored and a thorough analysis could be carried out of all significant events and complaints at regular intervals. The practice also set up a system for recording verbal complaints during the inspection, to ensure that any trends were identified.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. As a direct result of recording and responding to significant events, complaints and patient comments, the practice had changed its appointments system to incorporate a variety of appointments, these included on the day, urgent and routine appointments. The surgery had also moved to 15 minute appointments for patients seeing the nursing staff.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Weekly cleaning schedules were evidenced and cleaning materials were stored safely in a locked cupboard.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. GPs liaised with and attended the monthly CCG prescribing meetings. GPs ran searches to pick up high risk drug combinations, results or other markers so that the practice could act on them and intervene. The practice had appropriate written procedures in place for the production of prescriptions that were regularly reviewed and accurately reflected current practice. We saw a positive culture in the

Are services safe?

practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again. We saw processes in place for managing national alerts about medicines, such as safety issues. Records showed that the alerts were distributed to relevant staff and appropriate action taken. There was a clear system for managing the repeat prescribing of medicines and a written risk assessment about how this was to be managed safely. Patients were able to phone in for repeat prescriptions, as well as order on line, in person or by post. Changes in patients' medicines, for example when they had been discharged from hospital, were checked by the GP who made any necessary amendments to their medicines records. This helped ensure patients' medicines and repeat prescriptions were appropriate and correct. We checked treatment rooms, medicine refrigerators and found medicines were safely stored with access restricted to authorised staff. Suitable procedures were in place for ensuring medicines that required cold storage were kept at the required temperatures. Stocks of controlled drugs (medicines that have potential for misuse) were managed, stored and recorded properly following standard written procedures that reflected national guidelines. Processes were in place to check medicines were within their expiry date. Out of date and unwanted medicines were disposed of in line with waste regulations. Blank prescription forms and paper were handled according to national guidelines and were kept securely. Vaccines were administered by nurses using Patient Group Directions (PGDs) that had been produced in line with national guidance. PGDs were up to date and there were clear processes in place to ensure the staff who were named in the PGDs were competent to administer vaccines. The practice held limited stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. The practice had appropriate written procedures in place for the production of prescriptions and

dispensing of medicines that were regularly reviewed and accurately reflected current practice. The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency annually reviewed. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

- We reviewed three 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.
- 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety 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), as well as asbestos, fixed wiring and water risk. We saw that not all patients waiting for their appointments in areas of the practice could be clearly seen by reception or other staff, there was a risk that patients, whose health could deteriorate while waiting for their appointment, may be overlooked.

Are services safe?

- 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 that enough staff were on duty. Staff were multi-skilled and could therefore cover for holidays and sickness. The practice reported that they had very little sickness or absence from work.

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 on the treatment room trolley which was kept in the corridor. The practice agreed to remove some medications from the trolley and keep them in a locked 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 also available.
- Emergency equipment and medicines were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff as well as suppliers. The plan was kept off site and all members of staff had received the final page of the document which contained a flow chart of what to do in the event of a serious incident affecting the smooth running of the surgery. The practice had also made arrangements with a local surgery that in the event of a disaster at the practice, the neighbouring practice would offer them a room to use.

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 peoples' 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 87.3% of the total number of points available, with 8.8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 to 2015 showed;

- Performance for atrial fibrillation, cancer, depression, epilepsy, heart failure, learning disability, palliative care, stroke or transient ischaemic attack indicators for 2014 to 2015 were better or in-line when compared to the CCG and national average with the practice achieving 100% across each indicator with exception reporting for these indicators in line with CCG and national averages.
- Performance for diabetes related indicators was worse when compared to the CCG and national average. With the practice achieving 75% of the indicator points available, this was below the CCG average of 90% and below the national average of 89%.

- The percentage of patients with hypertension having regular blood pressure tests was also worse than the CCG average of 96% and national average of 97%, with the practice achieving 86.8% of the indicator points available.
- Performance for mental health related indicators was also worse in comparison to the CCG and national average. With the practice achieving 78.2% of the indicator points available, compared to the CCG average of 91% and the national average of 92%.

