Hawthorn Drive Surgery

Quality Report

206 Hawthorn Drive
Ipswich
Suffolk
IP2 0QQ
Tel: 01473 556767
Website: www.hawthorndrivesurgery.org

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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?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hawthorn Drive Surgery on 14 November 2016. The practice was rated as inadequate for providing safe, effective and well led services, requires improvement for providing caring services and good for providing responsive services. Overall the practice was rated as inadequate. As a result of the findings on the day of the inspection, the practice was issued with a warning notice on 13 December 2016 for regulation 17 (good governance). They were also given a requirement notice for regulation 12, safe care and treatment. The practice was placed into special measures for six months. A focussed inspection was undertaken on the 16 February 2017, to check on improvements detailed in the warning notice issued on 13 December 2016, following the inspection on 14 November 2016. Hawthorn Drive Surgery had complied with the warning notice, however further improvements were required. The full comprehensive reports on the 14 November 2016 and 16 February 2017 inspections can be found by selecting the 'all reports' link for Hawthorn Drive Surgery on our website at www.cqc.org.uk.

We carried out an announced comprehensive inspection at Hawthorn Drive Surgery on 17 July 2017, following the period of special measures. Overall the practice is rated as good.

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

- There was an effective system for recording and reporting of significant events. A process for sharing of learning and ensuring that actions had been completed had been established and we saw evidence of this in practice.
- Clinical staff had signed up to receive Medicines & Healthcare products Regulatory Agency (MHRA) alerts and National Institute for Health and Care Excellence (NICE) guidance and these were shared within the practice. A system had been established and implemented to review and act on MHRA alerts, which included alerts which may remain relevant.
- Risks to patients and staff were assessed and well managed, including those related to health and safety and infection control. Safe practices were in place in relation to the cleaning of spilt body fluids.

Summary of findings

- Improvements had been made to ensure patients were coded according to their diagnosis and that treatment was appropriate. This work needed to be further embedded in practice, to ensure effective care and treatment for all patients.
- A system of recall for patients who required monitoring had been established which included the implementation of a lead GP, nurse and administration support.
- Five two cycle clinical audits had been completed, which showed improvements. These were limited to patient coding and medicine issues. The practice could not yet evidence a programme of completed audits that had been re-run to monitor and improve outcomes on the quality of care for patients.
- Multidisciplinary meetings had been held, were minuted and actions from these had been documented in the patient's medical record. The practice had established good working relationships with other agencies. Social services and the Citizens Advice Bureau (CAB) held a drop in clinic at the practice every week.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with dignity and respect and were involved in their care and decisions about their treatment.
- Two thirds of the patients we spoke with or received comments from found it easy to make an appointment. Four patients reported that there was often a wait for the telephone to be answered in the morning. Appointment requests for children, vulnerable patients, the elderly and those with palliative care needs were prioritised.
- Information about how to complain was available and easy to understand. Improvements were made as a result of complaints, with a process for the sharing of learning and checking that actions identified had been completed.
- A foundation for effective governance had been established and maintained. Meetings were held and identified actions and responsibility for completion documented.

The areas where the provider should make improvement are:

- Maintain evidence of training for locum GPs.
- Review the arrangements for responding to periods of high patient activity in the reception area. Continue to review the arrangements for answering the telephone to improve patient's satisfaction.
- Formally review the work undertaken by advanced nurse practitioners to obtain assurance of the quality of their work.
- Continue the current programme of quality improvement including clinical audits to monitor the effectiveness of new systems and processes.
- Continue the work to ensure that all patients are appropriately coded.

This service was placed in special measures in December 2016. I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. Learning was shared and action was taken to improve safety in the practice. Checks were made to ensure the learning had been embedded.
- When things went wrong patients received reasonable support, detailed information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Patient safety alerts were logged, shared and initial searches were completed and the changes effected.
- Patients on high risk medicines were identified, monitored and reviewed appropriately.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Improvements had been made in relation to infection control. The lead for infection control and staff had received training for their role by e-learning, face to face training and by information shared in staff newsletters.
- Arrangements were in place to ensure the safe cleaning of spilt body fluids by staff with Hepatitis B immunity.
- Health and safety risks to patients and staff were assessed and managed.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or below average compared to the CCG and national averages for most of the clinical domains. The exception reporting for the majority of clinical domains were above the CCG and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Five two cycle clinical audits had been completed, which showed improvements. These were limited to patient coding and medicine issues.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff. The advanced nurse practitioners received support from GPs. There was no formal review and checking of their work except from the general review of prescribing data and informal supervision.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey, published in July 2017, showed patients rated the practice in line with and below other practices both locally and nationally for all aspects of care. Improvements had been made in relation to satisfaction scores and involvement in the planning and decision making of care, for GP and nurses. These findings were supported by the practice's patient survey results.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 148 patients as carers (1.7% of the practice list). The practice had a resource pack of local and national support services, which included a section on support for carers.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Data fro the national GP patient survey showed that 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and the national average of 84%.
- Appointment requests for children, vulnerable patients, the elderly and those with palliative care needs were prioritised.

Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to 'Work together to create an innovative and sustainable local primary care service delivering high quality healthcare for all.' Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure, with an open management style and staff felt supported by the leadership team. The leadership team also reported feeling supported by the staff.
- The leadership team at the practice included GPs in lead roles and also identified other staff from the team with responsibility in specific areas.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. Separate monthly newsletters were written for staff and patients, in order to share information about the practice and obtain feedback.
- There was a focus on learning and a desire for improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- GPs and nursing staff provided home visits to patients living in the five nursing and residential homes covered by the practice.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis, dementia and heart failure were above the local and national averages.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management.
- Data from 2015/2016 showed that performance for diabetes related indicators was 84%, which was below the local average of 92% and national average of 89%. Exception reporting for diabetes related indicators was 15% which was above the local average of 11% and the national average of 12%.
- Longer appointments and home visits were available when needed.
- The practice had established an agreed system for coding patients' medical conditions to enable effective recall and monitoring. We noted that recall systems were in place, according to patient's birth month. Patients had structured reviews to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.

Summary of findings

- Immunisation rates were in line with the CCG and England averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice offered a full range of contraception services and chlamydia screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Social services held a drop in service at the practice every week. Staff from the practice worked with health visitors, school nurses and midwives. We saw positive examples of joint working with these professionals.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients were able to book evening and weekend appointments with a GP through Suffolk GP+ (Suffolk GP+ is for patients who urgently need a doctor's appointment, or are not able to attend their usual GP practice on a weekday.)
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 80%, which was in line with the local average of 82% and the national averages of 81%.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those who were homeless and those with a learning disability. Homeless people were able to register using the practice's address.
- The practice worked closely with a learning disability nurse and annual health assessments for people with a learning disability were undertaken by the practice nurse. The GP lead for learning

disabilities would be informed if any concerns were identified or a patient needed further review. The practice had 53 patients on the learning disabilities register. 46 of these patients have had or have been booked for a health review since July 2016.
- The practice offered longer appointments for patients with a learning disability and for those who needed to use translation services.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 148 patients as carers (1.7% of the practice list).

People experiencing poor mental health (including people with dementia)

Good

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

- 2016 to 2017 unverified data from the practice showed that 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This compared to a score of 71% in 2015 to 2016.
- 2016 to 2017 unverified data from the practice showed that 95% of patients experiencing poor mental health had a comprehensive care plan. This compared to a score of 58% in 2015 to 2016.
- The practice worked with other professionals in the case management of patients experiencing poor mental health, including those with dementia.
- A mental health link worker held a weekly clinic at the practice.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 July 2017. The results showed the practice was generally performing in line with and below local and national averages. Improvements had been made in relation to most satisfaction scores for GPs and nurses and involvement in the planning and delivery of care. 305 survey forms were distributed and 116 were returned. This represented a 38% response rate.

- 68% of patients found it easy to get through to this practice by phone compared to the CCG average of 79% and the national average of 71%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and the national average of 84%.
- 79% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.
- 61% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards, six of which were all positive about the standard of care received and the helpfulness of the staff. Patients reported that they were listened to and that all aspects of their contact with the surgery were positive. Feedback on the other two comments cards related to dissatisfaction regarding care and treatment, which we raised with the practice, and one patient expressed difficulty in getting a GP appointment.

We spoke with representatives from four care homes where residents were registered at the practice. Most representatives were satisfied with the service received, whilst one raised concern about the way prescriptions were processed.

