

The Barham & Claydon Surgery

Inspection report

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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires Improvement

overall. At the previous inspection in July 2017 the practice were rated as requires improvement overall; they were rated as inadequate for providing safe services, requires improvement for effective and well-led services and good for caring and responsive services.

We carried out an announced comprehensive inspection at The Barham & Claydon Surgery on 11 April 2018 to follow up on breaches of regulations.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

At this inspection we found:

- The practice had made improvements following our previous inspection. They had improved the systems and processes to meet the required standards of infection prevention and control, they had ensured all staff had completed their basic life support training and had updated their business continuity plan to reflect a wider variety of risk.
- The practice had implemented and monitored a process to share relevant and current evidence based guidance and standards with staff, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The practice had some systems to manage risk so that safety incidents were less likely to happen. However the practice had not improved the system and process in the dispensary to ensure near miss records contained sufficient detail to fully investigate identified lessons or trends and share learning to make improvements. We found a lack of evidence to show the practice monitored and improved quality in relation to the dispensary. For example, the practice did not undertake any regular audits, survey questions or regular assessment that dispensary staff were competent to undertake their role. Following the previous inspection the practice had undertaken training for the storage, recording and handling of controlled drugs. The practice had also joined the Dispensing Doctors Association.

- The practice did not always record the learning points from all significant events and the actions taken were not always clearly documented to ensure learning was shared with all the staff.
- Staff we spoke with demonstrated they were knowledgeable about their own roles and responsibilities. However we found there was not a cohesive approach from the management team to ensure they had complete oversight of their staffs roles and performance.
- The practice had systems and processes in place for safeguarding to ensure that patients were safe from harm or abuse. We noted the policy did not contain practice specific information to ensure staff had easy access to escalation routes; although there was some escalation information displayed in all clinical rooms. Staff were told to inform the duty doctor of any concerns. On the day of the inspection we were told the safeguarding lead was on maternity leave and we found that staff were unclear on who was covering this role.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice's performance in relation to the Quality Outcome Framework (QOF) results were 96%. This was in line with Clinical Commissioning Group (CCG) and national averages.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Patients were positive about the practice and in particular, the staff team.
- There was a focus on continuous learning and improvement at all levels of the organisation.

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

- Establish and operate effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

Overall summary

- Review and improve the information provided to patients to ensure they are notified of the methods to escalate their complaint if they are dissatisfied with the response.
- Review and improve the uptake of learning disability health checks.
- Continue to work to improve the number of carers identified and supported.
- Review and improve documentation relating to children who fail to attend hospital appointments.

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

Population group ratings

| | | |
|--|-------------|---|
| 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 |  |

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a member of the CQC medicines team and a CQC inspection manager.

Background to The Barham & Claydon Surgery

The Barham & Claydon Surgery is a GP practice that serves approximately 2,880 registered patients and has a General Medical Services contract with NHS Ipswich and East Suffolk Clinical Commissioning Group (CCG).

The practice team consists of three GPs (one male, two female), two nurse practitioners, a diabetic nurse and a healthcare assistant, who is also qualified to work as dispenser. There is a dispensary manager and a team of reception and administrative staff supported by a practice manager and a practice facilitator.

The practice and dispensary are open from Monday to Friday 8am to 6.30pm, with the practice closed for appointments between 1pm and 1.45pm. Extended hours appointments are not available at the practice but the patients have access to the local GP+ arrangement, allowing them to access out of hours GP appointments. The GP+ service is operated by several local practices on a rotational basis.

An out of hours service is provided locally by Integrated Care 24 through the NHS 111 service.

The practice's premises consists of portable units that were erected over 20 years ago as a temporary measure to provide healthcare to the local population. To date, no solutions had been found to address the premises shortcomings, however the partnership continued to investigate ways to improve or relocate the premises.

The service is located in the area of Barham, Ipswich in Suffolk. The practice is able to offer dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy.

According to information taken from Public Health England, the patient population for this service has a higher than average number of patients aged 45 to 79 years, and a lower than average number of patients aged 45 and below compared to the practice average across England.

Are services safe?

At the previous CQC inspection, the practice was rated as inadequate for providing safe services because:

- There was an effective system in place for reporting and recording significant events. However, near miss incidents in the dispensary were not adequately recorded. Lessons were shared on a regular basis to make sure action was taken to improve safety in the practice.
- Patients were at risk of harm because systems and processes did not always keep them safe. Risks to patients were appropriately assessed but were not consistently or effectively managed. The practice needed to improve the processes for controlled drugs in the dispensary and a variety of premises-related concerns were contributory to poor maintenance of infection prevention and control processes.
- All staff had received basic life support training, but we noted that for four members of staff (of which two were clinicians) training was overdue.
- The practice had a business continuity plan in place for major incidents related to the computer system and electronic records. The plan included emergency contact numbers for staff and suppliers but was limited in scope beyond the computer system and electronic records.

