

# Debenham Group Practice

## 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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Debenham Surgery on 18 August 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.
- The practice used a range of assessments to manage the risks to patients; however these needed to be improved.
- Practice staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge, and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had increased the usual appointment time to 12.5 minutes, longer appointments were available for those that needed them. Patients said they did not always find it easy to make an appointment with a named GP; however, they were always able to make an appointment with any GP. Urgent appointments were 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.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.
- All staff had a good awareness of the needs of patients whose circumstances made them vulnerable. We saw numerous examples of the proactive and person centred approach for individual patients. The practice identified and provided additional support to patients and in working with other agencies. We saw how people had been supported to maintain their independence and to live at home and access community and voluntary services. This helped ensure their welfare.

However there were areas of practice where the provider must make improvements:

- Ensure that there are more robust processes in place to ensure patients prescribed high risk medicines have the necessary monitoring to support safe prescribing.
- Improve governance arrangements to ensure quality of medical record summaries and incoming patient letters.
- Implement an effective process to ensure that patients affected by national patient safety alerts are identified and their treatment is reviewed in response to the alert.

There were also areas of practice where the provider should make improvements:

- Maintain an audit trail of blank prescriptions in line with national guidance.
- Ensure that a standard operating procedure is in place for carrying out and recording stock checks of controlled drugs in line with national guidance.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- Risks to patients were not always well managed and needed to be improved, for example, we found that the practice systems to manage safety alerts and the monitoring of some medicines needed to be strengthened.
- 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 things went wrong patients received reasonable support, and a detailed written apology. They were told about any actions to improve processes to prevent the same thing from happening again.
- The practice had clearly defined and embedded systems, processes, and practices in place to keep patients safe and safeguarded from abuse.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes for 2014-2015 were in line when compared with the local and national averages.
- Practice staff assessed patient's needs and delivered care in line with current evidence based guidance.
- Clinical audits were routinely used to encourage quality improvement. However, the practice needed to implement audits to monitor the quality of medical summaries and documentation filing into patient records.
- Practice 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.
- Practice staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey generally showed positive results when patients rated the practice when compared with others for aspects of care.
- Patients said they were treated with compassion, dignity, and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw practice staff treated patients with kindness and respect, and maintained patient information confidentiality.
- Practice staff worked at all three sites, they told us that this ensured patients always had a staff member that they knew and that they were able to help with continuity of care.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice offered to host clinics to bring services closer to the patient. A physiotherapist who specialised in gynaecology problems attended the practice weekly.
- Travel advice was given to patients ensuring that patients had access to immunisations that were covered under the NHS and those that the patient paid privately for.
- Patients said they found it more difficult to make an appointment with a named GP, however, they were always able to see a GP if needed.
- The practice had two branch sites, this helped patients who found it difficult to travel access to a full range of services, including family planning.
- 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.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice told us that the practice manager had left recently and they were reviewing their needs and the development opportunity for existing staff.
- The practice had a number of policies and procedures to govern activity; there was scope for these to be improved. They held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. Regular reports were produced and shared with all the practice staff.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. The business manager sent regular information and questionnaires and received email feedback.
- 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.
- They offered daily surgeries at both branch sites.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those that needed them.
- The practice looked after patients who lived in care homes and they offered proactive care for these patients and undertook regularly visits to the homes. The nurse practitioner also attended regularly to ensure that patients received holistic care for all their health needs.
- The practice hosted Age UK each month; this ensured that older patients could, if they wished, have face to face appointments with voluntary staff to gain support and advice.

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. The practice worked closely with the diabetic specialist nurse, ensuring that patients were treated and supported without the need to travel to the hospital.
- Longer appointments and home visits were available when needed this included for patients with a learning disability.
- 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.
- Appointments were offered at the branch sites to ensure that patients who had difficulty in travelling could access routine follow up.

Good



### Families, children and young people

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

Good



# Summary of findings

- 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 in line with the national average for the standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered six week postnatal and baby checks.
- A full range of contraceptive care was offered at all sites including long acting contraceptives.
- 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, students had been identified, and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice provided early morning appointments on two days and evening appointments on another day.
- 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.
- Smoking cessation and NHS health checks were encouraged.
- The practice was flexible with appointments; patients were able to make appointments at times that were convenient to them for routine and annual follow ups.

**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.

- There was a lead GP and nurse practitioner who actively managed the register of patients living in vulnerable circumstances including homeless people, travellers, and those with a learning disability. All of these patients received a review at six monthly intervals or sooner if needed.
- The practice offered longer appointments for patients with a learning disability.

