

Dr T R S Bailey & Partners

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Outstanding overall.

(Previous inspection 12/2014 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Outstanding

Are services well-led? - Outstanding

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

Older People – Outstanding

People with long-term conditions – Outstanding

Families, children and young people – Outstanding

Working age people (including those recently retired and students – Outstanding

People whose circumstances may make them vulnerable – Outstanding

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

We carried out an announced comprehensive inspection at Dr T R S Bailey & Partners, otherwise known as Orchard House Surgery, on 30 November 2017.

At this inspection we found:

- The practice had effective systems to manage risk so that safety incidents were less likely to happen. When they did happen, the practice learned from them and improved their processes. The practice shared outcomes of significant events with staff and other local GP practices.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The facilities and premises were appropriate for the services delivered.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. Patient feedback on access to appointments was positive; this was supported by a review of the appointment system and data from the National GP Patient Survey.
- Staff had the skills, knowledge and experience to carry out their roles and there was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice was in line with, or above average for its satisfaction scores in the National GP Patient Survey.
- The practice was responsive to the needs of patients whose circumstances made them vulnerable. For example, it provided a postal address for travelling and homeless patients.

Summary of findings

- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received training and felt they were treated equally.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these concerns would be addressed.

We saw areas of outstanding practice:

- The practice maximised the use of their computer system, with a strong emphasis on its comprehensive quality improvement programme. We saw that various responses were implemented as a result of the various programmes; this included additional training, shared learning, reviews of prescribing, reviews of methodologies, amendments to appointment systems and other quality improvement outcomes. The practice implemented improvements in to day-to-day practice.
- Access to visits, telephone or physical appointments was responsive to the local population's requirements.

The practice continually monitored access; a September 2017 audit of appointment data of practices within the Suffolk Primary Care group indicated that the practice was the second highest in providing telephone services and above average in providing face to face appointments. Patient feedback was very positive.

The areas where the provider **should** make improvements are:

- Improve exception reporting performance, specifically for diabetes and mental health indicators.
- Review the recording and coding of medical records to ensure accurate and reflective care and treatment of patients, including patients who are carers.
- Audit infection rates on minor surgery interventions.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Dr T R S Bailey & Partners

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 CQC bank inspector.

Background to Dr T R S Bailey & Partners

Orchard House Surgery is registered with the CQC to provide primary care services, which includes access to GPs, family planning, surgical procedures, treatment of disease, disorder or injury and diagnostic and screening procedures.

The practice is part of West Suffolk Clinical Commissioning Group (CCG). It is responsible for providing primary care services to approximately 10,500 patients.

It provides GP and dispensing services for patients living in Newmarket, Suffolk and the surrounding area. The practice has six GP partners (three male and three female), four salaried GPs (all female), a practice manager, a reception manager, a dispensary team with supervisor, five practice nurses of whom one was nurse manager, one associate practitioner, one healthcare assistant, three members of administrative staff and a team of five receptionists with a team leader.

The practice offers dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.

The practice is a training practice and offers training to trainee GPs (registrars), nurses and medical students. The practice also offered work placements for other roles.

The practice is open 8.30am to 8.30pm on Monday and from 8.30am to 6.30pm Tuesday to Friday. Patients can book appointments in person, via the phone and online. When the practice was closed patients were directed to the out of hour's service provided by Care UK via the NHS 111 service.

The most recent data available from Public Health England showed the practice has a smaller number of patients aged nine to 24 compared with the national average. There are a slightly higher than average number of female patients aged 25-39 and 50-54, with the rest of the practice population in line with the England average.

Income deprivation affecting children is 12%, which is in line with the CCG average of 13% and below the national average of 20%. Income deprivation affecting older people is 13%, which is also in line with the CCG average of 12% and below the national average of 16%. Life expectancy for patients at the practice is 80 years for males and 85 years for females; these are slightly above the national expectancy of 79 years and 83 years respectively.

