

Brandon Medical Practice

Quality Report

31 High Street,
Brandon,
Suffolk
IP27 0AQ

Tel: 01842810388

Website: www.brandonmedicalpractice.org.uk

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. We previously carried out an announced comprehensive inspection at Brandon Medical Practice on 8 August 2017. The overall rating for the practice was requires improvement (safe, caring, responsive and well led were rated as requires improvement, effective rated as good).

We carried out an announced comprehensive inspection at Brandon Medical Practice

on 27 March 2018 to check that the provider had made the improvements required from the last inspection. Overall, the practice is now rated as good. The full reports on the August 2017 inspection can be found by selecting the 'all reports' link for Brandon Medical Practice on our website at www.cqc.org.uk.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

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 – Good

People with long-term conditions – Good

Families, children and young people – Good

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

People whose circumstances may make them vulnerable – Good

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

At this inspection we found:

- The practice is a member of the Suffolk Primary Care (SPC) partnership which is a partnership that consists of 11 GP practices. Through joint working the practice had extended their skill mix within the practice with first point physiotherapists and an emergency care practitioner.
- The practice had responded to patient's feedback and held surgeries on one Saturday morning each month. Patients also had access to evening and weekend appointments at the GP+ service which operated in nearby Bury St Edmunds and Ipswich.
- There was an open and transparent approach for reporting and recording significant events and information was shared with the Suffolk Primary Care partnership for wider learning. The practice was working towards more joint meetings within the practice to ensure whole team reviews of events.

Summary of findings

- The practice had good facilities and was equipped to treat patients and meet their needs. The practice had responded to patient feedback and had recently redecorated through the main building.
- There were arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. In addition to the practice programme, there was a programme of audits across all the practices within Suffolk Primary Care partnership.
- Practice specific policies were implemented; the practice was in the process of migrating to the policies and procedures under the Suffolk Primary Care partnership governance. We saw evidence that this was being managed safely and systematically.
- All medicines we checked were in date and regular checks were undertaken.
- The practice had a system in place for handling complaints and concerns. We looked at documentation relating to complaints received in the previous six months and found that they had been fully investigated and responded to in a timely and appropriate manner.
- Data from the National GP Patient Survey, published in July 2017, showed patients rated the practice below average for most aspects of care. Since our previous inspection the practice had undertaken two patient surveys with improved results.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff, which it acted on. Staff told us they were able to undertake development opportunities.
- Staff were supported through a system of appraisals and continued professional development.
- Since our last inspection the practice had formed a patient participation group and we spoke with three members who gave positive feedback on the practice.
- The provider was aware of, and had systems in place to ensure, compliance with the requirements of the duty of candour.

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

- Review and improve the uptake for childhood immunisations, specifically those relating to children aged two receiving the pneumococcal vaccine.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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

Brandon Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was undertaken by a CQC inspector and a GP specialist advisor.

Background to Brandon Medical Practice

Brandon Medical Practice is situated in Brandon, Suffolk. The practice provides services for approximately 5,600 patients and operates from three separate buildings in one location: a purpose built surgery, a wooden lodge and a former house. The house is used as the administrative base for the practice and both ground and upper floors are utilised whereas the two clinical practice buildings operate over one floor. The practice holds a Personal Medical Services (PMS) contract.

The practice is part of the Suffolk Primary Care, a partnership of 11 GP practices in Suffolk.

The practice has two GP partners (one female and one male). The clinical team includes two nurses, an

emergency care practitioner, and a healthcare assistant. The practice employs a practice manager, an assistant practice manager, and a practice secretary. A team of reception staff are also employed at the practice.

Information obtained from Public Health England in 2017 shows that the patient population has a lower number of patients from the ages of zero to 49 compared to the England average. The practice has a higher number of patients aged 60 and over compared to the England average. The practice is located within an area of medium deprivation.

The practice is open between 8am to 6.30pm Monday to Friday. Appointments with GPs and nurses are from 8.50am to 12.30pm every morning and from 2pm to 4.10pm every afternoon. A duty doctor is available all day and provides appointments from 11am to 1.10pm and from 3.30pm to 5.50pm.

Extended appointment hours are provided by the practice one Saturday morning each month and by the GP+ service in Bury St Edmunds and Ipswich, Suffolk between the hours of 6.30pm to 9pm on weekdays and 9am until 2pm at weekends. Out of hours GP services are provided by Care UK through the 111 service.

Are services safe?

Our findings

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

At our previous inspection the practice was rated as requires improvement for providing safe services because:

- Some risks relating to the property needed to be addressed and mitigated.
- Some emergency medicines had not been stored appropriately and some items were out of date.