**Good**





# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff were aware of their responsibilities regarding information sharing, and the documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- One GP worked at the local prison to ensure that those patients' health care needs were met.

## 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).

- The practice had 63 patients diagnosed with dementia on the register. All of these patients had received an invite for an annual review, and 90% of these patients had received an annual review. The reviews included advance care planning. The remaining 10% were either not willing or it was not appropriate at this time to undertake the review.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice encouraged patients to access the Debenham Project (a local support group for dementia sufferers and their carers).
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Appointments were available with GPs on the day to ensure that any potential crisis or deterioration of situations were managed timely.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 215 survey forms were distributed and 121 were returned. This represented a 56% response rate.

- 91% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.

- 87% of patients described the overall experience of this GP practice as good compared to the national average of 73%.
- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received.

We spoke with three patients during the inspection who said they were satisfied with the care they received and thought staff were approachable, committed, and caring.

## Areas for improvement

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

- Ensure that there are processes in place to ensure patients prescribed high risk medicines have the necessary monitoring to support safe prescribing.
- Improve governance arrangements to ensure quality of medical record summaries and incoming patient letters.
- Implement an effective process to ensure that patients affected by national patient safety alerts are identified and their treatment is reviewed in response to the alert.

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

- Maintain an audit trail of blank prescriptions in line with national guidance.
- Ensure that a standard operating procedure is in place for carrying out and recording stock checks of controlled drugs in line with national guidance.

# Debenham Group Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, and a member of the CQC medicines management team.

## Background to Debenham Group Practice

The practice is situated in Debenham, Suffolk. The practice area extends into the 43 outlying villages, has three surgery sites, and dispenses medicines to patients who live in these villages. The practice offers health care services to 8700 patients and has consultation space for GPs and nurses as well as extended attached professionals including midwives, physiotherapists, and phlebotomists. We visited the dispensary but not the branch sites as part of this inspection.

The practice holds a Personal Medical Service (PMS) contract with the local CCG, and is a training practice with two GP trainers. A training practice has trainee GPs working in the practice; a trainee GP is a qualified doctor who is undertaking further training to become a GP. A trainer is a GP who is qualified to teach, support, and assess trainee GPs. There are currently two trainee GPs working in the practice.

- There are six GP Partners and one salaried GP at the practice (four female and three male GPs). There are two healthcare assistants, two nurse practitioners, and three practice nurses. A team of six dispensary trained staff support the team leader.

- A team of 15 administration and reception staff support the business manager. The practice manager had recently left, the business manager was covering this position whilst the practice reviewed their needs and the development opportunities for existing staff members.
- The practice is open between 8am and 6.30pm Monday to Friday; extended hours are available on Thursday and Friday mornings and Monday evenings.
- If the practice is closed, patients are asked to call the NHS111 service or to dial 999 in the event of a life threatening emergency.
- The practice has a lower number of patients aged 20 to 40 years and a larger number of patients aged 50 to 70 years. Other age ranges are comparable to the national average. The deprivation score is below the England average.
- Male and female life expectancy in this area is above the England average at 82 years for men and 86 years for women.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 August 2016. During our visit we:

- Spoke with a range of staff (GPs, the business manager, nurses, administrators, receptionists, healthcare assistants, and dispensers) 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

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP partner for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. The practice told us that only clinical staff acted as chaperone, that they were trained for the role, and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. An infection control clinical lead had been appointed and they 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 carried out across all three sites; following an audit in December 2015, the practice replaced some dressing trolleys in the treatment rooms.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We

found that the practice checked the registration details of clinical staff on line but had not always recorded this. The business manager was able to demonstrate that all staff were appropriately registered.

- We saw that patient safety alerts were received by the practice but there was no effective process to make sure they were acted on. A GP, who decided whether action was needed, reviewed the alerts, but it was unclear who was responsible for taking the action and there was no process for checking that it had been carried out. We asked the practice what they had done in response to an alert issued in February 2016 relating to prescribing medicines for patients with heart failure, and they had no records to show they had received it or taken action. We asked them to produce a list of patients who were prescribed this combination of medicines, and found that there were 32 patients affected. There was no record to show that the practice had reviewed these patients to assess the risk of continuing to prescribe the combination of medicines. The practice took immediate action to review the patients concerned. Following our findings, the practice explained to us that they recognised their oversight had not been consistent as it needed to be.
- We reviewed four personnel files and although there were a few omissions, generally recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registrations with the appropriate professional bodies, and the appropriate checks through the Disclosure and Barring Service.

