

The Derby Road Practice

Quality Report

52 Derby Road

Ipswich

Suffolk

IP3 8DN

Tel: 01473728121

Website: www.derbyroadpractice.co.uk

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Derby Road Practice on 23 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.
- Risks to patients were assessed and well managed.
- 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. However, there was scope to improve the practice oversight of staff training.
- 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.
- Patients said they generally 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.
- 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 that carers continue to be identified.
- Ensure that there is an effective system in place to oversee the completion and recording of staff training.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events. We saw a system that showed the practice responded to significant events and complaints.
- When things went wrong patients received reasonable support, truthful information, and a written apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Annual infection control audits had been undertaken and action plans were completed to address any improvements identified as a result.
- The practice had a legionella policy and documented risk assessment in place.
- The practice ensured all medicines needing cold storage were kept in an appropriate fridge.
- Staff recruitment checks had been undertaken prior to employment including, photographic proof of identification and qualifications, registration with the appropriate professional body and appropriate checks through the Disclosure and Barring Service (DBS) had been carried out on all appropriate staff. (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). All members of staff who acted as chaperones had received a DBS check.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and utilities.

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 were at or above average compared to the national average. The most recent published results for 2014 to 2015 were 98% of the total number of points available. Exception reporting was 8% which was 0.3 percentage points below the Clinical Commissioning Group (CCG) average and one percentage point below the national average (exception reporting is the removal of patients from QOF calculations)

Summary of findings

where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, depression, epilepsy, heart failure, hypertension, learning disability, osteoporosis, palliative care, peripheral arterial disease, rheumatoid arthritis, secondary prevention of coronary heart disease and stroke and transient ischaemic attack were all above or in-line with CCG and national averages with the practice achieving 100% across each indicator.

- Staff assessed 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2016 showed patients rated the practice higher than others for several aspects of care. For example:
- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.
- Information for patients about the services available was easy to understand and accessible.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 211 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to secure improvements to services where these were identified.
- Appointments were available outside school and core business hours to accommodate the needs of children and working people.
- 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 required same day consultation. Telephone appointments were available to patients if required.
- Patients said they generally 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.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 a clear understanding of succession planning within the practice and the Ipswich area, and the practice was active in forward thinking and developing effective cross practice working.

Summary of findings

- 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 well 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.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and encouraged widespread patient comment.
- 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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice provided organisational continuity with families, with patients in their 80's being known by some staff, including GPs, since they were in their 50's.
- There was a dedicated telephone number for elderly and vulnerable patients to call.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. All home visits were triaged by a clinician to prioritise visits and ensure appropriate clinical intervention. The practice worked closely with the community district matron and nursing teams arranged weekly visits for homes with planning prior to visits in addition to urgent visits when required.
- The practice would contact patients after their discharge from hospital when required, to address any concerns and assess if the patient needed GP involvement at that time.
- The practice offered health checks for patients aged over 75.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were above local and national averages

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. Clinical staff oversaw all recalls for patients with long term conditions and liaised with the nursing team to ensure patients were reviewed.
- Performance for diabetes related indicators was better in comparison to the CCG and national averages, with the practice achieving 91% across all indicators. This was 0.5 percentage points above the CCG average and two percentage points above the national average. Exception reporting was in line with CCG and national averages.

Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care, such as the community district matron.
- Repeat prescriptions contained a message to invite patients to make an appointment when their review was due; text reminders and letters were also sent to remind patients to attend for their review.
- Patients with long term conditions such as asthma were sent an appropriate questionnaire to complete prior to their health care and medication review.
- The practice recruited an extra practice nurse during the flu vaccination season to perform all the influenza home visit vaccinations.
- The practice took part in the Norfolk Diabetes Prevention Study, with good uptake (173 patients responded from the 1,800 invited).

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- 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 95% to 99% which was comparable to the CCG average of 95% to 98% and five year olds from 94% to 99% which was comparable to the CCG average of 94% to 97%.
- 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 80%, which was higher than the CCG average of 76% and the national average of 74%. There was a policy to offer text, telephone and letter reminders for patients who did not attend for their cervical screening test.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Summary of findings

- The practice offered weekend appointments and GP+ appointments to enable those patients who worked to bring family members along when convenient.
- The practice opportunistically identified young patients for incomplete vaccination programmes. For example meningitis vaccinations.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, this included weekend and GP + appointments.
- 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.
- Appointments were available before and after usual working hours (9am to 5pm) as well as during the day. Telephone appointments were available in addition to on-line appointments and repeat prescription requests, on-line prescription enquiries and emails.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The bowel cancer screening rate for the past 30 months was 64% of the target population, which was above the CCG average of 63% and above the national average of 58%. The breast cancer screening rate for the past 36 months was 82% of the target population, which was above the CCG average of 80% and the national average of 72%.

