

Orchard Street Medical Practice - White

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as good overall. (Previous inspection report published 9 July 2015 - Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) - Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Orchard Street Medical Practice - White on 27 November 2017 as part of our regulatory functions.

At this inspection we found:

- The practice had an effective system in place for recording, responding and learning from significant events. However, they did not have complete oversight of safety alerts which included Medicines & Healthcare products Regulatory Agency (MHRA) alerts. Following our inspection the practice completed a review of MHRA alerts since March 2016 and provided evidence of regular discussion at clinical meetings.
- Whilst the overview record of staff training was not effectively completed, which the practice explained was due to information technology issues, they could evidence that the majority of staff had completed training deemed mandatory by the practice. However two clinical staff members had not completed safeguarding children and vulnerable adults training appropriate to their role. One GP was overdue their refresher training for basic life support and anaphylaxis. Training was arranged following our inspection.

Summary of findings

- Infection control policies and procedures were in place and a number of audits were completed and actions identified were acted on. The practice did not record the Hepatitis B immunity of all non-clinical staff, who were at risk as they were responsible for the cleaning of spilt body fluids. Written risk assessments had not been undertaken in relation to the roles the practice required these staff to undertake.
- Appropriate recruitment arrangements were in place and staff received an induction applicable to their role. Appraisals had been completed in the staff files that we viewed and staff we spoke with confirmed they had received an annual appraisal.
- The practice had systems in place for the appropriate and safe handling of medicines.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- The practice were very aware of the specific needs of their patient population. This included a significantly higher than average number of patients between the ages of 20 and 44, and with significantly higher deprivation levels than the clinical commissioning group (CCG) average. The practice had a high transient population and many patients for whom English was not a first language. Staff involved and treated people with compassion, kindness, dignity and respect. We saw examples of this during the inspection.
- The practice had less than 1% of the practice population identified as carers. This figure was low due to the significantly lower number of older patients registered at the practice. Information was available for carers, although not all the staff we spoke with were aware of the services available for carers and how to signpost patients to these services.
- Annual health checks for people with a learning disability were offered by the practice. The practice

currently had 76 patients on the learning disabilities register who were eligible for a health check; 29 of these patients had received a health check since April 2017. The practice had plans to invite patients for a review and worked with a learning disability nurse to support this work.

- All of the patients we spoke with and received comments from found the appointment system easy to use and reported that they were able to access appointments easily. This was supported by a review of the appointment system and data from the national GP Patient Survey. Some patients advised that they did not always have consistency of GP, although this was available if you could wait.
- There was an effective system for responding to and learning from complaints. Information on the practice's complaints procedure was not easily available in the practice, although it was on the practice's website.

The areas where the provider must make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider should make improvements are:

- Staff at the practice should be aware of the support services available for carers and be able to signpost carers to these services.
- Information about the practice's complaints procedure should be updated and easily available at the practice.
- Continue with plans to invite patients with a learning disability for a health check.






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

Summary of findings

The six population groups and what we found

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

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

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Action the service **SHOULD** take to improve

- Staff at the practice should be aware of the support services available for carers and be able to signpost carers to these services.
- Information about the practice's complaints procedure should be updated and easily available at the practice.
- Continue with plans to invite patients with a learning disability for a health check.

Orchard Street Medical Practice - White

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to Orchard Street Medical Practice - White

- The name of the registered provider is Orchard Street Medical Practice - White. The practice address is Orchard Street Health Centre, Orchard Street, Ipswich, Suffolk, IP4 2PZ.
- The practice is registered to provide diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures. There are no GPs currently at the practice who undertake minor surgery.
- The practice has a personal medical services (PMS) contract with the local Clinical Commissioning Group (CCG).
- There are two partners at the practice, a GP (male) and the practice manager (female). There are nine salaried GPs (5 male and 4 females) and two regular locum GPs (male). The nursing team includes one nurse practitioner, three practice nurses, two health care assistants, and one family planning nurse. The practice

manager and assistant manager lead a team of 13 administration and reception staff, which include an information technology coordinator, a prescribing clerk and a data input clerk. There is also a senior prescribing clerk.