### Medicines management

- Medicines, including emergency medicines and vaccines, were securely stored, the appropriate records were kept, and safe disposal arrangements were in place. Blank prescriptions were securely stored and were logged on receipt but there was no audit trail in place so the practice could not account for the prescriptions that they had received.
- We looked at the process for monitoring people who were prescribed high risk medicines. We saw that although some systems had been put in place they were not well understood by staff and not followed consistently. The doctors did not have confirmation that the relevant tests had been carried out before a repeat

## Are services safe?

prescription was issued. The practice took immediate action to review patients taking high risk medicines for example for patients under shared care arrangements with the hospital.

- Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). These were stored securely and records of receipt and issue were kept. Staff told us they made regular checks but there was no procedure to govern the process and no record made. There were suitable arrangements in place for the destruction of controlled drugs.

### 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 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).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.
- We reviewed four personnel files and found that although there were a few omissions, generally recruitment checks had been undertaken prior to employment, for example proof of identification, referenced, qualifications, registration with the appropriate professional body and the appropriate checks through Disclosure and Barring Service.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits, and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available. The overall exception reporting rate was 7% which was below with the CCG average of 8% and the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

- Performance for diabetes related indicators in 2014/2015 was in line with the national average and CCG average. The exception reporting rate was 5% and this was below the national (11%) and CCG (9%) exception reporting rates.
- Performance for mental health related indicators was comparable to the national average. The percentage of patients with dementia who had had a face to face review was 90% which was higher than the national average of 84%. The exception reporting rate was 11% which was higher than the CCG average and the national average of 8. %.

- There had been ten clinical audits completed in the past 12 months. These included completed audits on dispensing errors, cervical screening, and women diagnosed with gestational diabetes.

The practice recognised that the number of inadequate smears had increased from 2% in 2014 to 5% in 2015. This was above the Suffolk CCG average of 3%. The practice informed the individual nurses of their inadequate samples. They held a meeting where they discussed the common reasons identified for inadequate sampling and how they could improve. An action plan was agreed and a further audit was planned for 2017.

### 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. This covered such topics as safeguarding, 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Practice staff had received an appraisal within the last 12 months.



# Are services effective?

## (for example, treatment is effective)

- The practice had oversight and staff received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support for example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation and dietary advice was available to patients using the practice.

The practice's uptake for the cervical screening programme was 80%, which was in line with the CCG average and the national average of 82%.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Figures published by Public Health England show that 66% of the practice's target population were screened for bowel cancer in 2014/2015 which was above the national average of 58%. The same data set shows that 84% of the practice's target population were screened for breast cancer in the same period, compared with the national screening rate of 72%.

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.

Childhood immunisation rates for the vaccinations given were lower than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 94%, compared to the nation average of 95% to 98% and five year olds from 91% to 98% compared to the nation average of 93% to 97%. Practice staff told us that they actively tried to improve uptake, both clinical and non-clinical staff telephoned the parents or guardian of children to discuss and encourage attendance.

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed that members of staff were courteous and 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.
- The reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described their experience as 'excellent' and 'very good'.

We spoke with members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said that they felt included, consulted and valued by the Practice.

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

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 100% of patients said they had confidence in the last nurse they saw or spoke compared to the CCG and the national average of 97%.

- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

We saw several examples where the practice staff had found innovative ways to care for their patients, for example, the practice staff knew of several patients who were anxious when they came for blood tests or injections; the practice provided headphones so that the patient, if they wished, could listen to music whilst the procedure was undertaken. A staff member told us that this was invaluable for some patients and had made the patients experience better.

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 above or in line with the local and national averages. For example:

- 90% of patients said the last GP they spoke to was good at explaining tests and treatments compared to the CCG and the national average of 86%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG and the national average of 90%.

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

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

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

## Are services caring?

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

We saw an example of good care, the practice had some patients with a learning disability, and the staff told us that these patients needed to have regular blood tests to ensure that they were monitored for the medicines they took. The carer of the patient would book an appointment; however, if the patient was not able to cope with the test at that time, the staff would either fit them in at any time without an appointment or would go to the patient's home, and undertake the test there.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 204 patients as carers (2.3% of the practice list). The practice told us that

they took every opportunity to review carers. Written information was available to direct carers to the various avenues of support available to them. For example, the practice actively supported the Debenham Project. In 2009 a public meeting took place which was pivotal in the way that Debenham and its surrounding villages addressed the challenges that dementia represent. It had led to a community owned and led project. Local volunteers developed a range of local dementia support services. In 2014 they were the winners of the inspiring age award from Age UK.