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.
- The practice offered longer appointments for patients with a learning disability when required. The practice had identified

Good



Summary of findings

129 patients with a learning disability on the practice register, 106 of these patients where a health check was appropriate. 82 of these patients had received a health check with invitations sent to the remaining patients.

- The practice regularly worked with other health care professionals in the case management of vulnerable patients. The practice undertook quarterly meetings to discuss vulnerable adults, liaised with the learning difficulty link worker and met monthly with the health visitor to review vulnerable children and families.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and worked closely with refugee families.
- 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 percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 89%, this was comparable to the CCG average of 85% and the national average of 84%. At the time of our inspection the practice had invited 163 patients identified as having dementia for a health check, of these 133 had undergone a review since April 2016, others were scheduled with an appointment or had declined. The practice referred patients to various support services as required.
- The percentage of patients experiencing poor mental health who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 96%, this was above the CCG average of 85% and the national average of 88%. Of the 149 patients identified as experiencing poor mental health on the practice register and invited for a health check, 84 had received a health check in the past twelve months with appointments scheduled for the remaining patients

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 240 survey forms were distributed and 111 were returned. This represented a 46% completion rate.

- 80% of patients found it easy to get through to this practice by phone compared to the CCG average of 80% and the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and the national average of 85%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were all positive about the standard of care received. However two cards expressed concerns regarding seeing a GP of choice. Patients told us they were listened to, treated with professionalism, dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received, however two expressed concerns regarding appointment availability, seeing a GP of choice and telephone access. We were told staff were generally approachable and were committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that carers continue to be identified.
- Ensure that there is an effective system in place to oversee the completion and recording of staff training.

The Derby Road 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 practice manager specialist adviser.

Background to The Derby Road Practice

The Derby Road Practice and its branch surgery at Pinewood Surgery cover the areas of Ipswich for several miles around the two practice buildings, excluding areas of Ipswich that the practice team cannot safely travel to in a reasonable time. The practice began over 100 years ago with a purpose built surgery at Derby Road, which is still in use following more recent modifications. The branch surgery at Pinewood Surgery was purpose built 20 years ago and extended nine years ago. We attended both practice sites during our inspection.

The practice is run by a partnership of five GP partners (three male and two female). The practice employs four salaried GPs, (three male and one female), two nurse practitioners, a minor ailments nurse, six practice nurses, a health care assistant, two phlebotomists and a senior clinical pharmacist. The clinical team is supported by a practice manager, a deputy practice manager, an administration manager, a clinical administration manager and teams of administrative/reception staff and medical secretaries. The practice has undergone a period of change in the past year with the loss of one GP, and another GP and a practice nurse on maternity leave. They are continuing to attempt to recruit GPs to the area.

The registered practice population of over 17,000 patients across both practice sites are predominantly of white British background. However, the ethnic diversity of the patient population is increasing with migrant communities joining the practice list. The patient population at the Derby Road site has a high number of elderly patients. The practice reports a growing patient list of on average 35 new patients per month, this is mostly at the branch surgery. According to Public Health England information, the practice age profile is in line compared to the practice average across England.

The practice is open between 8am and 6:30pm Monday to Friday. The practice described an ethos of 'if patients need to be seen on the day they are'. Following an audit of telephone triage effectiveness the practice Nurse Practitioners provide on the day appointments for patients, allowing on the day or urgent requests for appointments to be booked directly by reception. Each practice site has a daily duty GP who oversees the 'on the day' demand. In order to ensure appointments are allocated appropriately there is a protocol staff follow to ensure effective use of clinical time. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for patients that need them.

The practice offers a balance of routine appointments with on the day appointments. In addition there are pre-bookable telephone consultations for appropriate patients and 15 minute face to face appointments. Saturday morning extended hour appointments are available with both GPs and nurses and the practice participates in the Suffolk Federation's access pilot called 'GP+' where patients can make appointments outside core hours, the practice are actively encouraging patients to make use of the underutilised Sunday service this provides.

Detailed findings

The practice holds a Personal Medical Services (PMS) contract to provide GP services which is commissioned by NHS England. A PMS contract is a nationally negotiated contract to provide care to patients. The practice offers a range of enhanced services commissioned by their local CCG: including improving patient on-line access, extended hours access and support for people with dementia. Out of hours care is provided via the NHS 111 service.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 August 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was 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 incident recording form supported the recording of notifiable incidents under 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were received, allocated to the GPs and immediately acted upon (this is a government agency which approves and licenses medicines, allowing them to be prescribed in the UK. The principal aim of the agency is to safeguard the public's health). These were then audited and the actions taken reviewed.