- There are approximately 14,500 patients registered at the practice.
- The practice website is <http://www.orchardmedicalpractice.nhs.uk>.
- The practice has an above average number of patients aged between 0 to 4 and a below average number of patients between the ages of 10 to 19. They have a significantly above average number of patients aged between 20 and 44 and a significantly below average number of patients aged 45 and over.
- The practice has a significant number of patients for whom English is not a first language. It also has a transient population. For example, the practice registered 1,400 new patients between 1 November 2016 and 1 November 2017, however their list size decreased by nine patients showing a significant movement of patients.
- Income deprivation affecting children is 21%, which is comparable to the England rate of 20% and above the CCG rate of 14%. Income deprivation affecting older people is 20%, which is above the England rate of 16% and CCG rate of 12%.
- Male and female life expectancy in this area is in line with the England average at 80 years for men and 83 years for women.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services. The practice was rated requires improvement for providing safe services as

- The practice did not have complete oversight of safety alerts which included Medicines & Healthcare products Regulatory Agency (MHRA) alerts. The practice had not been receiving all safety alerts and did not have a clear audit trail to show actions taken in response to safety alerts; however, following our inspection a complete review of all alerts since April 2016 was carried out.
- Two clinical staff members had not completed safeguarding children and vulnerable adults training appropriate to their role. One GP was overdue their refresher training for basic life support and anaphylaxis. Training was arranged following our inspection.
- The practice did not record the Hepatitis B immunity of all non-clinical staff, who were at risk, as they were responsible for the cleaning of spilt body fluids. Written risk assessments had not been undertaken in relation to the roles the practice required these staff to undertake.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse.

- The practice conducted safety risk assessments. Safety policies were available which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. Guidance was also available on the practice's computer system. The practice undertook a monthly check of patients who were coded as having safeguarding needs and highlighted those who had been added or removed from the safeguarding register, for review by a clinician.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Whilst the overview of training was not effectively completed, which the practice advised was due to information technology issues, the practice could evidence that the majority of staff, with the exception of two clinical staff members had received up-to-date safeguarding training. Staff we spoke with knew how to identify and report concerns. GPs and nurses had been trained to safeguarding level three. However health care assistants had not been trained to level two. Some action was taken in response to this finding following our inspection.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken. (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). Staff who acted as chaperones were trained for the role and had a DBS check in place.
- There was a system to manage infection prevention and control. An annual audit had been completed in February 2017 and identified actions had been completed. The infection control lead had undertaken mandatory training in infection control and liaised with the Clinical Commissioning Group (CCG) lead for infection control and regularly accessed the CCG website for information.
- Reception staff were responsible for the cleaning of spilt body fluids. However the Hepatitis B immunity of all of these staff members was not known by the practice. We were advised that some staff had been offered and refused to have this immunity, although there was no documented evidence of this. There was no documented risk assessment undertaken by the practice in relation to the role of reception staff. Following the inspection the practice submitted a risk assessment however this related to an individual member of staff who was responsible for clearing up used discarded injection needles and not reception staff in general. The practice informed us that following our inspection, staff with no known immunity had been stopped from cleaning spilt body fluids.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Are services safe?

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. For example, the reception manager explained how reception staffing levels increased in the winter months to respond to the increase in demand.
- There was an effective induction system, which included temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. The practice had clinical guidance on identifying sepsis in every clinical room.
- The practice had identified that they were awaiting the certificate from one GP to confirm they had received their annual refresher basic life support and anaphylaxis training. We requested confirmation that this had been undertaken and were advised the day after the inspection that this GP had not completed this training since September 2016. In response to this finding the practice arranged training for this member of staff.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. We reviewed a sample of the care records of patients with diabetes, patients with hypertension and patients with chronic obstructive pulmonary disease (COPD) and saw that the care and treatment provided to these patients was safe. We saw that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence based guidance. We reviewed two urgent referrals and these were completed swiftly and contained the relevant information.

Appropriate and safe use of medicines

The practice had some systems in place for the appropriate and safe handling of medicines.