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their thorough induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff in paper and digital form. They outlined who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Children at risk were discussed at the fortnightly practice meeting and bimonthly with other services. There were lead GPs for both vulnerable adults and children's safeguarding in the practice.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 staff received up-to-date safeguarding and safety training appropriate to their role. Clinicians were trained to safeguarding level three. They knew how to identify and report concerns. Nurses acted as chaperones and were trained for the role and had all received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role; when we reviewed the clinical induction programme we found this to be thorough and staff confirmed it was effective. The practice was a training practice and had registrars (trainee GPs) working at the practice. There was a comprehensive schedule in place for registrars to ensure that they undertook their role safely and with the appropriate support available from senior GPs.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis and made use of electronic templates to support their decision making.
- Clinical triage, for when patients phoned the surgery, was undertaken by a duty GP throughout the day and by a team of GPs in the morning.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- The practice offered a limited range of minor surgery services to patients; consent was recorded and audited for this service but there had been no recent audit on post-operative infection rates for these interventions.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There were regular multi-disciplinary meetings that provided an effective forum for information sharing. The practice explained they were well attended by a variety of local services,

Are services safe?

such as health visitors, school nurses and other support agencies. Where required the practice also made referrals to local support agencies, for example for those patients suffering through drug abuse.

- Referral letters included all of the necessary information. The practice undertook weekly referral reviews to ensure referrals were made appropriately.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing and there was evidence of actions taken to support good antimicrobial stewardship. The practice had a favourable medicine budget through effective management of antimicrobial prescribing and dispensary schemes, some of which was invested back into the practice for staff benefit. For example, new sofas for staff areas had been bought.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- Arrangements for dispensing medicines at the practice kept patients safe although GPs were not notified of uncollected scripts. The practice explained they would implement this shortly after the inspection.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS) which rewarded practices for providing high quality services to patients of their dispensary. As part of this scheme the practice carried out face to face reviews of 10% of patients to assess compliance and understanding of the medicines being prescribed, known as DRUMS (Dispensing Review of the use of Medicines).
- There was a process in place for the prescribing and dispensing of high risk medicines and all prescriptions for these were kept in a separate area in the dispensary and reviewed by GPs prior to being dispensed.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues. These included for example, fire safety, health and safety and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. For example, actual water temperatures were now documented, rather than documenting that they had been taken.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Significant events and the associated actions were all recorded on an electronic system. This enabled the practice to record significant events under themes in order that reoccurrence could be identified sooner and action taken to minimise this risk.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. Action was taken to improve safety in the practice. Following difficulties in effectively delivering end of life care in one situation, and to ensure these were overcome, the practice had reviewed their processes and considered the hurdles that led to the difficulties. We saw that staff were appropriately supported during these processes.
- Significant events were reviewed on an ongoing basis and formally every month. The practice shared outcomes of significant events with staff and other GP practices during meetings that were attended by representatives from other practices in the Suffolk Primary Care group.
- There was a system for receiving and acting on safety alerts. For example, all Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were reviewed by the lead GP for medicines management and the dispensary team lead. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice's performance for the prescribing of hypnotic medicines, antibacterial prescriptions and antibiotic items was comparable to other local practices and national averages.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Nationally reported Quality and Outcomes Framework (QOF) data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis, dementia and heart failure were in line with the local and national averages. Exception reporting for heart failure and dementia was below local and national averages. Exception reporting for rheumatoid arthritis was 18%, this was above the local average of 7% and the national averages of 8%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).
- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail were reviewed during the multidisciplinary meeting and also had a review of their medication. The practice provided daily ward visits to a frailty and fragility rehabilitation ward in a local community hospital.

- The practice followed up on older patients discharged from hospital. It ensured their care plans and prescriptions were updated to reflect any extra or changed needs.
- GPs provided visits to patients who lived in two care homes where the practice provided care.
- The practice reviewed unplanned and re-admissions for this group on a regular basis. Improvements were made where necessary.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice had a comprehensive quality improvement plan in place which included 11 automated recurring audits for people with long-term conditions. For example, for the patients who were newly diagnosed diabetic the practice quality assured that these patients were referred to an education programme. These audits were either monthly or bi-monthly cycles, results were reviewed by a dedicated clinician and outcomes ensured patients would receive timely reviews and recalls.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice was currently involved in multiple research studies aimed at long term conditions.
- 95% of patients with long term conditions, who were recorded as current smokers had received discussion and advice about smoking cessation. This was in line with the CCG and national averages.
- Performance for diabetes related indicators was 100%; this was 5% above the CCG average and 7% above the England average. The exception reporting rates for seven diabetes indicators in relation to blood test results were considerably above average. This included for example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months. The practice performance for this indicator was 86%, which was 3% above the local average and 6% above the national average. The practice reported 26% exception reporting, compared to the local and national average of 12%.