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. 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 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 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. All staff who acted as chaperones 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. The practice nurse was the infection control clinical lead with the support of an administration lead; 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 we were told staff had received up to date training. However, the practice was unable to evidence that all staff had undertaken this training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result with a planned review date scheduled.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice prescribing lead had worked closely to reduce a 47% overspend on prescribing from four years previous, engaging with the CCG and patients through the PPG to a below budget spend in June 2016. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. 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

Are services safe?

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. Following a significant event at another local practice in the past the practice no longer stocked any controlled drugs (medicines that require extra checks and special storage because of their potential misuse).

- We reviewed six 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. However, we found there was scope to improve the organisation of files as some information was not available at the time of the inspection.

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 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 at both premises 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 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 guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- 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 for 2014 to 2015 were 98% of the total number of points available. Exception reporting was 8%, which was 0.3 percentage points below the CCG average and one percentage point below the national average, (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). We saw that of the 559 QOF points available for the year 2015 to 2016 the practice reported a 559 point achievement. This information had not been validated at the time of the inspection.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better in comparison to the CCG and national averages, with the practice achieving 91% across all indicators. This was 0.5 percentage points above the CCG average and two percentage points above the national average. Exception reporting was in line with CCG and national averages.
- Performance for mental health related indicators was also better in comparison to the CCG and the national averages. The practice had achieved 99% across each

indicator, this was eight percentage points above the CCG average and six percentage points above the national average. Exception reporting was in-line with local and national averages.

- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, depression, epilepsy, heart failure, hypertension, learning disability, osteoporosis, palliative care, peripheral arterial disease, rheumatoid arthritis, secondary prevention of coronary heart disease and stroke and transient ischaemic attack were all above or in-line with CCG and national averages, with the practice achieving 100% across each indicator.

The practice regularly monitored clinical data using weekly charts, a reflective review process and discussed and disseminated findings with clinical staff and relevant organisations. The CCG 'Chart of the Week' was reviewed weekly at practice meetings and monthly dashboard meetings with partners and senior administration staff. The weekly charts covered a range of topics including financial, administration, governance and clinical targets.

High risk medications were monitored regularly by doing a search on the clinical computer system. The practice undertook a regular audit of ten disease modifying anti rheumatic medicines, ensuring patients could not have a repeat prescriptions without the appropriate monitoring being undertaken. The practice described and showed us how their recall system worked for various drug monitoring; this was linked to a text reminder system to ensure patients were called for blood tests. The recalls in place were robust and the practice regularly checked that patients had been in for their blood tests.

We looked at four clinical audits where the improvements made were implemented and monitored, including an audit of the use of red drugs (medicines which should only be prescribed by secondary care, such as hospitals), audits of prescribable oral nutritional supplements (sip feeds), audits of medicines such as aspirin to reduce inappropriate prescriptions and audits of the prescribing of quinine (a drug used in the treatment of malaria).

The latter audit was undertaken following advice issued in 2010 by the Medicines and Healthcare Products Regulatory Agency (MHRA) concerning the prescribing of quinine and its use for leg cramps. The practice undertook an audit in 2015 finding 38 patients who were regularly prescribed quinine. These patients were reviewed and where

Are services effective?

(for example, treatment is effective)

appropriate patients were written to explaining the reasons for stopping the medicine which included support and advice on self-care for malaria. The audit was repeated in August 2016. The second audit evidenced that 29 patients were no longer prescribed quinine. Of the 38 patients, nine were still prescribed quinine. Four of these patients had been reviewed and were very occasionally using the medicine, the remaining five had been reviewed and had individual decisions in place to continue taking the medicine, made either due to the severity of their symptoms or as part of a decision making process with their GP. The practice planned to re-run this audit again in the future.

The practice participated in non-clinical audits including data quality, infection control, cleaning standards and patients who did not attend (DNA) for their appointment, as a result of this audit the practice had reviewed their DNA policy. The practice also took part 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. 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. Practice 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. For example various members of staff were either on apprentice or management training courses, one member of the reception team was in the process of training to be a health care assistant and practice nurses were undergoing training to increase their areas of expertise. 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 and nurses. Practice staff had received an appraisal within the last 12 months.

- The practice staff received training that included safeguarding, fire safety awareness, and basic life support and information governance; however the practice oversight had scope for improvement. For example it was unclear if all staff had undergone infection control training. Practice staff had in house, face to face training and some access to e-learning training modules.
- GPs, nurse practitioners and the practice manager attended the CCG monthly training days. In addition to this, the practice provided quarterly lunch/training sessions with visiting consultants in particular fields.

