

Wickhambrook Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wickhambrook Surgery on 6 June 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 although actions put in place in response to significant events were not always reviewed.
- Risks to patients were assessed and managed although improvement was required with regards to fire drills and equipment checks, infection control training, recruitment checks relating to locum GPs, and cleaning processes.

- 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.
- Feedback from patients about their care was positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Data from the most recent National GP Patient Survey showed that patients rated the practice higher than others for several aspects of care.
- 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 found it easy to make an appointment with a 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.

Summary of findings

- 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 must make improvement are:

- Review and implement processes relating to consumable expiry date checks.

The areas where the provider should make improvement are:

- Review actions put in place after significant events.

- Regularly review fire safety arrangements.
- Review the cleaning schedule to ensure all relevant areas of the practice are included.
- Ensure staff are up to date with infection control training.
- Monitor the recently introduced system to track prescription pads to ensure it remains effective.
- Ensure robust process for completing recruitment checks prior to employment of locum GPs.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events, however actions put in place as a result of significant events were not always reassessed.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a 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.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Although risks to patients who used services were assessed, some of the systems and processes to address these risks were not robust to ensure patients were kept safe. For example, at the time of inspection some evidence relating to recruitment checks for locums was not available, and we did not see evidence of work taking place to meet actions that were identified as a result of wiring checks. Following the inspection the practice provided evidence of actions relating to essential work being completed and the practice told us that the wiring was to undergo a full re-inspection this year, where they would re access the advisory actions. Checks relating to fire extinguishers were not completed regularly and fire drills had not been recorded, although practice staff told us that they had taken place. Furthermore prescription pads, although stored and receipted correctly, were not accurately tracked outside of the dispensary.
- The practice had processes in place for checking the expiry dates of dressings, however during our inspection we found several dressings that were out of date.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) in 2014/15 showed patient outcomes were in line or above average

Summary of findings

compared to the national average. For example, the percentage of patients experiencing poor mental health who have a comprehensive, agreed care plan documented in their record for the preceding 12 months was 95% compared to a local CCG and England average of 88%.

- 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 such as physiotherapists, health visitors and mental health link workers 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 January 2016 showed patients rated the practice higher than others for several aspects of care. For example 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89% whilst 96% of patients also said the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 88% and the national average of 87%.
- 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



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to ensure improvements to services where these were identified. For example the practice took part in a TeleDermatology scheme (TeleDermatology is a service that allows people to attend their local practice and

Good



Summary of findings

electronically send photographs of skin problems to a diagnostic centre). This allowed patients to attend the surgery for specific dermatology appointments rather than have to travel to the local hospital. This was an advantage for patients as the practice is located in a rural area with limited transport links.

- 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 although there were some differences between the complaints policy and complaints forms. For example, the complaints procedure did not contain details of the ombudsman whereas the complaints form contained this information. Following the inspection the practice had revised their complaints policy and form to ensure that they corresponded. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice offered a flush service (a flush is where a catheter or intravenous line is cleaned with saline) to patients who had peripherally inserted central catheters (PICC) fitted (a PICC is a special catheter used to give chemotherapy treatment and/or other medicines) to reduce the amount of time patients spent travelling to hospital.

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 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 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. However, there were improvements needed for reviewing actions put in place after significant events, ensuring fire extinguisher checks and fire drills were completed in a timely manner and recorded, ensuring control update

Good



Summary of findings

training was completed for all staff, making sure prescription pads were accurately tracked throughout the practice and to ensure that all recruitment checks relating to locum GP's were carried out.

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and interacted with the practice effectively. For example, the PPG had suggested that the practice website be improved and had worked with the practice to redesign the website.
- There was a strong focus on continuous learning and improvement at all levels. The practice was a training practice and undertook placements for medical and postgraduate students.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was flexible with appointments to allow patients to attend with carer's availability.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were in line or above local and national averages.
- The practice offered a medicine delivery service which included a weekly delivery of dosette medication.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) 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 that performance for diabetes related indicators was 97%, which was above the CCG average by 5% and the national average by 7%. The practice reported 8% exception reporting, which was 4% below CCG and 3% below the England average.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were higher for some of the standard childhood immunisations but slightly lower for others. For example, data from 2014/2015 showed the percentage of children receiving the PCV vaccination for the age group of 12 months was 100% compared to the CCG average of 94.7%, however the percentage of children receiving the PCV booster vaccination for the age group of 24 months was 89.7% compared to the CCG average of 94.1%.
- The practice's uptake for the cervical screening programme was 83%, which was in line with the CCG and England averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with other health care professionals. For example, the health visitor held baby clinics at the practice on a monthly basis.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice provided telephone slots to give advice to those who could not attend the practice.
- As a result of patient feedback the surgery had increased the number of appointments available to book on-line.
- The practice ensured that the surgery and dispensary were open at all times during the day to enable patients to access services and make appointments at a time convenient to them.