Safety systems and processes

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

- The practice had implemented and embedded a suite of safety policies including adult and child safeguarding policies. The practice was in the transition phase of these being changed to reflect shared policies and procedures throughout the Suffolk Primary Care (SPC) partnership. We saw that this was being undertaken in a safe and systematic way to ensure that staff could access and were aware of the most up to date version.
- There was a system to highlight vulnerable patients on records and there was a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Practice staff took steps to protect patients from abuse, neglect, harassment, discrimination, and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. All GPs and nurses were trained to level three safeguarding for children and level two for safeguarding vulnerable adults.
- Following a safeguarding event in West Suffolk, the practice had implemented a system to ensure all children were reviewed at the earliest opportunity. As part of the registration process, all children were made an appointment with a member of the nursing team. The staff member completed a template and this

included basic measurements such as height and weight and any known safeguarding concerns. This ensured that information was shared with teams such as health visitors in a timely manner.

- 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 for all staff clinical and non-clinical, (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).
- Practice staff who acted as chaperones were trained for the role and had received a DBS check.
- There was a system to manage infection prevention and control and a member of the nursing team was the lead.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were adequate 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 approach to managing staff absences and for responding to epidemics, sickness, holidays, and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- 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 including sepsis. Reception staff had easy access to a duty doctor for any concerns they had.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

Are services safe?

- 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. We saw evidence that showed all patients who were housebound had their care plan reviewed at least annually.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters we reviewed included all of the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The medicines we checked were appropriately stored and in date. 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 reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- 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.

Track record on safety

The practice had systems and processes to manage safety.

- There were risk assessments in relation to safety issues. The practice had undertaken risk assessments including fire safety, health and safety, legionella and infection control. We saw that actions had been completed or were in the process of being completed.
- 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.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a clear and effective system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents. Leaders and managers supported them when they did so and staff we spoke with told us that they would raise any concern, however minor.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. The practice told us that they had further plans to improve learning from their events and from other practices within Suffolk Primary Care (SPC). The practice reported any incidence to the management team of SPC for central logging, investigation and shared learning. For example, a data breach had occurred. We saw evidence that the practice investigated the event, contacted all relevant parties, gave full details of the breach, and apologised. The practice took action to prevent a similar event happening and reported the event to the Suffolk Primary Care team.
- There was a system for receiving and acting on safety alerts. We reviewed three alerts and found they had been actioned and, when appropriate, patients were contacted and reviewed. 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

At our previous inspection we rated the practice and all of the population groups as good for providing effective services overall. The practice remains rated as good.

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' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions in the records we viewed.
- Staff used appropriate tools to assess the level of pain in patients and to ensure they were monitored appropriately.
- The practice prescribed antibiotic items, including Cephalosporins and Quinolones, in line with local and national averages.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. Some of the reception staff had completed a care navigation training event and others were booked on a future course.

Older people:

Nationally reported Quality and Outcomes Framework (QOF) data showed that some outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis, and dementia, above or in line the local and national averages. We noted that exception reporting was also in line with the CCG and national averages. (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.)

- GPs provided home visits to patients when clinically indicated to patients who could not attend the practice.

The practice employed an Emergency Care Practitioner (this staff member had a background of paramedic training) who was able to undertake any emergency assessment immediately.

- 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 had a clinical review including a review of medicines.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra or changed needs.

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 example, the practice performance in relation to asthma related indicators was 100%; this was in line with the CCG and national average of 99%. Exception reporting for this indicator was 14%, this was above the CCG average and the national average of 6%. We reviewed these and found all patients had been reviewed by a clinician. The practice performance in relation to diabetes was 94%; this was in line with the CCG average of 96% and above the national average of 91%. The exception reporting was 9% this was lower than the CCG average of 12% and the national average of 11%.
- 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 was proactive with supporting patient education. The practice hosted and encouraged their patients to attend group sessions focused on healthy eating and self-management of diabetes.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given in three out of four indicators were above the target percentage of 90% with rates from 97%-98%. For children aged two receiving the pneumococcal vaccine this was 78%. The practice told us they were reviewing the data to understand why one out of the four indicators appeared low.

Are services effective?

(for example, treatment is effective)

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- Following a safeguarding event in West Suffolk, the practice recognised that early identification of children who may be vulnerable was important. They implemented a system to ensure all children registering with the practice were given an appointment with a member of the nursing team. We saw evidence that a child not known to the health visiting team was referred to ensure the child and family received early support.
- There were families with children in need, these were known to the multi-disciplinary team and discussed regularly. Records were flagged to ensure that any locums working in the practice had easy access to the information.