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.

Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- 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.
- There were special notes and reminders for clinicians on patient records to highlight patient's personal needs and circumstances. For example where vulnerable or if they had a named carer.

Patients who were due an asthma review were requested to complete an on-line asthma annual review questionnaire where possible, this ensured clinicians received relevant and up to date information on patients' conditions.

The practice's uptake for the cervical screening programme was 80%, which was higher than the CCG average of 76% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The bowel cancer screening rate for the past 30 months was 64% of the target population, which

was in-line with the CCG average of 63% and above the national average of 58%. The breast cancer screening rate for the past 36 months was 82% of the target population, which was above the CCG average of 80% and the national average of 72%.

The practice had identified 129 patients with a learning disability on the practice register, 106 of these patients where a health check was appropriate. 82 of these patients had received a health check with invitations sent to the remaining patients.

The percentage of patients experiencing poor mental health who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 96%, this was above the CCG average of 85% and the national average of 88%. Of the 149 patients identified as experiencing poor mental health on the practice register and invited for a health check, 84 had received a health check in the past twelve months with appointments scheduled for the remaining patients.

The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 89% this was comparable to the CCG average of 85% and the national average of 84%. At the time of our inspection the practice had invited 163 patients identified as having dementia for a health check, of these 133 had undergone a review since April 2016, others were scheduled with an appointment or had declined. The practice referred patients to various support services as required.

The practice had administered flu vaccinations to 2,137 of patients aged over 65 years old and 2,182 of patients on the practice at risk register during the 2015 to 2016 flu vaccination clinics.

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 95% to 99% which was comparable to the CCG average of 95% to 98% and five year olds from 94% to 99% which was comparable to the CCG average of 94% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients where appropriate and NHS health checks for patients aged 40–74. 483 patients had received an NHS health check

Are services effective?

(for example, treatment is effective)

between August 2015 to August 2016. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the nine patient Care Quality Commission comment cards we received were positive about the care experienced. However two cards expressed concerns regarding seeing a GP of choice. Patients told us they were listened to, treated with professionalism, dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received, however two expressed concerns regarding appointment availability, seeing a GP of choice and telephone access. We were told staff were generally approachable and were committed and caring. 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 2016 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:

- 91% of patients said the GP was good at listening to them compared to the CCG and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG and the national average of 87%.
- 99% 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%.

- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and the national average of 91%.
- 91% 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.

Results from the national GP patient survey published in July 2016 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:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice told us they had identified poor results and comments regarding the nursing team and had recruited a new cohort of practice nurses in the last year from secondary care. The practice had invested in primary skills training for these nurses and following in-house research were confident that patient feedback was improving.

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

Are services caring?

- 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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 211 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement and where appropriate, 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. For example, the practice were working with the local CCG on addressing access in Ipswich, the practice were collaborating with other local practices to review working patterns and scale of working. One GP partner had contributed in the design of the 'Your Doctors and Nurses Say' media campaign run by the CCG across East Suffolk providing signposting for patients with healthcare.

- The practice offered routine 15 minute appointments.
- Saturday morning extended hour appointments were available with both GPs and nurses
- There were longer appointments available for patients with a learning disability and the practice liaised with the learning disability link worker to support and signpost patients to other services.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There was a dedicated telephone number for vulnerable patients to call when required.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- 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.
- Services for children and young people included chlamydia testing kits for young people and access to the C Card scheme. This is a free condom scheme available to young people 24 years or younger who register, which provided free condoms from the practice or any other outlet which is part of the scheme.
- The practice provided a range of nurse-led services including minor illness clinics, leg ulcer treatment and dressings, phlebotomy services, immunisations, shingles, flu and pneumococcal vaccinations, sexual health and family planning services.

- The midwife provided antenatal clinics twice a week from the both the main practice and the branch practice sites.
- The practice recruited an extra practice nurse during the flu vaccination season to perform all the influenza home visit vaccinations.
- The practice took part in the Norfolk Diabetes Prevention Study, with good uptake (173 patients responded from the 1,800 invited).

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. We were told the practice had an ethos of 'if patients need to be seen on the day they are'. Following an audit of telephone triage effectiveness the practice Nurse Practitioners provided on the day appointments for patients allowing on the day or urgent requests for appointment to be booked directly by reception. Each practice site had a daily duty GP who oversaw the on the day demand. In order to ensure appointments were allocated appropriately there was a protocol staff followed to ensure effective use of clinical time. For example, for health care assistants and phlebotomy appointments. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 78%.
- 88% of patients said they could get through easily to the practice by phone compared to CCG average of 82% and the national average of 73%.