- There was a system on the practice's patient record which highlighted relevant clinical information when specific high risk medicines were being prescribed.
- We reviewed a sample of the care records of patients prescribed high risk medicines such as lithium, amiodorone and warfarin. These medicines required regular monitoring. Appropriate monitoring was in place for most patients we reviewed. However one patient prescribed a medicine to treat and prevent a number of types of irregular heartbeats, had not received appropriate monitoring. We spoke with the practice they informed us they had invited this patient for review and added an additional alert to ensure the need for specific monitoring is highlighted on the patient's record. The GP partner advised that they would undertake some audits to ensure this was an isolated incident.
- The systems for managing medicines, which included vaccines, medical gases, emergency medicines and equipment, minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. Antibiotic prescribing was comparable to the clinical commissioning group and national averages. We viewed a clinical audit, which had been undertaken by a nurse practitioner relating to the prescribing of a specific high risk antibiotic medicine. In May 2016, seven out of ten sampled patients met the prescribing criteria for this medicine. A repeat audit in November 2016, identified two patients, both of whom were prescribed this medicine appropriately. This showed a reduction in prescribing and an increase in the appropriateness of prescribing.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were risk assessments in relation to safety issues, for example health and safety and water hygiene, which included legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in

Are services safe?

buildings). The practice had a fire risk assessment completed in 2015 and although there was some evidence that this had been updated, there was no clear audit trail for this. A fire evacuation had been completed in August 2017 and areas for improvement were identified, which included for example staff members positioning themselves at each entrance to stop patients entering the building.

- The practice monitored and reviewed activity which helped it to understand risks.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong.
- The practice learned, shared lessons and took action to improve safety in the practice. For example, a protocol for checking for pre-eclampsia in women in the third trimester of pregnancy had been developed and we saw an example of when this had been followed. We saw evidence of positive significant events, which reinforced that the practice had safe procedures in place for dealing with a medical emergency on the premises.

- We asked about the process for receiving and acting on safety alerts, including Medicines & Healthcare products Regulatory Agency (MHRA) alerts. On the day of the inspection, the practice were unable to provide evidence that they consistently received, responded to and reviewed patients as a result of safety alerts, although they advised they were signed up to receive them from the central alert system (CAS). The day after the inspection the practice advised that due to reconfiguration of the CAS during 2016, their email address, whilst on the database, was not on the system. According to the recording system, they had not responded to any alerts from February 2016 to 24 November 2017. There was no evidence that patients who may have been affected by the safety alerts which had been raised during this time had been identified and reviewed. Following our inspection the practice completed a review of MHRA alerts since March 2016 and confirmed that patients had been reviewed and appropriate actions taken. We did see some evidence of audits that related to safety information which originated in a safety alert. Since our inspection we have been informed that GPs discussed alerts at clinical meetings, and we have been provided with minutes of these meetings to confirm this.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice, and all of the population groups, as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients received a full assessment of their needs. This included their clinical needs and their mental and physical wellbeing.
- The practice had a lower average daily quantity of hypnotics prescribed per specific therapeutic group than the CCG and England average. The practice explained that this was due to cautious prescribing due to their transient population.
- We saw no evidence of discrimination when making care and treatment decisions in the records we viewed.
- The practice had a 24 hour blood pressure monitor and a 24 hour electrocardiogram (ECG) monitor which it loaned to patients to help investigate, manage and/or improve their condition. (An ECG is a test that is used to check the heart's rhythm and electrical activity).
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.

Older people:

- Nationally reported Quality and Outcomes Framework (QOF) data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis, dementia and heart failure were in line with the local and national averages. Exception reporting was lower or in line with the local and national averages but higher in one of the sub indicators for heart failure. The practice explained this was due to the high migrant population and the time it can take to transfer treatment approaches to English evidence based approaches. We reviewed this exception reporting and found it to be appropriate. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting

is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- GPs provided home visits to patients who lived in one care home covered by the practice.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra or changed needs.