We spoke with seven patients during the inspection. Six patients said they were satisfied with care they received. Four patients reported that there was often a wait for the telephone to be answered in the morning, and often face to face visits had already been booked. They confirmed that the practice phoned them back, however one patient said this was not always convenient. One patient was very complimentary about the proactive care and treatment they had received. The practice engaged with the Friends and Family Test. The most recent data which was published in February 2017, showed that from 41 responses, 93% of patients would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- Maintain evidence of training for locum GPs.
- Review the arrangements for responding to periods of high patient activity in the reception area. Continue to review the arrangements for answering the telephone to improve patient's satisfaction.
- Formally review the work undertaken by advanced nurse practitioners to obtain assurance of the quality of their work.
- Continue the current programme of quality improvement including clinical audits to monitor the effectiveness of new systems and processes.
- Continue the work to ensure that all patients are appropriately coded.

Hawthorn Drive Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser and a practice management specialist advisor.

Background to Hawthorn Drive Surgery

The practice area covers the Chantry Estate, in Ipswich, with a few patients from the nearby villages of Copdock, Washbrook, Sproughton and Burstall. The practice offers health care services to around 8,520 patients. It is located in a building which was purpose built in 1984 and has consultation space for GPs and nurses.

The practice holds a Personal Medical Service (PMS) contract with the local CCG. There are three GP Partners at the practice (two male and one female). There are two advanced nurse practitioners, two nurses and two healthcare assistants. A team of ten administration and reception staff support the practice manager. The practice currently uses a locum GP on a weekly basis.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are usually from 8.30am to 11.20am and from 3pm to 5.20pm for GPs and from 8am to 12.40pm and from 2pm to 5.40pm for nurses. Extended hours appointments are offered between 8.40am and midday every Saturday and must be pre-booked. Patients are able to book evening and weekend appointments with a GP through Suffolk GP+. Out-of-hours GP services are provided by Care UK via the 111 service.

The practice has a larger number of patients between the ages of 0 to 34 and those over 85 than the national average. There are fewer patients between the ages of 35 to 84 than the national average. Income deprivation affecting children is 28%, which is above the CCG average of 14% and national average of 20%. The practice has an above average percentage of patients who are unemployed (9%), compared to the CCG average of 4% and the national average of 5%. Male and female life expectancy in this area is in line with the England average at 78 years for men and 83 years for women.

The CQC registration of the Partnership members was not up to date. The practice were aware of this and had submitted the relevant statutory notifications and applications to CQC.

Why we carried out this inspection

We carried out a comprehensive inspection of Hawthorn Drive Surgery on 14 November 2016, under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate overall and as inadequate for providing safe, effective and well led services, requires improvement for providing caring services and good for providing responsive services. The practice was placed into special measures for a period of six months. We issued a warning notice on the 13 December 2016 to the provider in respect of good governance and a requirement notice for providing safe care and treatment. We undertook a focussed inspection on 16 February 2017 to check that action had been taken to comply with the warning notice issued on the 13 December 2016. At this inspection we noted that some improvements

had been made, however improvements were still needed. You can read our findings from our previous inspections by selecting the 'all reports' link for Hawthorn Drive Surgery on our website at www.cqc.org.uk.

We undertook an announced comprehensive inspection of Hawthorn Drive Surgery on 17 July 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 July 2017. During our visit we:

- Spoke with a range of staff (GPs, nurses, health care assistants, reception and administration) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with representatives from care homes where residents were registered at the practice.

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

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

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

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

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

Good

Are services safe?

Our findings

At our previous inspection on 14 November 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of safety alerts, infection prevention and control, health and safety and learning from significant events were not adequate. We issued a warning notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 16 February 2017.

The arrangements had significantly improved when we undertook a comprehensive inspection on 17 July 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was an effective system in place for reporting and recording significant events. The practice had a significant event protocol and flowchart to inform staff of their role and responsibilities in relation to significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice took necessary action immediately following a significant event. These were discussed immediately and at the daily GP meetings as appropriate. Actions and learning was also shared with the practice team at the monthly clinical meeting. Minutes of the meetings were shared with staff and action points were documented and monitored to completion.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, detailed information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had reviewed 13 significant events received from January 2017 to April 2017 and had identified themes, although the actions related to individual significant events, rather than any themes identified.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Clinicians had all signed up to receive alerts directly. Patient safety alerts were logged, shared and initial necessary searches were completed and the changes effected. Safety alerts were discussed at monthly clinical meetings. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that affected patients had been written to, to inform them of the need to check the position of a specific contraceptive implant. We reviewed the practice's response to another Medicines & Healthcare products Regulatory Agency (MHRA) alert and saw that 21 patients had been written to and appropriate blood tests undertaken. We reviewed the records of four patients and saw evidence that appropriate actions had been undertaken. A policy had been written to direct this work.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP and a deputy lead GP for safeguarding. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three. One of the locum GPs did not have a record of safeguarding training in their file, evidence of this training was provided the day after our inspection. We discussed this with the practice and they agreed to ensure training information was retained for locum GPs. The practice had reviewed the coding of patients with safeguarding needs. We checked the records of three patients and found that they were coded appropriately. Safeguarding meeting were held at the practice, where patients were discussed and reviewed. Opportunities for learning were also discussed, for example with the sharing of learning from serious case reviews.