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 those with a learning disability.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff 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).

- 82% of patients diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months, which was in line with the CCG average of 82% and the England average of 84%. The exception reporting rate was 4% which was lower than the CCG average of 9% and the England average of 8%.
- 95% of patients experiencing poor mental health had a comprehensive, agreed care plan documented in their record in the preceding 12 months, which was above the CCG and England average of 88%. The exception reporting rate was 5% compared to the CCG average of 15% and the England average of 13%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing above or in line with local and national averages. 233 survey forms were distributed and 136 were returned. This represented a 58% response rate.

- 87% of patients found it easy to get through to this practice by phone compared to the local Clinical Commissioning Group (CCG) average of 83% and the national average of 73%.
- 99% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local 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 local CCG average of 88% and the national average of 85%.

- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 81% 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 15 comment cards which were all positive about the standard of care received. All of the comment cards we received contained positive and complimentary views about the service. In addition to these comments two cards contained comments that indicated waiting times could occasionally extend beyond expectation, whilst another card stated that there were occasional difficulties in getting an appointment. One card also stated that parking could sometimes be difficult.

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

Areas for improvement

Action the service **MUST** take to improve

- Review and implement processes relating to consumable expiry date checks

Action the service **SHOULD** take to improve

- Review actions put in place after significant events.
- Regularly review fire safety arrangements.

- Review the cleaning schedule to ensure all relevant areas of the practice are included.
- Ensure staff are up to date with infection control training.
- Monitor the recently introduced system to track prescription pads to ensure it remains effective.
- Ensure robust process for completing recruitment checks prior to employment of locum GPs.

Wickhambrook Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, and a practice manager specialist adviser.

Background to Wickhambrook Surgery

The Wickhambrook Surgery is situated in Wickhambrook, Suffolk. The practice provides services for approximately 4400 patients. They hold a General Medical Services contract with NHS West Suffolk CCG.

The most recent data provided by Public Health England showed that the patient population has a higher than average number of patients aged between 45 and 85, and a lower than average number of patients aged between one to 44 compared to the England average. The practice is located within an area of low deprivation.

The practice has three partners, two male and one female, and currently, two trainee GPs. One of the trainee GPs is soon to be employed as a salaried GP. The team includes two practice nurses, one healthcare assistant / phlebotomist. The clinical staff are supported by a team of dispensary, administration and reception staff who are led by a practice manager. At the time of inspection, the practice was open between 8.00am to 6.30pm Monday to Friday. GP appointments were available every day between the hours of 9.00am to 11.30am and 3.30pm to 6.00pm whilst nurse appointments were available every day between 9.00am to 11.30am and 3.00pm to 5.30pm. Extra appointments were available through Suffolk GP+ after

practice opening hours until 9.00pm during the week and also between the hours of 9.00am and 2.00pm at the weekends. Care UK provides out of hours GP services at all other times.

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 6 June 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, the practice manager and a range of reception and administration staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- 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.
- 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, however actions put in place as a result of significant events were not always reviewed to see if they were effective. The practice told us that a review of actions relating to every significant event recorded would be implemented in future.
- 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,

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 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 and 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 and nurses were trained to child protection or child safeguarding level 3. A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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 and we saw evidence of general cleaning schedules for all areas however, we did not see any records of deeper cleaning of carpets or chairs taking place. The practice has stated that it was an area that they would look into and make arrangements to ensure this took place. 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 although not all staff had received recent up to date training. The practice were aware of this and was in the process of booking online training for the staff who had not received the training updates. Infection control audits were undertaken and we saw evidence that action was taken to address improvements identified as a result, although the deep cleaning of carpets or chairs had not been identified.
- 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). However, we saw that on one occasion the fridge used to store vaccinations had become too warm due to the fridge plug socket being accidentally turned off. Whilst we were told that the practice had taken the correct actions to deal with the event it was not recorded or cascaded to other members of staff within the practice. Following the inspection the practice recorded this as a significant event and shared the incident with other members of staff. They had completed a risk assessed of the event and put measures in place to stop it from happening again. 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. Blank prescription forms and pads were securely stored, however systems in place to monitor the tracking of prescription pads outside of the dispensary area were not robust. For example we saw prescription pads issued to a GP that had left the practice which had not