People with long-term conditions:

- Nationally reported data showed that outcomes for patients with long term conditions, including diabetes, asthma, COPD, hypertension and atrial fibrillation were in line with the local and national averages. Exception reporting was in line with or below the local and national averages.
- The practice had undertaken work with patients with type 2 diabetes, with a focus on advice, support and encouragement to follow a healthy lifestyle, including diet and exercise. Following the inspection the practice sent information on the results which showed, that the percentage of patients with an HbA1c (measurement of average blood glucose levels over the past three months) of 64mmol/mol or less had increased from 58% in March 2016 to 86% in July 2017.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of people with long term conditions had received specific training.
- 99% of patients with long term conditions had received discussion and advice about smoking cessation. This was comparable to the CCG and national average of 97%.
- The practice followed up on frequent attenders and ensured that their care was reviewed.

Families, children and young people:

Are services effective?

(for example, treatment is effective)

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- We saw positive examples of joint working with midwives and health visitors. Midwives were based at the practice twice a week. All new patients who were under five were referred to the health visitor.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for 2015 to 2016, for the vaccines given were in line with the target percentage of 90% or above, with the exception of the percentage of children aged two who had received the pneumococcal booster, which was 73%. The practice confirmed that their uptake for this, so far in 2016 to 2017 was 89%. The practice contacted patients by telephone to invite them to appointments and had to review a number of migrant patients who had commenced different vaccination schedules. Appropriate follow up of children who did not attend for their immunisations were in place.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. This was also offered to patients who attended the nearby university.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74 and new patient checks. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- Annual health checks for people with a learning disability were generally undertaken by the practice nurse and follow up undertaken by the GP, when necessary. A learning disability nurse also undertook health checks, for example when patients had repeatedly not responded to invitations. The practice currently had 76 patients on the learning disabilities

register who were eligible for a health check; 29 of these patients had received a health check since April 2017. From April 2016 to March 2017, the practice had 76 patients with a learning disability; 45 patients had received a health check and 31 patients had not responded to the invitation despite being recalled. The practice were due to meet with the learning disability nurse in December 2017 in relation to this work. The practice continued to contact patients by telephone to encourage attendance and we saw a number of examples of this in patients' records.

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Patients were reviewed as part of the weekly clinical meeting and at an 'end of life care' meeting every six weeks.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

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

- 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was below the CCG average of 85% and national average of 84%. The exception reporting was 5% which was below the CCG average of 8% and the national average of 7%. The practice were aware of their performance and were working to improve the number of face to face care reviews undertaken. They had recently identified more patients with dementia and reviews were yet to be undertaken for those patients.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months, which was comparable to the CCG and national average.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 98% compared with the CCG average of 92% and the national average of 91%.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Are services effective?

(for example, treatment is effective)

- Patients who were newly coded as having depression, had an automatic task set up for two weeks time, which alerted staff to the need to contact the patient and invite them in for a review, if the patient had not already made an appointment.

Monitoring care and treatment

The practice had undertaken quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example the nurses monitored and reviewed the Quality and Outcomes Framework (QOF) data during quarterly meetings. We reviewed one clinical audit which related to women of child bearing age, prescribed a medicine which can harm the development and physical health of an unborn child. The first audit, undertaken in August 2017, identified seven patients prescribed this medicine. These patients needed to be reviewed and sent written information. The second cycle audit, completed in October 2017, identified 12 patients, all of whom had received written information and been reviewed or invited for a review.

- The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 96%. The overall exception reporting rate was 6% compared with the CCG average of 9% and a national average of 11%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. The practice had an overview of completed staff training, although this was not up to date on the day of the inspection, which we were advised was due to a change on the information technology system being used.

However, we reviewed individual staff files and found up to date records of skills, qualifications and training were maintained for most staff. Staff were encouraged and given opportunities to develop.

- The practice provided staff with ongoing support. This included one-to-one meetings, appraisals, mentoring, clinical supervision and support for revalidation. The nurse practitioner worked together with the duty GP, so there was clinical oversight of their work.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. For example, patients in the last 12 months of their lives and patients at risk of developing a long-term condition. A nurse led smoking cessation clinic was available for patients at the practice. During the inspection, Onelife Suffolk had an information stand at the practice advising patients of health promotion services which they were able to offer.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, the sepsis awareness campaign and diabetes prevention.

Are services effective?