Good

Are services safe?

- A notice in the waiting room and consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. However we checked the file of one receptionist who chaperoned and there was no DBS check in their file. We spoke with the practice about this and they provided evidence of the DBS to us following the inspection. (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).
- Significant improvements had been made in relation to infection control, following our inspection on 14 November 2016. The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Monthly cleaning audits were undertaken by the practice and although areas for action were identified on the audit, the provider was in communication with the cleaning contractor to improve the cleanliness of the practice. Daily cleaning of clinical rooms was completed; however this was not consistently documented by the staff that were responsible for cleaning their own rooms. This had been noted recently and there was evidence that this had started to be documented appropriately. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. They had recently undertaken a two day training course for this role. There was an infection control protocol in place and staff had received up to date training. This was provided through e-learning and face to face training by the infection control nurse and sharing of information in the staff newsletter. An annual infection control audit had been undertaken and we saw evidence that actions had been undertaken to address the improvements identified. A hand washing audit had also been completed with identified actions, which included for example a hand washing signed to be placed in the patient toilets. There were hand washing signs next to all sinks and alcohol hand gel was available for use. Hand hygiene training had been undertaken with staff. There was a sharps injury policy and procedure available. A sharps audit had been completed in May 2017 and actions had been identified and learning shared within the practice. For example, information was included in the monthly staff newsletter. Clinical waste was stored and disposed of in line with guidance. The practice had written a blood and body fluids policy and a training session had been undertaken in May 2017. The practice had engaged with staff to identify those who were willing to undertake cleaning of spilt body fluids. They supported those staff to receive Hepatitis B vaccination and we saw records of this, however, not hepatitis B immunity. This was sent to us the day after the inspection. Body fluid spillage kits were available in the practice.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We looked at the records of patients who were prescribed high risk medicines and found they had all been appropriately monitored and reviewed before being given another prescription. Since our previous inspection on 14 November 2016, the practice had written a policy for checking uncollected prescriptions. There were no uncollected prescriptions found during this inspection. The practice carried out regular medicines audits, with the support of the Clinical Commissioning Group (CCG) pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice was working with the CCG in relation to their high prescribing for patients with palliative care needs. Two of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received support from GPs for this extended role, however there was no formal review and checking of their work except from the general review of prescribing data and informal supervision. Patient Group Directions (PGD's) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. (Patient Specific Directions are written instructions, from a qualified and registered prescriber for a medicine, which includes the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

Good

Are services safe?

- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment, which included locum GPs. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. Improvements had been made following the 14 November 2016 inspection which ensured that identified actions had been completed. There was a GP lead for health and safety and a health and safety policy was available with a poster in the staff room. A health and safety risk assessment had been undertaken by an external company in June 2017 and no actions had been identified. The practice had an up to date fire risk assessment. All the electrical equipment had been checked in June 2017 to ensure the equipment was safe to use. Clinical equipment was checked in June 2017 to ensure it was working properly. The practice had other risk assessments in place to monitor the safety of the premises such as disability access, control of substances hazardous to health, infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The legionella risk assessment identified that the log book should be completed, which the practice had actioned.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. We noted during our inspection that the arrangements for responding to periods of high patient activity in the reception area could be improved to avoid patients waiting to speak to reception staff.

Arrangements to deal with emergencies and major incidents

Risks to patients were assessed and well managed.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines were available in the treatment room.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were kept off site. The practice manager advised that this plan had been implemented recently due to the loss of the computer system and improvements had been identified to include printing of patients' summary page as well as the appointment schedule.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 14 November 2016, we rated the practice as inadequate for providing effective services as the arrangements in respect of patient coding, clinical audit and ensuring accurate, complete and contemporaneous records, were not adequate. We issued a warning notice in respect of these issues and found that work had commenced to address some of these arrangements when we undertook a follow up inspection of the service on 16 February 2017.

We undertook a comprehensive inspection on 17 July 2017 and found that continued improvements had been made in these areas, however outcomes for patients remained below the local and national averages and with a higher exception reporting rate. The practice is now rated as requires improvement for providing effective services.