Are services effective?

(for example, treatment is effective)

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were mostly in line with the target percentage of 90% or above. For example, rates for the vaccines given to children up to the age of two were in excess of 95% for three of the four sub indicators, where one was 71% (the percentage of children with a pneumococcal conjugate booster vaccine). Appropriate follow up of children who did not attend for their immunisations was in place and a protocol was in place to support this.
- The percentage of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 24 months was 97%, compared to the local average of 89% and the national average of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- 2016/17 data indicated the practice's uptake for the cervical screening programme was 81%, which was in line with the CCG average of 82% and the England average of 81%. Patients who did not attend for their cervical screening test were contacted to encourage attendance. There were 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.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, of travelling origin and transgender patients.

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

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

- QOF data from 2016/17 indicated that 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was 4% above the local and national averages.
- QOF performance for mental health related indicators was 97%. This was 1% above the CCG average and 3% above the England average. 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was 7% above the local average and 10% above the national average. Exception reporting for this indicator was 35%, which was 20% higher than the local average and 23% higher than the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 95% of patients with physical and/or mental health conditions had a smoking status recorded on their notes in the preceding 12 months. This was equal to the CCG and national averages of 95%.

Monitoring care and treatment

The practice had a very comprehensive programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided on an ongoing basis. The practice had a large number of ongoing clinical and non-clinical audits and quality improvement activity focussed on safety and long-term conditions that were on a scheduled programme of multiple cycles. The practice had maximised the IT functionalities to optimise the audit programme in operation. This included a programme of 33 pre-programmed electronic searches run at pre-set intervals, sending the results and required actions to designated individuals; 22 of these had been ongoing since before 2017. This included searches based on safety alerts, for example, a quarterly audit on women of child bearing age and the use of Valproate (medicines primarily used to treat epilepsy and bipolar disorder and to prevent migraine headaches) and other quality improvement activity such as temporary resident searches.

Are services effective?

(for example, treatment is effective)

As a member of the Suffolk Primary Care (SPC) partnership (a local 11 practice partnership in development) the practice also participated in the SPC audit programme, which included various audits on prescribing (including for antibiotics and long-term conditions), referrals, disease registers, cancer and radiology. These audits were scheduled via a SPC wide calendar.

In addition to aforementioned audit programmes the practice undertook five manual recurring audits. These included an audit on variation in antibiotic prescribing by the clinicians in the practice and an audit on the management of patients with a splenectomy. Where relevant we saw that manual audits were transferred into an automated system to further reinforce review processes.

Non-clinical audits were also undertaken; a programme of seven manual audits was in place for this. For example, cleaning audits, smear quality audits and smoking cessation success rates.

We saw that various responses were implemented as a result of aforementioned programmes; this included additional training, shared learning, reviews of prescribing, reviews of methodologies and other quality improvement outcomes.

The most recent published Quality Outcome Framework (QOF) results from 2016/17 were 100% of the total number of points available compared with the local clinical commissioning group (CCG) average of 98% and national average of 95%. The overall exception reporting rate was 16% compared with a local and national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

Outliers in exception reporting included:

- The percentage of patients with asthma aged 14 or over and who have not attained the age of 20, on the register, in whom there is a record of smoking status in the preceding 12 months. The practice reported 24% exception reporting, compared to the local average of 7% and the national average of 5%.
- The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient

review recorded as occurring within 6 months of the date of diagnosis. The practice reported 8% exception reporting, compared to the local and national average of 25%.

- The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months. The practice reported 21% exception reporting, compared to the local and national average of 11%.
- The percentage of patients with COPD with a record of FEV1 in the preceding 12 months. The practice reported 23% exception reporting, compared to the local average of 13% and the national average of 17%.
- The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who have been reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis. The practice reported 17% exception reporting, compared to the local average of 26% and the national average of 23%.