(for example, treatment is effective)

- 75% of females between the ages of 50 and 70 had been screened for breast cancer in the preceding 36 months. This was in line with the CCG average of 79% and the national average of 73%.
- 55% of patients had been screened for bowel cancer in the preceding 30 months. This was lower than the CCG average of 62% and in line with the national average of 58%.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Clinical staff had received a Mental Capacity Act update in October 2017.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced.
- The most recently published NHS Friends and Family Test (FFT) data from August 2017, showed from the 44 responses received, 100% of patients would recommend the practice. (The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided or where improvements are needed).

Results from the July 2017 National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. 293 surveys were sent out and 98 were returned. This represented a 33% completion rate. This represented less than 1% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses and helpfulness of receptionists. For example:

- 97% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 93% of patients who responded said the GP gave them enough time compared with the CCG average of 87% and the national average of 86%.
- 100% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 96% and the national average of 95%.

- 92% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 86% and the national average of 86%.
- 100% of patients who responded said the nurse was good at listening to them compared with the CCG average of 94% and the national average of 91%.
- 98% of patients who responded said the nurse gave them enough time compared with the CCG average of 95% and the national average of 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 95%.
- 97% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 93% and the national average of 91%.
- 96% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard:

- There were a large number of patients whose first language was not English. There were additional languages spoken by practice staff, reflective of the languages of the patients and a translation service was available. Information was on the practice's website and in the practice information leaflet informing patients this service was available.
- Staff communicated with people in a way that they could understand, for example using simple sentences, 'Google translate' for simple straightforward interactions at the reception desk, easy read materials and by sharing information leaflets in different languages.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 92 patients as carers (0.6% of the practice list). This figure was low due to the significantly lower number of older patients registered at the practice.

- The practice identified patients who were carers on the new patient registration form. Notices were displayed and information leaflets were available to direct carers

Are services caring?

to sources of support. Information for carers was available on the practice's website. Some members of staff that we spoke with were not aware of the support services available for carers and how to signpost patients to these.

- Patients who were identified as carers were offered an influenza vaccination.
- Staff told us that if families had experienced bereavement, the practice sent a condolence letter, which included inviting the bereaved to attend the practice if needed. Bereaved patients who did request an appointment were prioritised. Information for those who had been bereaved was available on the practice's website.

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 and above local and national averages:

- 93% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 86% and the national average of 86%.

- 88% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 83% and the national average of 82%.
- 96% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 94% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 88% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and improved services in response to those needs. For example the practice opened on Saturday mornings from 8.30am until 12.30pm for prebooked nurse and GP appointments only. However the practice did offer other services to patients during this time. For example, patients who attended to request an appointment were booked an appointment with the Suffolk GP+ service. (Suffolk GP+ is for patients who urgently need a doctor's appointment, or are not able to attend their usual GP practice on a weekday.) Online services such as repeat prescription requests and advanced booking of appointments were also available.
- The practice improved services where possible in response to unmet needs. The practice reviewed the appointment system regularly to ensure that on the day appointments were available and that no patients were turned away.
- The facilities and premises were appropriate for the services delivered.
- A leaflet was available at the practice which included the names and photographs of the GPs at the practice.
- The practice made reasonable adjustments when people found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All these patients had a named GP.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- GPs provided weekly home visits to patients who lived in the one care home covered by the practice.

- A nurse and a member of administration staff visited older patients who were housebound to administer influenza vaccinations. Administration staff ensured that information held by the practice was up to date, for example if the person now had a carer.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- A nurse and a member of administration staff visited housebound patients to undertake clinical reviews. Administration staff ensured that information held by the practice was up to date or whether there had been any changes, for example if the person now had a carer. Influenza vaccinations were also administered during the home visits, if applicable.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, all patients under the age of five were referred to the health visitor.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies. A baby changing room was available to the practice.
- The practice offered a clinic specifically aimed at teenage patients, with the aim of offering accurate and up to date information about health so that patients could make informed decisions.
- The practice had a promotional stand during 'freshers week' at the nearby university.

Working age people (including those recently retired and students):

- The needs of these populations had been identified and the practice had adjusted the services it offered to

Are services responsive to people's needs?

(for example, to feedback?)

ensure these were accessible, flexible and offered continuity of care, for example, pre bookable GP and nurse appointments were available on a Saturday between 8.30am and 12.30pm.