Effective needs assessment

The 14 November 2016 inspection identified that the practice recognised that they did not have an effective system to ensure that a consistent and reliable approach to coding within the patient's medical record was in place. In response to this, the practice established a data quality team to provide comprehensive support for the continual improvement of clinical data quality. This team included a GP, a member of administration, reception, nursing and information technology staff, and the practice manager. The team members received specific training; this has since been completed by all clinical staff. The practice had also developed and implemented a read coding protocol and formulary, and exception coding protocol and a recall system, based on month of birth. Feedback from staff was positive in relation to the improved organisation of the recall of patients. The practice acknowledged that this work would be continually evolving. The evidence we reviewed during the inspection demonstrated that improvements had been made. We reviewed the records of five patients who were coded as having diabetes and there was evidence in their medical record to confirm their diagnosis. We checked the records of three patients with safeguarding needs and found that they were coded appropriately.

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence based guidelines.

- The practice had systems in place to keep all clinical staff up to date. Clinical staff had registered to receive NICE guidance and this was also shared in the practice and discussed at monthly clinical meetings. Staff used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2015/2016 showed the practice achieved 94% of the total number of points available. This compared with the CCG average of 97% and the national average of 95%. The overall exception reporting rate was 13% which was 5% above the CCG average and 4% above the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). 2016/2017 unverified data from the practice, showed the practice achieved 93% of the total number of points available and had a 14% exception reporting rate, which remained high. The practice had identified actions for improvement which mainly focused around validating the register and improved coding and we saw evidence that they had made improvements in these areas during our inspection. The 2015/2016 QOF data and 2016/2017 unverified QOF data is obtained from information that was available before the practice had implemented the improvements.

Data from 2015/16 showed:

- Performance for diabetes related indicators was 84% this was 9% below the CCG average and 6% below the national average. The exception reporting rate was 15%, which was above the CCG (11%) and national (12%) exception reporting averages. 2016/2017 unverified data from the practice (which excluded any exceptions) showed the practice achieved 78% performance in this area.
- Performance for the prevention of coronary heart disease indicators was 84%. This was 11% below the CCG and national averages. The exception reporting rate

Requires improvement

Are services effective?

(for example, treatment is effective)

was 12% which was above the CCG and national averages of 8%. 2016/2017 unverified data from the practice (which excluded any exceptions) showed the practice achieved 92% performance in this area.

- Performance for mental health related indicators was 100%. This was 4% above the CCG average and 7% above the national average. The exception reporting rate was 28% which was above the CCG average of 12% and national average of 11%. 2016/2017 unverified data from the practice (which excluded any exceptions) showed the practice performance was now 92%
- Performance for asthma related indicators was 100% which was 1% above the CCG average and 2% above the national average. The exception reporting rate was 5% which was below the CCG average and national average of 7%. 2016/2017 unverified data from the practice (which excluded any exceptions) showed the practice achieved 100% performance in this area.

There was some evidence of quality improvement including clinical audit.

- There had been five two cycle clinical audits completed since December 2016. These were limited to patient coding and medicine issues. For example, one audit related to checking that appropriate coding was in place, including treatment for patients with asthma and ensuring appropriate prescribing. Another audit identified 129 patients who were on a repeat presctiption of a medicine which reduces the absorption of fat and who had not been reviewed. The practice had reviewed patients and reduced the number of patients being prescribed this medicine to 49.
- The practice participated in local audits, national benchmarking and peer review.

The practice were not currently undertaking minor surgery, although one GP kept their skills up to date and had recently completed training in this area.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff, including GP locum staff. This covered areas such as safeguarding, infection control, fire safety, dealing with emergencies, health and safety and confidentiality. We reviewed six staff files and found evidence of appropriate training; however one of the locum GPs did not have a safeguarding level three certificate in their staff file. We raised this with the practice manager, who obtained a copy from the GP and submitted this the day after the inspection.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, clinicians providing ear syringing and immunisations had attended relevant update courses.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at clinical meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, mentoring, clinical supervision and facilitation and support for revalidating GPs. All the staff we spoke with, gave positive feedback about the support and training received from the practice. We noted that there was no formal review by a GP of the work undertaken by the advanced nurse practitioners. We reviewed six recent consultations undertaken by an advanced nurse practitioner and did not identify any concerns regarding the consultation.
- We reviewed six staff files and saw that appraisals had been undertaken for those who had worked at the practice for over one year.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services. We reviewed patients who had been referred on the two week cancer referral pathway and their referral had been followed up appropriately.