We discussed these figures with the GPs and PM who told us that due to a partner's retirement and sick leave over the previous year, there had been a significant loss in the collation of data used for QOF. However since the recruitment of a new salaried GP in August 2015 the practice had seen improved patient access and recording of QOF data and their unvalidated achievement for 2015 to 2016 QOF indicators had improved to 91% of the total number of points available.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. A number of QOF based clinical audits had been completed in the last two years. These were completed audits where the improvements made were implemented and monitored. We also saw examples of full cycle audits that had led to improvements in prescribing and were on-going to ensure continued improvements. The practice had carried out a significant event analysis reviewing the case of a patient who died from a pulmonary embolus (PE). This was an unexpected event, but triggered a review of how patients subsequently diagnosed with a PE had presented within the practice and to hospital services. The audit also looked at how potential symptoms of a PE were assessed by clinicians and if this was in line with guidance from the British Lung Foundation. Twelve patients were identified who had been admitted to hospital with a suspected PE. The clinical symptoms and Dimer blood test (a screening test for a PE) were all suggestive of a PE. The diagnosis of a PE was confirmed in nine out of twelve patients whilst in hospital. In 2016 the audit was repeated to see if patients suspected of having a PE were started on blood-thinning injections appropriately. The review confirmed that this was the case. The audit was discussed with all clinicians to highlight situations in which a PE should be considered as a potential diagnosis.

Are services effective?

(for example, treatment is effective)

One of the clinical commissioning group (CCG) organised educational sessions the practice attended had focussed on Parkinson's disease. Following this the practice undertook an audit to assess if an annual review within the practice and a specialist review had been carried out. This was in-line with current National Institute for Health and Care Excellence (NICE) guidance. 17 patients with Parkinson's disease who required a specialist review were identified. 15 patients had undergone a specialist review within the past year. In response to this a new recall system was set up. On re-running the audit cycle only one patient was identified as having not undergone a specialist review. The practice continued to monitor this.

The GPs had looked at prescribing issues such as usage of second-line antibiotics over the past six months. The GPs were very pleased to report that in January 2016 their prescribing spend was within the CCG indicative budget.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information

governance awareness. Staff had access to and made use of e-learning training modules and in-house training. In addition we saw that dispensary staff had achieved national vocational qualifications.

- Staff attended external meetings and training updates to ensure they were working in line with the most recent guidance and informed of recent changes and developments. For example the practice nurses, reception staff and medical secretaries attended the clinical commissioning group's (CCG) training sessions. The administration staff attended the monthly computer software medical package support group and the practice manager attended a monthly coastal group meetings with other practice managers in addition to CCG meetings and bi-monthly strategic forum meetings.

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. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

A midwife attended the surgery each week as well as a mental health link worker.

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.

Are services effective?

(for example, treatment is effective)

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

The practice identified patients who might be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking. Patients were then signposted to the relevant service and there was a range of leaflets and information available throughout the surgery.

The practice's uptake for the cervical screening programme was 78.21% which was slightly below the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged

uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with 69.6% of patients aged between 60-69 years of age, screened for bowel cancer in last 30 months and 82% of female patients aged 50-70 years of age, screened for breast cancer in last 36 months. These were above CCG and national averages.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82.6% to 100% and five year olds from 91.2% to 93%. Flu vaccination rates for the 2015 to 2016 flu campaign for over 65s were 66%, and at risk groups 33%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 33 comment cards which were all positive about the standard of care received. However five cards raised concerns regarding access to appointments, seeing a GP of choice and the length of appointments. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Several cards named specific members of staff, praising them for the care and treatment they provided.

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

- 82% said the GP was good at listening to them compared to the CCG and national average of 89%.
- 80% said the GP gave them enough time (CCG average 88%, national average 87%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).

- 80% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 80% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 90% said they found the receptionists at the practice helpful (CCG average 89%, national average 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 on 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 in line with local and national averages. For example:

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG and national average 82%).
- 88% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 84 patients or 1.43% of the practice list as carers. In addition the practice had identified 112 patients who had a carer (though not

Are services caring?

necessarily a patient at the practice). Written information was available to direct carers to the various avenues of support available to them. The practice had a carers' register and one of the receptionists was the Carers' Champion. There was a carer's' board in the waiting room which was kept up-to-date by the Carers' Champion. Letters had recently been sent to all carers offering them a health check, during which it could be identified as to whether any other services would be beneficial to them as well as ensuring that they remained in good health. The practice had also identified that there was a local group run by volunteers of The Salvation Army and the Alzheimer's society which helped and supported carers of patients suffering with dementia. The practice was currently investigating this further and would write to all carers with further information.

The practice held monthly multi-disciplinary team meetings to discuss complex cases, vulnerable patients, those with learning difficulties and end of life care. The clinical staff met on a daily basis to discuss patients, concerns and treatment.

Where vulnerable and frail patients were identified, the practice provided them with a direct telephone number to the practice. Staff received training to ensure this telephone line was responded to within two rings to ensure such patients received an appropriate and rapid response to their requests for assistance. This ensured that such patients did not feel isolated.

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.