- Patients were able to book evening and weekend appointments with a GP through Suffolk GP+ (Suffolk GP+ is for patients who urgently need a doctor's appointment, or are not able to attend their usual GP practice on a weekday.)
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- 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.
- Patients were able to self refer for musculoskeletal physiotherapy, which was held at a nearby clinic.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and usually contacted them by telephone as this was more effective than by letter.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Patients who had not attended for a follow up appointment were coded for a further recall later in the same financial year.
- The practice worked with a nearby migrant health clinic, who identified patients who were not registered with a GP and advised them to register with this practice.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs.
- The practice had a mental health link worker who was available at the practice on a weekly basis to support patients with mental health needs.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Patients who had not attended for a follow up appointment were coded for a further recall later in the same financial year.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. A notice was displayed in the practice which informed patients how long it usually took for the results of different investigations to be received by the practice.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 national GP patient survey showed that patients' satisfaction with how they could access care and treatment was in line with and above local and national averages. 293 surveys were sent out and 98 were returned. This represented a 33% response rate. This represented less than 1% of the practice population. Most scores are significantly above the CCG and national average. This data was supported by the views of patients we spoke with and completed comment cards.

- 90% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 92% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 79% and the national average of 71%.
- 90% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 88% and the national average of 84%.
- 93% of patients who responded said their last appointment was convenient compared with the CCG average of 87% and the national average of 81%.
- 94% of patients who responded described their experience of making an appointment as good compared with the CCG average of 79% and the national average of 73%.
- 77% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 69% and the national average of 64%.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately. It improved the quality of care in response to complaints and concerns.

- Complaint and concerns information was available in the practice's information leaflet and on the practice's website. The complaints leaflet, which detailed the complaints procedure, was available on the practice's website. One complaints leaflet was displayed in the waiting room; patients were required to ask for a copy at the reception desk if needed. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance; however we noted that the

information about Healthwatch Suffolk was out of date. Five complaints were received since January 2017. We reviewed two complaints and found that they were satisfactorily handled in a timely way.

- The practice learned lessons from individual concerns and complaints and these were shared with staff. We did not see any documentation on the day of the inspection of analysis of complaints, although three days after the inspection, the practice manager advised that they reviewed trends from complaints every few months. The practice acted as a result of complaints to improve the quality of care, for example by sharing learning at the weekly clinical team meeting.

Are services well-led?

Good 

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

Our findings

We rated the practice, and all of the population groups, as good for providing well led services.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges, particularly in relation to their patient population and were addressing them.
- Leaders at all levels were visible and approachable. The practice manager usually based themselves near the reception area during the morning, to support staff and oversee what is happening in the practice. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.
- The GP partner was on the CCG Board and the practice manager partner was a member of the Suffolk GP Federation Board as well as a practice manager representative with the Local Medical Committee.

Vision and strategy

- On the day of the inspection the practice were not able to provide us with evidence of their written practice strategy and business plans. They sent us an updated version of their business plan, which included their mission statement and values, on 1 December 2017.
- The GP partner advised that the practice had a vision 'to provide safe, effective and evidence based healthcare delivered by a sustainable workforce and system.' Staff we spoke with advised that the practice's vision was to focus on the needs of patients.
- During interviews with staff on the day of the inspection, we found the practice were aware of the health and social priorities across the region and planned its services to meet the needs of the practice population.
- The partners were aware of the risks and challenges the practice faced and had taken action in response to these. For example, the practice had identified the risk of sustainability as they only had two partners and had

identified one GP who would like to become a partner. They had secured a place on the GP Federation future leaders training programme for this GP to further develop their management skills and expertise.

Culture

The practice were aware of the needs of the practice population and focused on ensuring ease of access and mechanisms for follow up of patients with a range of vulnerabilities.

- Staff stated they felt respected, supported and valued. They were happy to work in the practice.
- The practice focused on the needs of patients and we were informed of, and saw a number of examples where staff had responded to the specific needs of vulnerable patients. For example, one visibly unwell patient attended the practice after morning surgery had finished, and they were seen urgently by a GP without an appointment.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The practice manager had an 'open door' policy for staff to raise anything they wanted to. Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They told us that these would be addressed.
- There were processes for providing all staff with the development they need. Staff we spoke with confirmed that they had received an appraisal in the last year and the files we reviewed confirmed this. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. The nurses met informally during lunchtime on a weekly basis to support each other.

