

Fressingfield Medical Centre

Quality Report

Fressingfield Medical Centre
New Street
Fressingfield
Suffolk
IP21 5PJ

Tel: 01379 586456

Website: www.fressingfield-medical-practice.co.uk

Date of inspection visit: 19 January 2016

Date of publication: 03/03/2016

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Fressingfield Medical Centre	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fressingfield Medical Centre on 19 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

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

The areas where the provider should make improvement are:

- Ensure the dispensary is only accessible to authorised staff.
- The practice needed to ensure that a record is made in the child's notes if they fail to attend an appointment.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several 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 staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

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

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

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population (29% of its patients population was over 65)
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had an 'avoiding unplanned admissions' register to ensure that patients on the register had a care plan that was agreed and reviewed by their named GP.
- The practice offered 30 minute appointments for health checks for patients aged over 75.
- A GP partner regularly visited patients in a local nursing home on a weekly basis and liaised with the home's managers.
- The practice had the lowest rates per 1,000 patients in their locality for secondary care emergency activity, and accident and emergency attendance for patients aged over 75.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. 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). Data from 2014/ 2015 showed; Performance for diabetes related indicators was 95.3% which was better than the CCG average by 4.9% and the England average by 6.1%. Performance for asthma related indicators was 100% which was better than the CCG average by 5.7% and the England average by 2.6%.
- Longer appointments and home visits were available to patients when needed.
- The practice offered 30 minute appointments for health checks for patients needing long term condition management.

Summary of findings

- 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.
- Two GPs had completed the Bradford Diabetes Management course and two specialist nurses held the Warwick Diploma in Diabetes care.

Families, children and young people

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

- The practice had a 17% aged under 16 population.
- 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. However the practice did not document on their clinical system when children failed to attend appointments. Immunisation rates were good for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 86.54%, which was above the CCG and England average. Three nurses had undertaken training in cervical screening. The practice also used the appointment as an opportunity to consult patients about their sexual health and contraception.
- The practice had notices up in the patient toilets about chlamydia screening and all their patients aged 15-24 years were encouraged to have chlamydia testing as appropriate. Forms and testing kits were available in the consulting rooms.
- The Practice participated in the Suffolk C-Card scheme (a scheme aimed at 13-24 year olds who could obtain free condoms and a range of information and advice at the practice).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had a private room available for breast feeding.

Good



Summary of findings

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 practice had a 54% working age population.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. They operated extended hours on a Monday evening outside core opening hours until 7.30pm. They offered telephone consultations during the day to patients that might not be able to access the surgery during normal hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice had achieved the highest uptake in their Clinical Commissioning Group (CCG) for vaccinating patients aged under 65 against influenza.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. They operated a call system to invite patients with learning disabilities in for an annual health check. The check was with both the nurse and the named GP. The practice received information from the County Council to ensure that they had correctly identified, on the clinical system, all patients with learning disabilities and they offered them longer appointments. The practice had completed annual health checks for three out of the eleven patients registered with learning disabilities but were actively encouraging their patients to attend with letters. If the practice received no response they were, where necessary, contacting patients by telephone.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients with dementia.
- All patients with mental health concerns were offered a 30 minute annual health check with both the nurse and their named GP. The practice offered evening appointments outside of its core hours for the reviews to maximise the opportunity for the patients to attend.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice website contained a depression questionnaire (a self-assessment test) to help the patient identify if they were suffering from depression or anxiety.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they might have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey was published in July 2015. Results showed that the practice was performing in better than the local and national averages. 232 survey forms were distributed and 139 were returned. This represented 60% of the surveys sent out.

- 100% found it easy to get through to this surgery by phone compared to a CCG average of 81% and a national average of 73%.
- 95% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 88% and a national average of 85%.
- 99% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 88% and a national average of 85%.
- 94% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 81% and a 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 21 comment cards which were all positive about the standard of care received. Patients' described the practice as brilliant, caring, attentive and that they could get an appointment when needed.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring. We spoke with a member of the Patient Reference Group (PRG) who described the practice as having a village atmosphere and a brilliant appointment system. The practice conducted the NHS friends and family test and had 241 of out of 252 responses showing that patients were extremely likely / likely to recommend the practice to other patients.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure the dispensary is only accessible to authorised staff.
- The practice needed to ensure that a record is made in the child's notes if they fail to attend an appointment.

Fressingfield Medical Centre

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 Pharmacy Inspector, GP specialist adviser and a Practice Manager specialist adviser.

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.