Requires improvement

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Documented meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs. Improvements had been made following our 14 November 2016 inspection, as the practice had established a template to record the detail of patient discussion and review with other agencies and this was written directly into the patient's medical record.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and worked with other agencies to ensure services were available for patients. For example

- One Life Suffolk (a service commissioned by Suffolk County Council) provided clinics at the practice twice a week for stop smoking services, adult weight management, NHS health checks, child weight management and advice about physical activity.
- The Citizens Advice Bureau (CAB) held a drop in clinic at the surgery one day a week and referrals between CAB staff and clinicians at the practice were encouraged.

The practice's uptake for the cervical screening programme was 80% which was in line with the CCG and the national averages of 82%. The practice had identified eligible patients who were overdue for cervical screening and were contacted by text, phone or letter to invite them for screening. Appointments were also booked for cervical screening opportunistically to increase uptake. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available and by explaining the procedure in simple terms. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 55% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months compared to the CCG average of 63% and an England average of 58%.
- 75% of females aged 50 to 70 had been screened for breast cancer in the last 36 months compared to the CCG average of 80% and an England average of 72%.

Most of the childhood immunisation rates for the vaccinations given were above the 90% standard. However, the percentage of children aged 2 who had received their booster immunisation for pneumococcal infection was 73%. The practice advised that their data coded 'pneumococcal polysaccharide conjugated vaccine' was not being included in the overall figure and had reported this to the data team at the CCG. When this data was included the uptake increased to 95%. Missed appointments were followed up by text message and a phone call to encourage rebooking. Contact was made with the Health Visitor if patients had not attended or they could not be contacted.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice worked closely with a learning disability nurse to review patients on the learning disability register and had removed those who did not have a learning disability. Annual health assessments for people with a learning disability were undertaken by the practice nurse. The GP lead for learning disability was informed if concerns were identified or the patient needed further review. The practice had 53 patients on the learning disabilities register. 46 of these patients have had or have been booked for a health review since July 2016.

Good

Are services caring?

Our findings

At our previous inspection on 14 November 2016, we rated the practice as requires improvement for providing caring services. The data from the National GP patient survey showed that the practice scored below the CCG and national averages in a number of areas and coding for carers was inaccurate.

We undertook a comprehensive inspection on 17 July 2017 and found that the practice had made improvements to their scores in most areas and an effective system was in place to effectively code carers. The practice is now rated as good for providing caring services.

Kindness, dignity, respect and compassion

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

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

We spoke with representatives from four care homes, three of whom reported that staff were caring. One representative reported that the majority of staff at the practice were caring, however not all the receptionists. We spoke with seven patients, six of whom told us they were very satisfied with the care provided by the practice and staff were helpful, caring and treated them with dignity and respect. Two patients reported improvements in the caring attitude of the receptionists. We received eight patient Care Quality Commission comment cards, six of which were positive about the standard of care received and the helpfulness of the staff.

Results from the national GP patient survey published in July 2017 showed the practice was in line and below local and national averages for its satisfaction scores on consultations with GPs and nurses. Improvements had been made in most areas in comparison to the results from July 2016, although there was a slight reduction in satisfaction scores for the GP being good at listening. For example:

- 79% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 93% 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%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

The practice had undertaken their own patient satisfaction survey throughout June 2017, which had been completed by 34 patients. Questionnaires were available in the reception area and patients who used online services were advised by text message that the questionnaire was available to complete on line. The results showed that:

- 80% of patients thought that clinicians treated them with care and concern.
- 97% of patients thought reception staff were helpful and listened to them.
- 88% of staff thought reception staff had a good telephone manner.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey, published in July 2017, showed results were in line with or below the local and national averages for how patients responded to questions about their involvement in planning and making

decisions about their care and treatment. These scores demonstrated an improvement to those received in the survey published in July 2016, particularly in relation to the scores for nurses. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

The results from the practice's own patient satisfaction survey in June 2017, showed that:

- 76% of patients reported that the clinician involved them in decisions about their care and treatment.
- 88% of patients felt listened to by the clinician.
- 85% of patients had tests or treatments explained to them

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw information was available on the practice's website and notices in the practice informing patients this service was available.
- Staff explained how they would support patients to understand information using easy to read information leaflets.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. The practice had developed a resource booklet of local and national groups and sources of advice. This included information on alcohol and drug support, domestic abuse, bereavement, cancer, carers, homelessness, mental health and wellbeing, parenting, social activities and sexual health.