Governance arrangements

Structures, processes and systems to support good governance and management were in place; however they were not always effective.

- The practice could not readily access all the information that was requested on the day of the inspection. For

Are services well-led?

Good 

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

example, the water hygiene survey, evidence of safety alerts which had been received, reviewed and acted on, and the business plan. The practice updated us with this information following the inspection.

- The practice had an effective system in place for recording, responding and learning from significant events. However, they did not have complete oversight of safety alerts which included Medicines & Healthcare products Regulatory Agency (MHRA) alerts. Following our inspection the practice completed a review of MHRA alerts since February 2016.
- A number of staff had lead roles, for example safeguarding, prescribing and infection control. They were clear on their role, accountability and feedback processes to the partners were in place. Staff were aware of those in lead roles.
- The governance and management of joint working arrangements promoted interactive and co-ordinated person-centred care.
- We reviewed policies, procedures and guidelines and these helped to ensure safety in the practice.

Managing risks, issues and performance

There were processes for managing most risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks, which included risks to patient safety. However, identified risks and risk assessments to reduce and manage these, were not always documented, for example, risks relating to staff immunity.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through review of their prescribing and referral decisions.
- The practice were aware of issues in relation to external services, for example delays in patient record transfers, receiving laboratory results and results being lost, which has resulted in inconvenience and additional staff and patient time to repeat tests. There was evidence of contact with these services in order to try to resolve the issues raised.
- Practice leaders had oversight of incidents and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

- The practice had plans in place and had trained staff for major incidents. We saw examples of when emergency plans had worked well.

Appropriate and accurate information

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. For example the practice had benchmarked themselves against other practices in the CCG, with a similar population demographic, to review the data from the national GP patient survey. The practice scored positively when compared with these practices and with the other practices within the CCG.
- Quality and sustainability were discussed in relevant meetings.
- The practice used performance information which was reported and monitored and management and staff held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any weaknesses and make improvements.
- The practice had not submitted data or notifications to the central alerting system (CAS) since February 2016. This was due to reconfiguration of the CAS system and not an error of the practice. However, this had not been identified by staff at the practice. The practice followed this up the day after the inspection and confirmed that the correct email address was now on the system and alerts would be received from here on.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A range of patients', staff and external partner views and concerns were heard and acted on to shape services and culture.
- There was an active patient participation group, who met on a quarterly basis. We spoke with three members of the PPG. The most recent survey developed by the PPG was completed in August 2017; 76 surveys were

Are services well-led?

Good 

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

given out on an ad hoc basis and 32 responses were received. PPG members advised that changes were made in response to patient feedback, which included, the number of on the day appointments had increased and the practice were reviewing how to restrict access to the practice car park by non-patients.

- The practice conducted a staff survey every year. The most recent survey was completed in November 2017; the practice had reviewed the results and identified areas for improvement.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on learning and improvement at all levels within the practice. For example, the practice had a two reception apprentices.
- We saw a number of examples of where GPs shared their learning from clinical cases at clinical meetings. Learning was shared and used to make improvements.
- The practice worked with two other local, town centre GP practices. They had recently advertised for a clinical practitioner, (responsible for the assessment, diagnosis, treatment and referral of patients following initial triage by a GP) to work across the three practices.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• We found two members of clinical staff had not completed safeguarding children and adults training appropriate to their role.• The practice did not meet the requirements as detailed in the Health and Social care Act 2008; Code of Practice for health and adult social care on the prevention and control of infections and related guidance. Reception staff were responsible for cleaning spilt body fluids and the Hepatitis B immunity of all the staff responsible was not known by the practice. A documented risk assessment was not in place for reception staff responsible for cleaning spilt body fluids.• We found the practice did not have systems and processes in place to ensure oversight of safety alerts which included Medicines & Healthcare products Regulatory Agency (MHRA) alerts to keep patients safe. A lack of oversight had resulted from no one at the practice identifying that Central Alert System alerts had not been received since February 2016.