Are services safe?

been destroyed and one GP had been issued with a large quantity of pads. Following the inspection the practice gave us evidence that showed they had since implemented a robust tracking system in order to ensure prescription pads were safely tracked. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We saw that the practice had processes in place for checking the expiry dates of dressings, however during our inspection we found several dressings that were out of date. The practice removed these items from stock at the time of the inspection and told us that they would review the existing processes to ensure this did not happen in the future.
- We reviewed five personnel files and found appropriate recruitment checks for permanent staff 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 (DBS). At the time of inspection, whilst the practice had evidence of checks relating to a locum GP such as DBS, registration with the appropriate professional body, and proof of identity there were some recruitment checks missing such as evidence of mandatory training and insurance. Following the inspection the practice showed us evidence the missing information had been obtained.

Medicines Management

There were clear operating procedures in place for the dispensary that accurately reflected practice.

- Dispensary staff recorded significant events and described a comprehensive system for their analysis and review. We saw evidence of significant events that occurred in the dispensary being logged and shared with the wider surgery team and changes made to processes as a result of significant event reviews. Where a patient was affected by an incident we saw evidence of an understanding and application of the duty of candour.
- All repeat prescriptions were signed before the medicines were given to patients. Dispensary staff could identify when a medicine review was due and explained that they would alert the relevant GP before issuing the prescription if the review was out of date.
- All dispensary staff had received appropriate training and held qualifications in line with the requirements of the Dispensary Services Quality Scheme (DSQS), a national scheme that rewards practices for providing high quality services to patients of their dispensary. Dispensary staff had annual appraisals and felt that these were a good opportunity to discuss any training needs.
- The practice held stocks of controlled drugs (CDs) (medicines that require extra checks and special storage requirements because of their potential for misuse) and had in place suitable arrangements for the storage, recording and destruction of controlled drugs. For example, access to the CD cupboard was restricted and keys held securely, and there were appropriate arrangements in place for the destruction and recording of both patient returned CDs and out of date CDs. Dispensary staff were aware of how to investigate a CD discrepancy and knew how to contact the regional CD accountable officer.
- In accordance with the DSQS, the surgery had completed a number of dispensary audits, including one relating to stock control. Dispensary Reviews of Medicines Use (DRUMs) were undertaken by GPs to ensure confidentiality.
- Medicines were stored securely in the dispensary and access restricted to relevant staff.
- Dispensary staff checked stock to ensure medicines were within their expiry date on a regular basis. Staff checked the temperatures in the dispensary fridges daily which ensured medicines were stored at the appropriate temperature. Dispensary staff knew what to do in the event of a fridge failure.
- Blank prescription forms were held securely on arrival in the dispensary and records were held of the serial numbers of the forms received. Staff had a process for tracking prescription stationery through the dispensary.
- The practice had a longstanding medicine delivery service for patients in outlying villages. Medicines were taken directly to patients' homes, and were not taken to a drop off point. The delivery driver had received an appropriate security check for this role.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

There were procedures in place for monitoring and managing risks to patient and staff safety, however some required improvement.

- 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 staff told us that fire drills had been carried out, although these had not been recorded. We also found that fire extinguishers checks were overdue. The practice told us that they were aware of this and that they were in the process of changing the contract for the fire risk provider, that fire extinguishers would be checked once this was complete and that all fire drills would be formally recorded. The practice also showed us evidence of a wiring inspection for which corrective actions were identified but were unable to provide evidence of their completion at the time of the inspection. Following the inspection the practice provided evidence of actions relating to essential work being completed and the practice told us that the wiring was to undergo a full re-inspection this year, where they would re access the advisory actions. 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, 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 and to provide cover for holidays or sickness.

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.
- Staff had received basic life support training and there were emergency medicines available in the treatment room. 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 defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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. This was held online and off site.

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.

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 from 2014/2015 were 97.9% of the total number of points available. This was 1.5% above the local CCG average and 3.1% above the national average. The practice had an exception reporting average of 6.8%, which was 2.9% below the local CCG average and 2.4% 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).

The practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months (including an assessment of asthma control) was 77% compared to the national average of 75%. The rate of exception reporting was in line with both the CCG and national averages.
- The percentage of patients experiencing poor mental health who had a comprehensive, agreed care plan documented in their records in the preceding 12 months was 95% compared to the national average of 88%. The rate of exception reporting was better than both the CCG and national averages.