Background to Fressingfield Medical Centre

Fressingfield Medical Centre is situated in Fressingfield, Eye, in the county of Suffolk. The practice provides services for approximately 5200 patients. There is a branch surgery in Stradbroke. Both Fressingfield Medical Centre and Stradbroke Medical Centre have a dispensary attached to the practice. They hold a General Medical Services contract. The practice has three male GP partners, one female advanced nurse practitioner and four female practice nurses. They also employ one female phlebotomist, a practice manager, eight dispensers and nine reception/administration/secretarial staff who work at both sites.

The practice's opening times are from 8am until 6.30pm Monday to Friday with extended hours on Monday evenings until 7.30pm. The practice has opted out of providing GP services to patients outside of normal working hours such as nights and weekends. During these times GP services are provided by Care UK via the 111 service.

Why we carried out this inspection

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

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 19 January 2016. We did not inspect the branch surgery Stradbroke Medical Centre.

During our visit we:

- Spoke with a range of staff which included; three GPs, one advanced nurse practitioner, two practice nurses, the practice manager, three members of the reception/administration/secretarial team. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- 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?

Detailed findings

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role however the practice needed to ensure that a record was made in the child's notes if they failed to attend an appointment. GPs were trained to Safeguarding level 3 (safeguarding children and young people).
- A notice in the waiting room advised patients that chaperones were available if required. All staff who

acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were regular practice meetings to discuss significant events including when there were prescribing incidents or dispensed errors. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Dispensed errors were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.
- We reviewed 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.
- 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.

Medicines Management

The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and reflected current practice. The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality dispensing services to

Are services safe?

patients. Dispensary staffing levels were in line with DSQS guidance. Staff involved in the dispensing of medicines had received training and had regularly been assessed as competent.

We noted arrangements were in place for patients to order repeat prescriptions. Prescriptions were reviewed and signed by a GP before medicines were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice. The dispensary, was well organised and medicines were stored securely, however, additional measures were needed to ensure the dispensary was only accessible to authorised staff. One of the nurses was a qualified advanced nurse practitioner and could therefore prescribe medicines for specific clinical conditions. She 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.

Medicines for use in an emergency in the practice were monitored for expiry and checked regularly for their availability. Records demonstrated that vaccines and medicines requiring refrigeration had been stored within the correct temperature range. Staff described appropriate arrangements for maintaining the cold-chain for vaccines following their delivery. Processes were in place to check medicines in the dispensary were within their expiry date and suitable for use. The practice carried out regular checks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk

assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

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 with adult and children's pads and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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 guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's 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 552 points out of a possible 559 which was 98.8% of the total number of points available, with 4.9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was 95.3% which was better than the CCG average by 4.9% and the England average by 6.1%.
- Performance for asthma related indicators was 100% which was better than the CCG average by 5.7% and the England average by 2.6%.
- Performance for mental health related indicators was 100% which was better than the CCG average by 9% and the England average by 7.2%.
- Performance for depression related indicators was 100% which was better than the CCG average by 15.1% and the England average by 7.7%.

- The practice had the lowest rates per 1,000 patients in their locality for secondary care emergency activity and accident and emergency attendance for patients aged over 75.
- The practice had achieved the highest uptake in their CCG for vaccinating patients aged under 65 against influenza.

Clinical audits demonstrated quality improvement

- The practice regularly monitored data using a reflective review process and discussed and disseminated findings.
- We looked at their most recent two clinical audits where the improvements made were implemented and monitored. For example; an audit on Bisphosphonate (a drug that prevents the loss of bone mass). The practice searched their clinical system for the patients who had been on the medication for 5 years or more and each named GP ensured the patient's records were reviewed and where necessary changes made following the osteoporosis pathway. The audit was discussed at clinical meetings and re-audited 10 months after the initial audit was completed with a positive result.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of their practice development. Staff had access to appropriate training to meet their needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that patients' care plans were routinely reviewed and updated.

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and sexual health advice. Patients were then signposted to the relevant service either internally (with a GP or nurse) or an external provider.
- The practice had notices up in the patient toilets with information about chlamydia testing and all their patients aged 15-24 years were encouraged to have chlamydia testing as appropriate. Forms and testing kits were available in the consulting rooms.
- The practice participated in the Suffolk C-Card scheme (a scheme aimed at 13-24 year olds who can get a range of free condoms, information and advice at the practice).
- Smoking cessation advice was available during a clinic run by the nursing team.
- The practice's uptake for the cervical screening programme was 86.54%, which was above the CCG average and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female clinician was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Are services effective?