The practice had noted patient dissatisfaction with lengthening appointment waits from previous patient survey results and felt this was due to an inability to recruit GPs. The practice told us they offered a balance of routine appointments with on the day appointments. In addition there were pre-bookable telephone consultations for appropriate patients and 15 minute face to face appointments. Saturday morning extended hour appointments were available with both GPs and nurses and the practice participated in the Suffolk Federation's

Are services responsive to people's needs?

(for example, to feedback?)

access pilot called 'GP+' where patients could make appointments outside core hours, the practice were actively encouraging patients to make use of the underutilised Sunday service this provided.

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

The practice had a system in place to assess:

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

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.
- We saw that information was available to help patients understand the complaints system. Complaints forms were available at reception and the procedure was published in the practice leaflet and on the practice website.
- The system included cascading the learning to staff at practice meetings. All the staff we spoke with were aware of the complaints procedure.

The practice had received 28 complaints in the last 12 months. We looked at five of these 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 where concerns had been raised regarding appointment availability, the practice had reviewed the appointment system, made adjustments and offered an apology.

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 general medical services to all its patients, be committed to patients needs and involve them in decision making about their treatment and care. The practice had a robust strategy and supporting business plans which reflected the vision and values of the practice were regularly monitored. The practice objectives included the provision of the highest standard of care to patients. To ensure staff were trained and competent, that equipment and building maintenance was carried out and accessible for patients and to ensure the practice identified and acted on opportunities for improvement.

There was a proactive approach to succession planning in the practice and consideration of the issues of GP recruitment and the future growth of the patient list size, for example the implication of a new housing developments and practice list closures in Ipswich. The practice was committed to improving services for patients within the locality and was working with the CCG to secure this.

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 using a variety of external, internal, planned and random methodologies to audit the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The practice weekly reviewed the CCG chart of the week with discussion on actions needed. The practice told us this was a good way to keep them on their toes and identify any potential unknowns.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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 provider 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 support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- 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. The practice used a secure video conferencing system to ensure maximum attendance of staff at meetings from both practice sites.
- 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. The practice reported some staff working with the practice for over 35 years with one GP partner celebrating 30 years in September 2016.
- 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.

Are services well-led?

Good 

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

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 PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, in conjunction with the practice the PPG had organised a health awareness day at a local church, this would be attended by a number of support organisations such as Age UK Suffolk, Cancer Research UK, Healthwatch Suffolk and organisations providing signposting and support to patients who were vulnerable or with long term conditions such as diabetes and home and garden de-cluttering services. The PPG were in the process of developing publicising the PPG with a practice notice board with information on PPG members and photos to enable patients to know who they could contact or liaise with.
- Friends and Family survey results showed that 94% of patients, who responded, were likely or extremely likely to recommend the practice to friends or family. This was above the national average of 88%.
- The practice monitored NHS Choices monthly and noted an upward trend in their ratings and comments.
- The practice worked closely and contributed in the design of the 'Your Doctors and Nurses Say' and 'Think Pharmacist for Minor Illness' media campaigns run by the CCG across East Suffolk which provided advice and signposting for patients with healthcare concerns.
- The practice had gathered feedback from staff through staff meetings, appraisals, and discussion. 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 for patients in the area. For example, the practice were part of a national pilot involving pharmacists and had recently appointed two pharmacists to work with patients as part of the clinical team, with one just on post at the time of our inspection and the second due to start in September 2016. In addition the practice was working with the CCG to assist in the training of reception staff across East Suffolk. The practice also encouraged work experience students and reported three previous work experience students successfully entering medical school this year with one student on a Medicine Foundation Course. The practice told us the encouraged contact with these students by offering holiday employment if they wished.

The practice was working with the local CCG, local MPs, NHS England, the Suffolk GP federation and Health Education England to address local workforce issues. This included exploring the recruitment of physiotherapists, mental health workers, paramedics and additional nurse practitioners as part of a CCG sponsored scheme to provide a clinical workforce for Ipswich.

The practice was in the process of reviewing the practice telephone system, the practice appointments system and timings to accommodate the changing patient demographics of the area and the responses from the patient surveys. The practice was in the process of training a member of staff to become a health care assistant and was exploring the recruitment of another practice nurse and a reception team leader.

The practice was collaborating with local surgeries to explore effective working procedures. In addition the practice, in conjunction with another local practice, local councils and the CCG, were exploring a new build with the aim to combine with another practice by 2019. The practice was in discussion with an HR company to provide an organisational development programme ensuring HR support and staff training across all practice teams.