The practice's computer system alerted GPs if a patient was also a carer and identified 148 patients as carers (1.7% of the practice list). Written information was available to direct carers to the various avenues of support available to them and staff advised that they informed carers of this information.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Information was available for bereaved patients on the practice website and in the resource folder developed by the practice. Practical information was on the practice's website to support bereaved patients.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Evening and weekend appointments were available through Suffolk GP+. (Suffolk GP+ is for patients who urgently need a doctor's appointment, or are not able to attend their usual GP practice on a weekday.) Saturday morning appointments were available at the practice for those patients who had pre booked appointments.
- Telephone appointments were available for patients if required. The practice used a text message appointment reminder service for those patients who had given their mobile telephone numbers. Text messages were also used for example, to invite patients for screening and to inform them about practice initiatives.
- There were disabled facilities, and a translation services available. The self check in screen had five languages. Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.
- The practice had worked with a learning disability nurse and reviewed their patient register to ensure that patients were appropriately coded. The practice had 53 patients on the learning disabilities register and 46 had received an annual health check since July 2016. The practice nurse had undertaken health checks at the patient's home when this was appropriate and in the patient's best interest. The practice offered longer appointments for patients with a learning disability.
- One Life Suffolk (a service commissioned by Suffolk County Council) provided clinics at the practice twice a week to support patients to lead healthier lives. The Citizens Advice Bureau held a drop in clinic at the surgery one day a week and social services held a drop in service at the practice one day a week. The practice had worked hard to bring outside services into the practice to benefit patients and had developed good working relationships with these agencies.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- GPs and the nurse practitioner undertook weekly visits to three nursing care homes to assess, monitor and review a large number of patients who were residents. Feedback was positive particularly in relation to the responsiveness of the practice to urgent requests.
- All consultation rooms, apart from one, were on the ground floor and easily accessible. Patients were supported to be seen in a downstairs room, if they were unable to manage the stairs. Translation services were available.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- Alerts were recorded on the patient's record to ensure staff were aware of any particular needs. This included, for example where longer appointments were needed, help with repeat prescriptions or an urgent visit.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, with appointments offered from 8.30am to 11.20am and from 3.30pm to 5.20pm. Appointments could be booked in person, by telephone or online. In addition to pre-bookable appointments that could be booked up six weeks in advance, urgent appointments were also available for people that needed them. The practice offered online prescription ordering and access to the patient's own medical record.

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 comparable to the CCG and national averages, although below the CCG for ease of getting through by telephone. These scores were similar to the results published in July 2016.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 68% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 71%.

The practice had undertaken their own patient satisfaction survey throughout June 2017, which had been completed by 34 patients. Questionnaires were available in the reception area and patients who used online services were advised by text message that the questionnaire was available to complete on line. The results showed that:

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 64% of patients found it easy or very easy to make an appointment.
- 68% of patients found it easy to get through on the telephone.
- 88% of patients were satisfied with the waiting time for their appointment.
- 65% of patients were able to see a clinician of choice.
- 79% of patients were able to book in advance if they wanted to.

We spoke with representatives from four care homes where residents were registered at the practice. Most representatives were satisfied with the service received. We received eight comments cards and one patient reported difficulty in getting a GP appointment. We spoke with seven patients on the day of the inspection. Four patients reported that there was often a wait for the telephone to be answered in the morning, and often face to face visits had already been booked. They confirmed that the practice phoned them back, however one patient said this was not always convenient. During our inspection we noted the reception desk phone was left ringing, whilst a member of staff was busy dealing with a queue of patients. We raised this with the practice manager who advised that arrangements were in place for staff to cover during these times and that they would look into what happened on this occasion. They informed us that plans were in place to move the telephone line away from the front desk to that calls could be answered in a more private area, and by a dedicated person.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Requests for home visits were triaged and allocated by the duty GP to all the GPs on duty. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. Any contact made by the parents or carers of young children, vulnerable patients, elderly patients and those with palliative care needs were highlighted to the duty GP to ensure this group of patients were dealt with swiftly. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated person responsible who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system on the practice's website and in their information leaflet. Reception staff showed a good understanding of the complaints procedure and they had written information that they could give to patients if they informed them they wanted to make a complaint.