- The practice offered a 'Commuter's Clinic' on a Wednesday evening until 9.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, carers and vulnerable patients.
- The practice participated in the Suffolk Federation's access pilot called 'GP+' and made appointments available outside core hours.
- Contraceptive checks were available at the practice.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice has a self-service blood pressure machine and results are reported by the patient to the receptionists and if necessary an appointment is made.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a Yellow Fever Vaccination centre. Information was available on the practice website.
- There were disabled facilities and telephone translation services available. A private room was available for patients who might wish to breast feed.
- Where patients had provided a current mobile telephone number the practice sent appointment reminders via text message.
- GPs provided peer support to each other, nursing and non-clinical staff through daily meetings to review care and treatment.
- The practice worked closely with community midwives, health visitors and mental health link workers, and promoted provision of these services from the surgery premises where possible. For example local midwives and the mental health link worker provided weekly clinics.
- Services for children included school leavers immunisations, Meningitis C vaccinations for university

students, a 'Top Tip for Teens' information leaflet and access to the clinical commissioning groups youth forum. The children's waiting room provided crayons, paper and stickers to entertain younger patients.

- The practice took part in discussions of hospital out-patient referral rates & prescribing data with other local practices within the CCG. At present the data showed that hospital referral rates were above the CCG average. Hospital admission rates were below average for the practice. The practice commented that during the period covered by these figures the practice had faced staffing problems due to a retirement vacancy in addition to long-term sickness absence. The practice had recruited an experienced GP to a substantive post. This had enabled the GPs to undertake more discussion of referral criteria. The practice had also reduced the proportion of sessions covered by locum GPs and were hopeful that this would reduce out-patient referral rates.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12am and 3pm to 6pm Monday to Friday. Extended surgery hours were offered on Wednesdays from 6.30pm to 9.30pm. In addition to pre-bookable appointments that could be booked up to 12 weeks in advance. Urgent appointments were also available for patients that needed them.

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

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%. We discussed this low figure with the practice manager who felt that the recruitment of the salaried GP and the extended hours available from 6.30pm to 9.30pm Wednesday evenings would see an on-going improvement in patient satisfaction with opening hours.
- 96% patients said they could get through easily to the surgery by phone (CCG average 81%, national average 73%).
- 62% patients said they always or almost always see or speak to the GP they prefer (CCG average 58%, national average 59%).

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

Are services responsive to people's needs?

(for example, to feedback?)

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.
- The Practice Manager was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. There was a notice in the reception area advising patients of the complaints procedure and a complaints leaflet was available if requested.

We looked at complaints received in the last 12 months and found that they had all been responded to in a timely way. If a complaint was found to be on-going, the practice manager would continue to monitor the complaint until it was resolved.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice were in discussions regarding future plans which may develop as part of a super practice.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which 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

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

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

- Staff told us the practice held regular team meetings approximately two months apart, but they were in the process of increasing these to monthly meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at daily and team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The staff told us that if a member of staff left the practice for any reason, that discussions would take place with the entire team with regards to replacement, or offering existing staff additional hours and duties.

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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had created a new private room for patients to use for breastfeeding, those with infectious conditions or private conversations with staff as well as improving the practice by re-decorating, replacing flooring and chairs and re-designing and rebuilding the reception area. Other areas of change influenced by patient and PPG feedback included a change in the system for phlebotomy appointments which ensured patients could book an appointment up to three months in

Are services well-led?

Good 

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

advance. In addition the PPG had suggested a member of staff began earlier each day from 7.45am in order to open the practice and ensure the telephone system was ready for 8am to avoid a bottleneck.

- The practice manager had worked with one member of the PPG, who had extensive experience of a safety critical industry, to review the practice's health and safety procedures and practices.
- 96.5% of patients who responded to the Friends and Family test said they would be likely or very likely to recommend the practice.
- The practice had gathered feedback from staff through the appraisals, staff meetings and general discussion throughout the week as well as an open invitation for staff to attend the daily clinical meeting if there was something that they wanted to discuss with the clinicians. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice for example, three reception staff had gone on to learn dispensing and one had become the lead dispenser, two practice nurses had gone on to become nurse practitioners and the practice manager was in the process of obtaining a degree in accountancy funded by the practice. One member of staff had been trained as an assistant practice manager, and had moved to another practice in the role of practice manager. The practice was a member of the Suffolk GP Federation and an active member of the local clinical commissioning group and also the Commissioning Ideals Alliance locality. Locality meetings are an important part of CCG's work. There are four locality group meetings in the area (Commissioning Ideals Alliance, Suffolk Brett Stour, Deben Health Group and Ipswich) which meet regularly throughout the year. The training and education events which provide clinical training and a development workshop format were scheduled to take place nine times per year. These events enabled a wider group of GPs to be involved in the CCG and new pathway developments.