Staff told us that if families had suffered bereavement, their usual GP, or the nurse practitioner who had co-ordinated their care 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

- Appointments were available outside school and core business hours to accommodate the needs of children and working people.
- The practice has extended their usual appointment time to 12.5 minutes and there were longer appointments available for patients with a learning disability or those that needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were facilities for patients with disabilities and translation services were available.
- The practice worked closely with community midwives, mental health link workers, and diabetic specialist nurses and promoted provision of these services from the surgery premises where possible.
- The practice dispensed weekly packs for people who needed support to manage their medicines.
- 'Just in case' medicine packs were supplied for use by district nurses caring for people at the end of life. Medicines and equipment were pre-packed and there was a standard process for prescribing the appropriate pain relief, so that the packs could be issued quickly when needed.
- The practice had recently introduced electronic prescribing so that people could collect their prescription directly from the pharmacy without contacting the practice.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours were offered on Thursday and Friday mornings, with later appointments available on Monday evenings. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were mixed when compared with the local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 73%.
- 53% of patients with a preferred GP usually got to see or speak with that GP compared to the CCG and national average of 59%.

We discussed the opening hours with the practice. They explained to us that they had recently reviewed their appointment system and had introduced early appointments at the main practice.

The practice was aware of the lower patient satisfaction with patients being able to see their preferred GP. The practice had increased the access to GPs via telephone consultations.

Comment cards we reviewed and patients we spoke with told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

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

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system, both in the waiting area and on the web site.
- The practice produced a comprehensive report and action plan which was regularly shared with the staff. This action plan details the complaints and compliments that had been received, the actions taken, the learning shared and the changes that had been made.

Twenty five complaints (mixture of written and verbal) and 16 written compliments had been received in the 2015 – 2016. Each complaint had been fully detailed and lessons were learnt. For example, the report detailed three main areas, dispensary, misinformation from reception and internal communication. We saw that the practice had recognised that during a period of staff leaving and being replaced they had used locum dispensary staff and complaints had risen, they now have a full complement of employed staff and the number of complaints has reduced.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plan which reflected the vision and values and this was regularly monitored. The practice reviewed their strategic plan every year to ensure they were meeting their objectives. The practice had identified that the management structure was not robust and some lack of clinical oversight had been noted. They had taken steps to address the short falls and had used the opportunity to restructure and offer development to existing staff.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care; there was scope for this to be further improved.

- 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, we noted that the practice did not have a policy for the for carrying out and recording stock checks of controlled drugs in line with national guidance
- The management team had a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions, the practice recognised that there had been a lack of oversight in certain area. For example managing safety alerts during a period of management staff changes. The practice shared with us their plan and

actions to improve this. We saw evidence that systems had improved recently, for example, actions that had been overdue from a fire risk assessment had been actioned and completed.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity, and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings to ensure that any improvements were made in a timely manner.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. For example the PPG and reception staff recognised that the reception area could be re designed to give more confidentiality for patients talking with the receptionist. This has been completed; the reception staff used a mirror to be able to monitor the patients that were not in their view.
- Staff said they felt respected, valued and supported, particularly by the partners and management team in the practice. All staff were involved in discussions about

# Are services well-led?

Good 

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

how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The business manager sent information, updates, and surveys to the PPG members on a regular basis and covered all three sites. For example, the PPG members had helped at the annual flu clinics which were held in the community centre. The practice had provided refreshments and on one occasion a jazz band. The practice and PPG members had used it as an opportunity to engage with more patients. The practice with the PPG support write joint articles for the parish magazines which get delivered to all households in Debenham and surrounding villages. The practice had engaged with the local Healthwatch team (Healthwatch England is the national consumer champion in health and care). Healthwatch had undertaken patient surveys at all three sites.

- The practice had gathered feedback from staff through, staff survey, one to ones and general feedback at meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## **Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes and bring services closer to patients in the area.

The practice management team told us that the whole practice team would continue to develop new models of care, including expanding the nurse practitioner function, that would meet and enhance patient care. The practice is engaged with the Deben Health Group and activity look at ways of joint working to improve services for patients. The Deben Health Group is made up of six local practices, who are working together. Projects they told us they are developing include, larger multi-disciplinary team meeting for greater patient management and shared learning and developing a web based telephone system to be able to manage patient's calls more effectively across the six 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The system in place was not sufficient to ensure patients who prescribed high risk medicines had the necessary monitoring to support safe prescribing.</li><li>• <b>The practice did not undertake audits to ensure that GPs saw all clinical letters that required a clinical opinion.</b></li><li>• The process to identify patients affected by national safety alerts and to review their treatment in response to the alert was not responsive and timely.</li></ul>