The practice had received 18 complaints from April 2016 to March 2017. The practice recorded written and verbal complaints. We looked at documentation relating to four complaints received in the previous year and found they had been fully investigated and responded to in a timely and empathetic manner. Lessons were learnt from individual concerns and complaints, and action was taken to as a result to improve the quality of care. For example, one complaint resulted in a change to policy, so all patients were now contacted by telephone or letter when their medicines were changed, following advice from the hospital or by a clinician at the practice. Complaints were shared with staff, as appropriate to encourage learning and development. Checks were made that learning had been embedded into practice. The practice had undertaken an analysis of trends from complaints received in the previous year and used this to inform practice.

Are services well-led?

Good

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

Our findings

At our previous inspection on 14 November 2017, we rated the practice as inadequate for providing well-led services as there was no overarching governance structure and insufficient clinical and managerial oversight and leadership at the practice.

We issued a warning notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 16 February 2017. The arrangements had further improved at the comprehensive inspection on 17 July 2017. The practice is now rated as good for being well-led.

Vision and strategy

The practice had a mission statement in their statement of purpose which was 'Working together to create an innovative and sustainable local primary care service delivering high quality healthcare for all.' The practice staff we spoke with were aware of the mission of the practice and there was evidence of all staff at the practice working towards this during our inspection.

The practice had a first draft of the 'Practice development strategy document 2017 to 2020' which outlined how the development of primary care services at the practice would be supported and achieved. The strategy covered aspects of development in relation to the following areas, systems, workforce, patients, premises, communication and equipment. The practice had identified potential and actual changes to practice, and given consideration to how they would be managed; for example, increasing patient numbers. Action plans for year one and year two had been agreed and some actions had been completed. We noted during the inspection that the practice had started to work more closely with local practices in a number of areas, for example to improve efficiency.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. We found that they had been reviewed annually, the partners had been involved in their review, and checks were in place to ensure that staff had read and understood them.
- An understanding of the performance of the practice was maintained. This included the monitoring of infection control, patients safety alerts, National Institute for Health and Care Excellence (NICE) evidence based guidelines, sharing of clinical audit findings, significant events and complaints at the monthly clinical meeting. Meetings were minuted and actions identified with responsibility and timescale identified for completion. These were reviewed at the next meeting and updated or closed as appropriate.
- Clinical audits had been undertaken which primarily involved data cleansing. These were used to make improvements to patient coding and ultimately more effective care and treatment.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners and management staff in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they had worked extremely hard in order to make the required improvements identified in the 14 November 2016 inspection. All the practice staff we spoke with commented positively on the significantly improved clinical leadership. There was a clear organisational structure, with GPs responsible for lead areas, for example significant events, clinical coding and learning disability. The different clinical areas of QOF also had an identified GP lead, deputy GP lead, nurse and administration lead. Different areas of work, for example multi disciplinary working, information governance and health and safety also had an identified clinical lead, identified team members with responsibility, meetings when the subject was discussed and who the minutes were to be shared with. There was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so. The practice manager had an open door policy. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service. For example,

Are services well-led?

Good

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

one of the health care assistants had suggested having a telephone appointment scheduled, so that the GP could delegate any appropriate work such as phoning a patient to request a urine sample. This had been implemented by the practice.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, detailed information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. There was a monthly newletter for staff and one for patients, which provided both staff and patients with useful information and updates from the practice and encouraged feedback to the practice.

The practice had endeavoured to start a patient participation group (PPG) and although a chairperson had been identified, this had not been established. Notices were displayed in the practice and on the practice's website inviting people to join the PPG. The practice proactively sought patients' feedback and had undertaken a patient satisfaction survey throughout June 2017, which had been completed by 34 patients. Questionnaires were available in the reception area and patients who used online services were advised by text message that the questionnaire was available to complete on line. The practice had reviewed the responses and had decided not to make any changes; however they planned to undertake this every month, in order to review current patient feedback and make changes in response to this through monitoring satisfaction. There was a comments book in the reception area and patients had entered comments which were primarily positive about the service received. The practice had a monthly patient newsletter which updated patients about current issues within the practice The practice engaged with the Friends and Family Test. The most recent data which was published in February 2016, showed that from 41 responses, 93% of patients would recommend the practice.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. All the staff we spoke with reported positive changes in the clinical leadership of the GPs, specifically highlighting that meetings were more structured and regular.

Continuous improvement

There was a focus on improvement at all levels within the practice. The management team had recognised areas where improvements could be made and had supported additional training for all staff in order to improve the service received by patients. We found examples for this in relation to coding of patients and infection control. The leadership team told us they had worked hard to meet the requirements, following the 14 November 2016 inspection and this had resulted in a stronger leadership team which had become more cohesive.