In addition to the above, diabetes and mental health indicators were considerably above local and national averages.

The practice had a good awareness of its exception reporting and as a result of the 2016/17 exception reporting the practice had undertaken an audit of their QOF performance in June and July 2017, specifically focussing on asthma, diabetes, mental health and heart failure exception reporting. This had raised some coding inconsistencies internally but also indicated that most exception procedures were followed correctly. The practice had submitted the audit containing detailed data to NHS England for further assessment, for which no action had been taken by NHS England to the date of the inspection.

The practice, where appropriate, operated with maximum tolerated therapy principles (the highest dose of a drug or treatment that does not cause unacceptable side effects) but at times patients were exempted on the system despite these principles being applied.

There had also been a historic issue where patients recalls were done based on their month of birth, meaning that

Are services effective?

(for example, treatment is effective)

patients born in February, March or April could be excluded from data due to the end of March being the end of a reporting year. The practice was in the process of removing this obstacle.

Some patients had been exempted following a lack of response from initial invites early on in the year. These patients were then still reviewed at a later stage in the same year but had already been reported as exempted.

In winter 2016, the practice introduced asthma review clinics during their extended opening hours on Monday evenings with the aim to increase these specifically for working age people, as many of the asthma patients fell within this population group. Data was not yet available to evidence the impact of this.

The practice was a research practice and participated in seven ongoing research studies at the time of the inspection. There were two part time research nurses active in the practice.

Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for clinical staff was thorough and staff commented positively on this process. The practice ensured the competence of staff employed in advanced roles by audits of their clinical decision making.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The practice was a training practice and provided training to doctors training to become GPs (registrars) but also to medical students, student nurses and was due to commence training for paramedics in the near future. Trainees we spoke with commented positively on

the support they received and we saw evidence that trainers in the practice supported the students appropriately and undertook reviews of their progress and clinical decision making.

Coordinating care and treatment

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

- We saw records that showed all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies. The GPs reviewed their referrals on a weekly basis, providing an opportunity to learn from incorrect referrals or to confirm process were effective.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Multidisciplinary case review meetings were held bi-monthly when all patients on the palliative care register were discussed.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The percentage of new cancer cases (among patients registered at the practice) that were referred using the urgent two week wait referral pathway was 64%, which was above the local and national averages of 50%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Are services effective?

(for example, treatment is effective)

- 78% of females between the ages of 50 and 70 had been screened for breast cancer in the preceding 36 months, compared to the CCG average of 78% and national average of 73%.
- 58% of patients had been screened for bowel cancer in the preceding 30 months, compared to the CCG average of 62% and national average of 58%.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Consent to care and treatment

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. Although one card mentioned difficulties in obtaining an appointment.

Results from the July 2017 annual National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. 269 surveys were sent out and 132 were returned (a 49% completion rate). This represented just over 1% of the practice population. The practice was generally in line with averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 87% of patients who responded said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.
- 94% of patients who responded 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 who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 86%.
- 94% of patients who responded said the nurse was good at listening to them; compared to the CCG average of 92% and the national average of 91%.

- 94% of patients who responded said the nurse gave them enough time; compared to the CCG average of 93% and the national average of 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; compared to the CCG average of 97% and the national average of 97%.
- 95% of patients who responded 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%.
- 84% of patients who responded said they found the receptionists at the practice helpful; compared to the CCG average of 88% and the national average of 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. The practice had a hearing loop fitted in reception and the electronic booking screen supported a variety of languages.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- The practice was a "dementia friendly" practice and had signs in place to help guide patients to the right rooms. All staff were trained on dementia matters and a member of staff was a dementia champion.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice identified patients who were carers but some improvement was required. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 67 patients as carers (approximately 0.6% of the practice list). Information for carers was available in the practice. Written information was available in the waiting room to direct carers to the various avenues of support available to them. The practice advised us that they would review their coding of carers with the aim to increase the register.

Are services caring?