Performance for other indicators such as atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, dementia, depression, diabetes, epilepsy, heart failure, hypertension, learning disabilities, osteoporosis, palliative care, peripheral arterial disease, rheumatoid arthritis and secondary prevention of coronary heart disease were above or in-line with CCG and national averages. The rate of exception reporting was generally in-line or lower than both the CCG and national averages, however the exception reporting rate for osteoporosis was 33% compared to the CCG average of 9% and the England average 13%. We found that this was due to a very small number of patients being included in the indicator.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last two years, we saw evidence of two completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, the practice had undertaken an audit on patients prescribed metformin, a medicine used in the treatment of diabetes. The aim of the audit was to check if patients were being prescribed this medicine appropriately and to establish whether patients required further medical tests if they had impaired renal function. Results indicated that three patients required further tests and the practice contacted them to make arrangements for these. Following the second audit, the results did not identify any new patients requiring further medical tests.

The practice had taken part in a diabetic pilot scheme in 2014 that had been shortlisted for a General Practice Award and benchmarking data from the local CCG showed the practice had been the highest performing practice for aspects of diabetic care in 2013/2014 and 2014/2015.

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, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, practice nurses had recently undertaken training and update training for long-term conditions such as diabetes and Chronic Obstructive Pulmonary Disease (COPD).
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. However some staff had not received infection control training updates in a timely manner. The practice was aware of this and had made arrangements for this to take place. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients

moved between services, including when they were referred, or after they were discharged from hospital. Meetings with other health care professionals took place on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs whilst the practice also undertook internal interdisciplinary team meetings twice a month where these patient requirements were discussed.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on weight loss and smoking cessation. Nurses provided the advice on weight loss and smoking cessation while patients were signposted to the relevant service when extra support was required.

Data showed that the practice's uptake for the cervical screening programme was 83%, which was in line with the CCG and England average of 82%. There was a policy to send reminders to patients who did not attend for their cervical screening test and the practice ensured a female sample taker was available. 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. For example, the percentage of females

Are services effective?

(for example, treatment is effective)

aged 50-70 who had been screened for breast cancer in the last 36 months was 81% compared to a CCG and England average of 72% and the percentage of persons aged 60-69 who had been screened for bowel cancer in the last 30 months was 64% compared to a CCG average of 63% and an England average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 97% compared to the local CCG averages of 93% to 97% and five year olds from 86% to 100% compared to the local average of 93% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. The number of aged 40-74 health checks carried out in the period 2014/2015 was 160 and in the period 2015/2016 the number of aged 40-74 health checks carried out was 169. The practice also carried out annual reviews for long term condition such as diabetes. For example, during 2014 to 2015 the practice had identified 233 patients as having diabetes. The practice had carried out annual reviews on 96% of these patients. 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 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 and could offer them a private room to discuss their needs. This room may be a free consulting room, if available, or the practice meeting room.

All of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced, although one comment card did mention an incident where the patient felt they had been inappropriately referred. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). 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 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% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 100% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% 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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line or above local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 95% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 99% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 95% 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%.

Are services caring?

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

- Staff told us that translation services such as language line were available for patients who did not have English as a first language. Staff also told us that the check in screen had options for other languages, however the screen was awaiting replacement so we did not see evidence of this.
- Patients were able to use the option to translate the practice website into other languages.
- The practice had a hearing loop installed in reception.

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 96 patients as carers (2% of the practice list). Carers were being supported by offering them health checks and referral for support organisations. Written information was available to direct carers to the various avenues of support available to them such as Suffolk Family Carers, Macmillan and Age Concern.

Staff told us that if families had suffered bereavement, their usual GP contacted them by phone or arranged a patient consultation at a flexible time and location to meet the family's needs. The practice also directed bereaved families to appropriate support services such as CRUSE (CRUSE is an organisation that helps to provide support and information for people at times of bereavement).

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 took part in a TeleDermatology scheme (TeleDermatology is a service that allows people to attend their local practice and electronically send photographs of skin problems to a diagnostic centre). This allowed patients to attend the surgery for specific dermatology appointments rather than have to travel to the local hospital. Patients who were fitted with peripherally inserted central catheters (PICC) (a PICC is a special catheter that are used to give chemotherapy treatment and/or other medicines) were able to request that the practice flush the catheter at the surgery. This allowed patients who were diagnosed with cancer to spend less time travelling to treatment units to have this procedure carried out.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for all patients and were triaged by the designated duty doctor.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Appointments were available to book online as well as over the telephone. The practice had increased the number of appointments available online following patient feedback.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities available to support patients with disabilities and also baby changing.