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

- The practice's uptake for cervical screening was 72%, which was in line with the 72% national average for the national screening programme and in line with the CCG average of 75%. The national target screening is 80%. The practice had adopted a system of sending the invites on bright pink paper and envelopes as they had reviewed the improvement a practice had experienced because of this initiative.
- The practice's uptake for breast cancer screening was 74% this in line with the CCG average of 77% and national average of 70%. The performance for bowel screening was 54%; this was below the CCG average of 61% but comparable to the national average of 55%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- 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 homeless people, and those with a learning disability.

- The practice had 11 patients with learning disabilities. All of these patients had received a review from the practice.

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

- 98% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the CCG and national average of 88%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected, there was an appropriate referral for diagnosis. The practice was a dementia friendly practice and all staff had received training in dementia awareness.
- The percentage of women aged 25 or over and who had not attained the age of 65 with schizophrenia, bipolar affective disorder and other psychoses whose notes record that a cervical screening test had been performed in the preceding 5 years was 100% this was 9% above the CCG average and 12% above the national average. Exception reporting was 7%; this was below the CCG average of 17% and the national average of 21%.
- A weekly session was held by the local mental health link worker to support patients who maybe experiencing poor mental health.

Monitoring care and treatment

The most recent published QOF results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%. The overall exception reporting rate was 10% which was the same as the national average of 10%. (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.)

The practice used information about care and treatment to make improvements. The practice was active in translating the information they gathered into responding to the needs of their population.

The practice had introduced a comprehensive programme of audits that were used to monitor performance and changes made to encourage and sustain improvements. This programme was also run in a joint working partnership with the Suffolk Primary Care management team and other

Are services effective?

(for example, treatment is effective)

practices. This ensured there was a consistent approach to quality throughout the eleven practices and good practice was shared effectively. For example, each month an audit was run on medicines including high risk medicines such as methotrexate. Evidence we saw showed that this programme was embedded and staff concerned were engaged with the process. In addition the practice partook in audits with NHS England and the CCG.

The practice in joint working with the Suffolk Primary care partnership had introduced a first point of contact physiotherapy service for those patients that required advice and assessment. Reception staff or GPs and nurses could refer patients. An audit undertaken showed that 49% of the referrals were made by the reception team, 43% by the GPs, and 8% by the emergency care practitioner. The audit showed that the physiotherapists outcomes were:

- 43% of those patients had received advice and management plan.
- 40% had been referred on to core physiotherapy services
- 3% had been referred to have an X-ray
- 5% had been referred for other treatment
- 3% had been referred to secondary care.
- 3% had not attended the appointment.

The practice, with the Suffolk Primary Care partnership planned further evaluation of this service.

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. The practice had implemented a comprehensive system to record up to date records of skills, qualifications, and training. Training needs and refreshers were identified and 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 healthcare assistants included the requirements of the

Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

- All staff had received training in issues such as domestic violence and helping patients with dementia.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

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 that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. Minutes from multi-disciplinary team meetings were comprehensive and shared as appropriate.
- 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 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.

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.
- 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.
- The practice supported national priorities and initiatives to improve the population's health; for example, stop smoking campaigns and tackling obesity. One Life Suffolk held weekly sessions in the practice to encourage and support patients to give up smoking.

Are services effective?

(for example, treatment is effective)

- The practice was proactive in patient education and supported group sessions such as education on self-management of diabetes.
- The practice had access to a physiotherapist who held sessions every week in the practice. Patients were able to be referred by any staff member, including receptionists at first contact or GPs and nurses. Staff we spoke with told us this service was beneficial to those patients who were suffering from conditions such as back pain. The patients were given advice and exercises to improve their wellbeing with delay.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw evidence that written consent was gained for minor surgery and for some contraceptive procedures.
- 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.

Are services caring?

Our findings

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

At our previous inspection the practice was rated as requires improvement for providing caring services because:

- Results from the national GP patient survey, published in July 2017, showed the practice was in line with or below local and national averages for many aspects of care. This is the same data set as used in this report. However the practice had undertaken two surveys since this inspection which showed improvements.
- The practice had identified less than 1% of carers from their registered list.

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.

Results from the National GP Patient Survey published in July 2017 were generally mixed when compared to the CCG and national averages for patient satisfaction scores. 239 surveys were sent out and 100 were returned this represented a 42% completion rate.

- 77% of patients said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.
- 85% 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%.
- 73% of patients 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%.