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

Results from the national GP patient survey, published in July 2017, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages:

- 88% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 88% and the national average of 86%.
- 90% of patients who responded 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%.
- 94% of patients who responded 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%.
- 88% of patients who responded 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%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The practice complied with the Data Protection Act 1998.
- The reception area was arranged so that phone calls were not usually taken at the front desk and the layout supported confidentiality when patients were in the waiting area.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

The practice was rated as outstanding for providing responsive services because:

- Access to visits, telephone or physical appointments was responsive to the local population's requirements. The practice's unique internally developed system had resulted in improved access for patients.
- Care for various patient groups whose circumstance make them vulnerable was responsive and of a high standard. This included transgender patients and those suffering from opiate abuse.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was generally above local and national averages.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and improved services in response to those needs. The practice offered a minor injuries service, where patients could attend during practice opening hours and would be seen by a clinician. Emergency appointments were available every day with the nurse practitioner. When these had been booked, any further requests to be seen urgently were undertaken by a GP.
- The practice offered extended opening hours and online services such as repeat prescription requests and advanced booking of appointments.
- The facilities and premises were appropriate for the services provided.
- The practice made reasonable adjustments when patients found it hard to access services. For example, GPs explained they were able to see patients after appointment times at the end of the day if deemed necessary. For those patients that were unable to use the phone the practice offered on the day appointments when they attended.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was

coordinated with other services. Various patients that had provided feedback commented positively on their individual experiences during end of life care that was provided to their next of kin.

- Patients at the practice could be referred for a variety of additional services, which were provided by other organisations, but located at the practice. For example, physiotherapy and drug abuse support services. As part of the care navigation process, the practice was in the process of developing reception staff to be able to direct patients to a musculo-skeletal specialist if required.
- The practice offered a dispensary delivery service to patients in a specific geographical area who were not able to attend the practice.
- The practice supported national and local priorities and initiatives to improve the population's health; for example, stop smoking campaigns for which the practice had received several national and local awards over recent years. Smoking cessation services were offered through the health care assistants and in the 12 months prior to the inspection 27 out of 70 patients seen and supported had stopped smoking.
- The practice was auditing the use of high dosage opiates (eg. morphine) that were prescribed to patients. Within the remit of this audit the patient had contact with all relevant patients and all GPs in the practice were involved. The aim was to reduce high dosage opiate use where possible through managing the reduction in dosages for these patients effectively and responsively. Where needed the practice referred patients to the local pain management team to reduce usage.

Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. GPs accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability. The practice provided ward rounds at two local care homes twice a week to respond to any needs for the patients in the homes.
- The practice considered any carer's needs when delivering care to older people, especially if the carer was also elderly.
- Clinical staff, including GPs, provided home visits for flu vaccinations for patients that were unable to attend the surgery.



Are services responsive to people's needs?

(for example, to feedback?)

- Appointments for elderly patients using public transport were arranged at times that suited the patients transport arrangements.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local services to discuss and manage the needs of patients with complex medical issues.
- The comprehensive audit programme in the practice ensured patients with various long term conditions were audited on a continuous automated basis, with a responsible GP assessing individual outcomes of these audits and taking action where required.
- Asthma reviews for patients could be undertaken during Monday evening extended hours' appointments.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who were on a safeguarding register were reviewed and discussed on a quarterly multi-disciplinary basis. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Flu clinics were available during weekends, with one specifically for children.
- The practice offered chlamydia screening and testing kits. The practice's computer system automatically reminded staff of this screening when prescribing contraceptive medicines. The practice also contacted all relevant patients (via text message) in the target age group once a year to remind them of the need of chlamydia screening. Information was also on display in the waiting area.

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

- The needs of this population group 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, including smoking cessation advice.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Extended appointments were available on Monday evenings until 8.30pm.
- The practice supported local racing school students by allowing them to register as temporary residents and providing on the day access through their appointment system.

People whose circumstances 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 provided theirs as a postal address for homeless or traveller patients.
- The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice was aware of patients on their register who were transgender. The practice had several patients in this group. One of the GPs explained that following effective support and treatment to a transgender patient, the practice had experienced an increase of treatment and support requests from this patient group. The practice had a heightened awareness of how to support these patients and had made changes in the practice as a result of providing care to these patients. For example, the recording of pronouns and dealing with complicated cervical smear processes and hormone treatments. There was information on display in the waiting room and in house training had led to improved oversight of the care for these patients.