Access to the service

The practice was open between 8.00am to 6.30pm Monday to Friday. GP appointments were available every day between the hours of 9.00am to 11.30am and 3.30pm to 6.00pm whilst Nurse appointments were available every day between 9.00am to 11.30am and 3.00pm to 5.30pm. Extra appointments were available through Suffolk GP+ after practice opening hours until 9.00pm during the week and also between the hours of 9.00am and 2.00pm at the

weekends. Care UK provides out of hours GP services at all other times. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. Appointments could be booked online or through reception and on the day appointments were available.

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

- 72% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 87% of patients said they could get through easily to the practice by phone compared to the CCG average of 83% and the national average of 73%
- 89% patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.
- 50% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63% and the national average of 65%.

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.

For example, requests for home visits were recorded and sent to the duty doctor for assessment to allow an informed decision to be made on prioritisation according to clinical need. 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, however there were discrepancies between the complaints procedure and complaints form. Following the inspection the practice had reviewed the complaints procedure and form and had amended them so that they now showed the same information.

Are services responsive to people's needs?

(for example, to feedback?)

- 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 in the waiting room, information on how to complain was visible and the practice website also contained information outlining the complaints procedure.

We looked at three complaints received in the last 12 months and found that these had been fully investigated and were dealt with in an empathetic and timely way. Lessons were learnt from individual concerns and complaints and from analysis of trends. Action was taken as a result to improve the quality of care. For example, the practice was reviewing its procedures for writing referrals following a 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's mission statement included that their purpose was to provide people registered with the practice with personal health care of high quality and to seek continuous improvement on the health status of the practice population overall and that the practice would achieve this by developing and maintaining a happy sound practice which is responsive to people's needs and expectations and which reflects whenever possible the latest advances in Primary Health Care. Staff knew and understood the values of the mission statement.
- The practice had a robust strategy and supporting business plans that reflected the vision and values and were regularly monitored.

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. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness.
- 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 was used to monitor quality and to make improvements. However, although checks relating to expiry dates of dressings were in place during the inspection we found that several dressings were out of date. The practice removed these and told us that they would review the processes relating to stock checks of dressings and ensure that adjustments were made to ensure effectiveness of the audit process.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However during the inspection we found that some members of staff had not completed their infection control update training, fire drills were not recorded and fire extinguishers were not checked in a timely manner. Whilst prescription pads were stored and recorded appropriately there was no tracking system for these outside of the dispensary. Following the inspection the practice told us they had implemented a prescription tracking system and made arrangements for infection control update training. The practice changed provider for the checking of fire equipment and checks are to be undertaken. The practice provided evidence of a wiring inspection for which corrective actions were identified but were unable to provide evidence of their completion at the time of the inspection. Following the inspection the practice provided evidence of some actions being completed and stated that the wiring is to be re-inspected this year.

- Whilst most actions put in place as a result of significant event analysis had been reviewed there were some actions that had not been reviewed. The practice has told us that actions put in place as a result of significant events would all be reviewed in the future.

Leadership and culture

The partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. The practice had also made adjustments to the working hours of some staff during the winter period to ensure staff had a safe journey to and from the surgery.

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;

Are services well-led?

Good 

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

- 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.
- 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. We noted team away days were held on an annual basis.
- 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 participation group (PPG) and through surveys and complaints received. The PPG had recently moved from being a virtual group and were proactive in trying to recruit new members. The PPG were enthusiastic in their approach and planned to contact local parish clerks in order to increase

awareness of the group and to recruit more members. They also planned to engage with local schools. The PPG met every six weeks and these meetings were recorded. Whilst the PPG had only recently started to meet in person they interacted with the practice effectively and had given feedback on the practice website. The practice had taken this on board and the PPG, with agreement and oversight by the practice, redesigned the website enabling it to also be compatible with mobile devices.

- 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 the practice and that there was a non-hierarchical approach to 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 had taken part in a diabetic pilot scheme in 2014 that had been shortlisted for a General Practice Award. The practice participated in the training of medical students and post-graduate students from Cambridge University Medical School and the University of East Anglia (UEA). Feedback given by the students was positive and there was a focus on retaining students once they had completed their studies.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The practice did not ensure dressings were within their expiry date.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	