(for example, treatment is effective)

- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.5% to 100% with a CCG range from 95.1 to 100% and five year olds from 93.6% to 97.9% with a CCG range from 92.6% to 97.2%.
- Flu vaccination rates for the over 65s were 78.18%, and at risk groups 69.34%. These were also above the CCG and national averages.

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

- The practice operated a call system to invite patients with learning disabilities in for an annual health check. The check would be with both the nurse and the named GP. The practice received information from the County Council to ensure that they had correctly identified, on the clinical system, all patients with learning disabilities and they offered them longer appointments. The practice had completed annual health checks for three out of the eleven patients registered with learning disabilities but were actively encouraging their patients to attend with letters and if no response they were, where necessary, contacting them by telephone.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the Patient Reference Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2015 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. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 98% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.

- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 91% said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

However there were two elements where the practice were significantly lower than the CCG and national averages;

- 44% said they usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 69% and national average of 65%.
- 47% feel they don't normally have to wait too long to be seen compared to the CCG average of 63% and the national average of 58%.

The practice had acted on feedback from patients by introducing catch up spaces and not reducing appointment numbers to ease waiting times for patients.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 96% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.

Are services caring?

- 95% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 88% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 133 patients on the practice list as carers. Carers forms were available on the practice website and on the new patient registration form and a new carers protocol/form was then completed showing the patient who was cared for and the patient who was a carer. Nurses and GPs doing dementia reviews also tried to capture the information. Written information was available to direct carers to the various avenues of support available to them and a poster was displayed in the waiting room.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended surgery hours' on a Monday evening until 7.30pm for patients who could not attend during normal opening hours.
- There were longer appointments available for reviews of patients with a learning disability, long term conditions and for patients aged over 75.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- A GP partner regularly visited patients in a local nursing home on a weekly basis and liaised with the home managers.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- An example was given that a dispensing patient with mobility issues would ring the bell outside the door and the staff would take their medication out to them as the window to the dispensary inside the practice was high.
- The practice website contained a depression questionnaire (a self-assessment test) to help the patient identify if they were suffering from depression or anxiety.
- Two GPs had completed the Bradford Diabetes Management course and two specialist nurses held the Warwick Diploma in Diabetes care.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended surgery hours were offered on a

Monday evening between 6.30pm and 7.30pm. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people on the same day that needed them.

Results from the national GP patient survey published in July 2015 showed that patients' satisfaction with how they could access care and treatment exceeded the local and national averages.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 100% patients said they could get through easily to the surgery by phone compared to the CCG average of 81% and national average of 73%.
- 94% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 58% and national average of 59%.

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

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.
- We saw that information was available to help patients understand the complaints system. For example; there were posters displayed in the waiting room, information was available on the practice website, and in the practice leaflet and from the reception staff.

We looked at two complaints received in the last 12 months and found that these were satisfactorily handled, and dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a complaint received regarding the loss of a blood sample between the practice and the hospital. The complaint was discussed at a Partners' Meeting. A response letter was sent apologising for the inconvenience and the

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

practice suggested the patient contact the hospital concerning their procedures for processing samples. The practice felt their processes were robust and the complaint was discussed with the Nursing Team at their meeting where they reviewed their processes. Discussion of their

procedures all lead the staff to believe that the fault did lie with the Laboratory and that the sample would have been handed to the courier that day. The patient had been happy with the response to the complaint.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Staff we spoke with were aware of the vision and values for the practice and told us that they were supported to deliver these. The practice was active in focusing on outcomes in primary care. We saw that the practice had recognised where they could improve outcomes for patients and had made changes accordingly through reviews and listening to staff and patients. The practice had business plans which reflected the vision and values.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They 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.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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 Reference Group (PRG) and through surveys and complaints received. There was an active PRG which met regularly, carried out patient surveys and submitted proposals for improvements to the

Are services well-led?

Good 

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

practice management team. For example, a suggestion by a member of the PRG to display the current waiting time for each GP was implemented and the practice had received positive feedback regarding the change.

- The practice were aware of the issue of having all male GPs and employed a female advanced nurse practitioner after gaining positive feedback from patients regarding it.
- The practice conducted the NHS friends and family test and had 241 results showing extremely likely / likely to recommend the practice to other people out of 252 responses.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff we spoke with provided us numerous examples of where the practice had supported them to improve their professional practice, for example; nursing staff having attended requested courses for instance; wound care, ear irrigation, chronic disease management. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.