- 91% 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%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Since the previous inspection, the practice had raised awareness within the practice and had proactively increased their engagement with patients to ensure timely feedback. They had, with the newly formed patient participation group, undertaken two patient surveys. The latest survey they had been undertaken in January 2018 and included the response from 204 surveys that were complete out of 250 given out in a two week period. This represented an 82% completion rate.

- 99% of patients said that they had felt listened to at their appointment
- 96% of patients said that they had received enough time with the clinician they had seen.
- 95% of patients said that that they were treated well by the reception staff.

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.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- 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 implemented systems to proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 100 patients as carers (2% of the practice list). This was an increase from our previous inspection when only 28 carers had been identified. Practice staff were knowledgeable about support groups and organisations and patient information leaflets and notices were available

Are services caring?

in the patient waiting area. The practice worked with the Suffolk family carer's organisation who held regular sessions in the practice and patients could have face to face conversations with them.

Staff told us that families who had suffered bereavement were sent a condolence card and contacted by their usual GP. This 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 July 2017 showed patients generally responded below the CCG and national averages to questions about their involvement in planning and making decisions about their care and treatment.

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 66% 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%.
- 94% 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%.

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

The latest survey the practice had undertaken in January 2018 showed

- 98% of patients said they felt involved with the care and treatment that they had received.
- 98% of patients said they were satisfied with their appointment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Patients in the waiting room could not overhear conversations with receptionists.
- Practice staff we spoke with told us that recent training they had received had given them the knowledge and confidence to help patients in a caring manner for example patients who were experiencing poor mental health including dementia.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

At our last inspection the practice was rated as requires improvement for providing responsive services because:

- Data from the national patient survey dated July 2017 showed that the practice was in line or below the CCG and national average for patients' satisfaction.
- The practice did not have a clear system to manage and respond to complaints.

Responding to and meeting people's needs

The practice had taken steps to review and improve how they 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 tailored services in response to those needs. For example, the practice had implemented surgeries on one Saturday morning each month. The practice was able to book appointments for patients at the GP+ service which was held in nearby Bury St. Edmunds and Ipswich.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. The practice worked with specialist staff such as a community diabetic nurse who supported the practice to manage patients with more complex needs.
- A large holiday park is located near to the practice; alongside another local practice they offer health care to the visitors as part of their NHS contract.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- All housebound patients had received an annual review and their care plan updated.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. There was clinical oversight on all requests for home visits.

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.
- For patients that were not able to attend these reviews during the working week the practice offered appointments on Saturday mornings or an appointment could be booked via the receptions to be seen at the GP+ service in nearby Bury St Edmunds or Ipswich.

Families, children and young people:

- The practice had implemented systems 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 accident and emergency (A&E) attendances. The practice had clear policies and procedures to record and review children who had not attended their GP or hospital appointments. 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.
- The practice offered an enhanced contraceptive service including the fitting and removal of long acting devices.

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. For example, the practice had introduced telephone consultations. These were available to pre book or were initiated by clinical staff to follow up patients and convey test results.

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.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice were aware that they had a population of patients who were young vulnerable patients, all staff were aware of these patients and ensured that they received clinical support in a timely manner.

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.
- All practice staff had undertaken dementia training and were proud that they were a dementia friendly practice. Non clinical staff we spoke with told us they valued this training and it had increase their knowledge and confidence in helping these patients.
- Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice cared for a local care home where patients with dementia lived. The practice was proactive in offering care; for example, long term condition reviews and seasonal vaccines were provided.

Timely access to care and treatment

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.
- Patients reported that the appointment system was easy to use but that it was sometimes difficult to see the GP of choice.

Results from the National GP Patient Survey, published in July 2017, showed that patient's satisfaction with how they could access care and treatment was generally below local and national averages. Performance for waiting times was considerably below average.

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 81% and the national average of 71%.

- 33% of patients usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 64% and the national average of 64%.
- 73% of patients describe their experience of making an appointment as good compared to the CCG average of 78% and the national average of 73%.
- 31% of patients feels 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%.

The latest survey the practice had undertaken in January 2018 showed:

- 90% of patients were happy with the practice opening times with five reporting this as poor.
- 85% were satisfied with the length of time they had to wait for their appointment with 0% reporting this as poor.
- 97% of patients reported they were likely to recommend the surgery to their family and friend.

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. The system and process to manage these had been significantly improved since our last inspection. An electronic system had been implemented to record all complaints written or verbal and to ensure these were recorded effectively and in a timely manner and shared with the wider organisation of Suffolk Primary Care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Five written complaints were received since April 2017. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care; for example, a patient had complained to NHS England that they were dissatisfied with the advice given to them. Although NHS England did not uphold the complaint the practice discussed with clinicians ways that advice can be given in a clearer way. The practice supported staff when a complaint had been raised against them and learning

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

was shared with the practice team. Staff we spoke with told us although this was sometimes a difficult situation, feedback was constructive, and additional training was provided which they had found useful.