Are services responsive to people's needs?

(for example, to feedback?)

- The practice actively audited opiate abuse in response to its local population needs. The area's main industry was horse racing and the practice explained they were aware that ketamine and cocaine abuse was a known issue relating to people working in this industry. One of the GPs explained they took a special interest in the wellbeing of these patients and had good links with an opiate abuse support service, to which they referred patients when necessary. The support service visited the practice on a regular basis to improve access to these services for patients.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was a dementia friendly practice with a member of staff trained as dementia champion.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.
- The practice operated with an internally developed unique appointment system that provided direct telephone access to multiple GPs in the mornings, this continued with a duty GP for the remainder of the day that could handle any urgent requests. This meant the practice offered telephone access to GPs in addition to physical appointments. The practice informed us that patients requesting GP contact in the morning were called back within 20 minutes.
- The practice had amended their appointment slots to suit the local population needs. For example, the area's main industry was horse racing and appointments were scheduled to suit the working patterns of this industry. For example, stables staff could not always visit the

practice during the traditional morning or afternoon slots as they were required for the exercising of the horses, therefore the practice offered appointments at lunchtime.

- In July 2016 the practice had participated in a research study with The Cambridge Centre for Health Services Research (CCHSR - a collaboration between two leading health care research groups at the Institute of Public Health at the University of Cambridge, and at RAND Europe). This study consisted of a patient survey conducted as part of a wider evaluation on the impact of telephone triage in primary care. The findings of which were intended to inform practice decision-making around the use of telephone triage in the future. This survey had indicated, amongst other results, that from the 50 responses submitted 52% had resulted in a GP appointment, 2% in a nurse appointment, 20% in a prescription, 16% was advice only, 6% resulted in a follow up call with a nurse or GP and 6% was classed as "other".
- The practice had extensively audited their appointments over the last seven years for the first eight weeks of each year and was able to provide extensive information on telephone and face to face appointments. The practice had averaged 182 appointments per day in the first eight weeks of 2016, which had led to 7286 calls, of which 3241 had resulted in a face to face appointment, representing a 44% conversion rate.
- A September 2017 audit of appointment data of practices within the Suffolk Primary Care group indicated that the practice was the second highest in providing telephone services and above average in providing face to face appointments. The data indicated that the other practices in the group would excel at only one of these two responses, whereas the Orchard House practice performed well in both areas.

Results from the July 2017 annual National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was generally above local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 85% of patients who responded were satisfied with the practice's opening hours; compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.



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

- 95% of patients who responded said they could get through easily to the practice by phone; compared to the CCG average of 81% and the national average of 71%.
- 94% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; compared to the CCG average of 88% and the national average of 84%.
- 95% of patients who responded said their last appointment was convenient; compared to the CCG average of 85% and the national average of 81%.
- 91% of patients who responded described their experience of making an appointment as good; compared to the CCG average of 78% and the national average of 73%.
- 78% of patients who responded said they don't normally have to wait too long to be seen; compared to the CCG average of 61% and the national average of 58%.

Comments from the CQC comment cards we received and patients we spoke with confirmed that patients were experiencing good access to the practice.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Three complaints were received in the 12 months prior to our inspection. We reviewed the complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and acted as a result to improve the quality of care. For example, improved assistance to patients who need to take their own blood pressure and on prescription form completion.

Are services well-led?

Outstanding



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

Our findings

We rated the practice, and all of the population groups, as outstanding for providing a well-led service.

The practice was rated as outstanding for well-led because:

- The practice maximised the use of their computer system, with a strong emphasis on its quality improvement programme.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. There was a strong focus on staff development and continuous improvement of service delivery.
- Good governance arrangements supported delivery of care to patients.
- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice was part of a local group of GP practices, the Suffolk GP Federation and in partnership with Suffolk Primary Care (SPC). A group brought together to work together on financial, educational and clinical matters and to share learning and development.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to

achieve priorities. The practice's values included 'to act with integrity and complete confidentiality' and 'through monitoring and auditing, continue to improve healthcare services' amongst others.