Are services well-led?

Good 

(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 good for providing a well-led service.

At our previous inspection the practice was rated as requires improvement for well-led because:

- The practice had an overarching governance framework which supported the delivery of the strategy and good quality care, but this needed improvement.
- The practice valued feedback from patients, the public, and staff but did not proactively encourage patients to provide feedback. The practice did not have an active Patient Participation Group (PPG).

Leadership capacity and capability

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

- The practice was part of the Suffolk Primary Care (SPC) group, a partnership of 11 GP practices from across the county. The practice had a vision to deliver and promote principles of high quality and evidence-based care, whilst preserving consistency for patient.
- The GPs and staff told us that being part of SPC was beneficial and were confident that this would enable them to offer a wider range of services closer to patient's homes. For example, the practice had direct booking access to physiotherapists and in the near future practice pharmacists would be available in the practice on two days per week.
- The practice showed evidence that they had been responsive to the findings of the previous report and had made significant improvements. Staff we spoke with told us they had been engaged and encouraged to contribute to the improvements.
- The practice was clear on the improvements that had been achieved and those that were still in the process of being embedded. They had implemented a wide range of audits to ensure the changes they had made had been effective.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and opportunities and were embracing them.

Vision and strategy

- The practice had a clear vision and credible strategy to deliver high quality, sustainable care.
- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values, and strategy jointly with patients, staff, Suffolk Primary Care, and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. They told us that they valued how open the partners had been to the findings of the previous report and worked to form a cohesive team to ensure the improvements made continued and were sustained.
- 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.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. Staff told us they now felt their opinion mattered and were confident to seek advice and help when required.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance 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.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received regular appraisals since the last inspection. Staff we spoke with told us this had been very positive and that the management had listened to their opinion and concerns. Staff were supported to meet the requirements of professional revalidation where necessary.

Are services well-led?

Good 

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

- Clinical staff, including nurses, was considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice demonstrated that there was now a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff reported they were treated equally.
- There were positive relationships between staff and teams. Staff reported that they enjoyed the meetings and the improved communication and all felt an equal part of the practice team.

Governance arrangements

The practice demonstrated that 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. Weekly governance meetings were held; at these meetings all information, issues, and reports from the other meetings such as the nurse meetings were reviewed and, where needed, improvements made.
- Staff were clear on their roles and accountabilities including in respect of managing tasks and notifications, safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures, and activities to ensure safety and assured themselves that they were operating as intended. There was an ongoing safe and systematic transfer to the policies and procedures that were centrally governed by Suffolk Primary care. We saw that the policies were practice specific.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues, and performance.

- There was an effective, process to identify, understand, monitor, and address current and future risks including risks to patient safety.
- The practice had implemented processes with clinical oversight 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 national and local safety alerts, incidents, and complaints.

- Clinical and non-clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. The practice had used audits to ensure that the improvements they had made were effective and embedded.
- 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. For example, the practice had introduced an emergency care practitioner (ECP). All clinician staff were involved in the development of this role. The ECP we spoke with told us that they felt valued and supported by the team in the practice.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. The practice recognised that they used a different clinical system to the other 10 members of the Suffolk Primary Care partnership and plans were in place for the practice to migrate to the same system. This would ensure consistency of data, shared functions such as audits and administration across the practices.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. Since the previous inspection, the practice management team had ensured that all staff had invites to appropriate meetings and that minutes were available to those who could not attend.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

Are services well-led?

Good 

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

- The practice used 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. A significant event had been raised following a breach of confidentiality. We saw evidence that affected patients had been contacted, given full information and lessons learnt.
- **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.
- Since the previous inspection the practice had formed a patient participation group. We spoke with members of the group who confirmed the practice was listening and they were confident the practice had made and would continue to make changes because of feedback.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- The practice was committed to continue with their improvement plan to further improve the systems and processes that govern safe, high quality care and to ensure that all improvements were sustained.
- The practice team were proud of the improvements they had made and that they had already been reflected in improved services for patients. They were confident they would continue to improve and had built systems and processes that were sustainable.
- The management team and staff were motivated to work within the larger organisation of the Suffolk Primary Care partnership and ensure the opportunities for additional services were available to their patients. These plans included evaluating the new physiotherapist service, and introducing the practice pharmacists to help ensure safe and effective management of medicines for patients.