- The practice developed its vision, values and strategy jointly with patients, staff and external partners. The practice vision included a heightened focus and awareness on confidentiality and quality of care.
- It had a realistic strategy and supporting business plans to achieve priorities. The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. The values of the practice were reviewed on an annual basis.

Culture

The practice had a culture of high-quality, sustainable and effective care with strong strategic leadership.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Leaders and managers acted on behaviour and performance which was inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The practice focused on the needs of patients and adapted service delivery to these needs, for example, via their responsive appointment system.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these concerns would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary. Various staff members had developed their skills with support of the practice. For example, one health care assistant had been trained to a band four practitioner, ensuring they could deliver additional services, such as wound care, within their remit.

Are services well-led?

Outstanding



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

- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. The GPs and nurse practitioners held a daily meeting to discuss clinical issues and to provide each other with support and advice.
- The values of the practice were integral to the day to day functioning of the practice and examples were discussed at staff meetings and appraisals.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff. The leadership operated an open door and no blame policy.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- The practice had a very comprehensive programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided on an ongoing basis. The practice had a large number of ongoing clinical and non-clinical quality improvement programmes. As a result improvements to patient care and treatment were made, including additional training, shared learning and reviews of prescribing.
- There were a number of meetings which included for example departmental, departmental leads, clinical, partners, complaints and infection control. Staff were able to add to the agenda as appropriate and minutes were circulated and available on the practice's computer system. Staff we spoke with were able to access documentation easily.
- Staff were clear on their roles and responsibilities. They were encouraged to be multi skilled in order to provide cover for other areas of the practice as necessary, to ensure the delivery of the service to patients.

- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Clinical leads had individual clinical areas of responsibilities. Ensuring that actions as a result of audits or training on a specific subject could be undertaken by a responsible individual.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance but improvement was required.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had effective processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care. The practice sought to reduce unnecessary work for GPs, nurses and nurse practitioners in order for them to focus on specialist work and to upskill the work of health care assistants. For example, a health care assistant had been trained to undertake wound care. Appropriate checks were in place to ensure health care assistants were competent to undertake this work.
- Risk assessments for the control of substances hazardous to health (COSHH), premises related risks and legionella were in place.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. This was reviewed regularly by identified staff.
- The practice had a strong focus on quality and sustainability, which was embedded in their strategy

Are services well-led?

Outstanding



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

and objectives. Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information in order to monitor or effect change.

- The practice used performance information which was reported and monitored and management and staff held to account. We saw evidence of this in staff files and minutes of meetings.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any weaknesses.
- The practice was exemplary in using information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice held regular meetings internally to discuss matters with staff and various numbers of staff held champion and lead roles, including admin and reception staff.
- There was a virtual patient participation group with whom the practice manager maintained contact and sought feedback.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice actively monitored feedback provided through the Friends and Family Test. Result from December 2016 and January 2017 indicated that out of nine patients all were 'extremely likely to recommend the practice'.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. Clinical staff informed us that training was available if deemed appropriate to their role. Various members of administration staff held champion positions (for example for dementia) with the aim to improve services for patients.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents, complaints and referrals. Learning was shared and used to make improvements.
- The practice was a research practice and participated in seven ongoing research studies at the time of the inspection. There were two part time research nurses active in the practice.
- The practice was a training practice and provided training to doctors training to become GPs (registrars) but also to medical students and student nurses and was due to commence training for paramedics in the near future. Trainees we spoke with commented positively on the support they received and we saw evidence that trainers in the practice supported the students appropriately and undertook reviews of their progress and clinical decision making. A number of GP partners at the practice had commenced their career as a registrar at the practice and continued to work at the practice after completion of their training. There were also three recent registrars that had stayed on as salaried GPs after qualifying. The practice also offered work placements for other non-clinical roles.
- The practice's unique appointment system was under continuous review by leaders in the practice and provided good access to appointments for patients.
- The practice had received several national and local awards for their smoking cessation services over recent years.