The practice was rated as requires improvement for providing safe services at this inspection because:

- The practice had not improved the system and process in the dispensary to ensure near miss records contained sufficient detail to fully investigate identified lessons or trends and share learning to make improvements.
- The practice was unable to evidence that they monitored and improved quality in relation to the dispensary. Following the previous inspection the practice had undertaken training for the storage, recording and handling of controlled drugs. The practice had also joined the Dispensing Doctors Association.
- The practice safeguarding policy did not contain practice specific information to ensure staff had easy access to escalation routes; although there was some escalation information displayed in all clinical rooms. Staff were told to inform the duty doctor of any concerns. On the day of the inspection we were told the safeguarding lead was on maternity leave and we found that staff were unclear on who was covering this role.

- The practice did not always record the learning points from all significant events and the actions taken were not always clearly documented to ensure learning was shared with all the staff.

Safety systems and processes

The practice generally had systems to keep people safe and safeguarded from abuse.

- The practice had systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. We found the policy they had did not contain practice specific information to ensure staff had easy access to escalation routes, although there was some escalation information displayed in all clinical rooms. Staff were told to inform the duty doctor of any concerns. On the day of the inspection we were told the safeguarding lead was on maternity leave and we found that staff were unclear on who was covering this role.
- Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- We saw evidence that the practice monitored children who did not attend their hospital appointments although these checks were not always recorded in detail.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- All practice staff had all completed basic life support training.
- There was an effective system to manage infection prevention and control. We saw evidence that an infection prevention and control audit had been completed on 23 March 2018. The practice informed us an action plan to address the findings was in progress. We saw evidence that the actions from the previous infection prevention and control audit carried out one year earlier had been completed.
- The practice had arrangements in place to ensure facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

Are services safe?

The systems to assess, monitor and manage risks to patient safety had improved.

- The practice had some arrangements in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. However, we found that the management team were not fully aware of the roles and responsibilities of key members of staff to be sure that they had adequately covered their duties.
- Staff we spoke with understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Reception staff told us they had not received specific training in relation to sepsis but they demonstrated an understanding on how to recognise patients who were very unwell. Clinicians knew how to identify and manage patients with severe infections including sepsis. Following the inspection the practice advised they had sourced sepsis training for all staff.
- The practice was equipped to deal with medical emergencies and clinical staff were suitably trained in emergency procedures.
- There was an effective induction system for temporary staff tailored to their role. The use of locum staff at the practice was limited and where locum staff were utilised, the practice regularly used the same individuals for consistency.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results. We saw that there were no outstanding results to review on the day of inspection.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols. We reviewed a referral letter and saw that it contained adequate information and was made in a timely manner.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with 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 in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines. We viewed nine records for patients taking medicines which require enhanced monitoring such as warfarin and methotrexate and found that all patients had been monitored appropriately.

The arrangements for dispensing medicines at the practice needed some improvements to ensure that patients were kept patients safe.

- The practice had not improved the system and processes in the dispensary to ensure near miss records contained sufficient detail to fully investigate identified lessons or trends and share learning to make improvements.
- The practice were unable to evidence that they monitored and improved quality in relation to the dispensary. For example, the practice did not undertake any regular audits or patient survey questionnaires.
- The dispensary staff had received annual appraisals but the management team had not undertaken any regular assessment to ensure their performance was at the standard required.
- Prescriptions were always signed prior to dispensing by a GP.
- Regular stock checks were undertaken and the fridge temperatures were monitored daily. Staff knew what to do if fridges were out of the expected temperature range.
- All dispensed medicines were double checked prior to being dispensed.
- The practice did not hold controlled drugs on the premises on the day of the inspection. Following the

Are services safe?

previous inspection the practice had undertaken training for the storage, recording and handling of controlled drugs. The practice had also joined the Dispensing Doctors Association.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues such as fire safety and health and safety.
- The practice had reviewed and updated their business continuity plan since the previous inspection to cover a wider variety of risks.

Lessons learned and improvements made

The practice did not consistently record identified learning to ensure improvements would be made and monitored when things went wrong.

- Staff that we spoke to understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. However, the practice did not always evidence learning points from significant events. Actions taken following events were not consistently recorded to ensure improvements would be made and monitored.
- The practice had not improved the system and processes in the dispensary to ensure near miss records contained sufficient detail to fully investigate identified lessons or trends and share learning to make improvements.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

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

At the previous CQC inspection, the practice was rated as requires improvement for providing effective services because:

- Data from the Quality and Outcomes Framework (QOF) 2015/16 showed patient outcomes were below average compared to the national results.
- The practice did not have a recorded process in place to ensure all clinical staff were up to date with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- There were limited systems and processes in place to monitor quality assurance.
- Improvement was needed in the use of the computer system so that patient reviews would be recorded effectively.

(Please note: Any Quality Outcomes (QOF) data below relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

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 that we viewed.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.

- The practice held a multi-disciplinary team meeting with community nursing teams to discuss older patients who require closer monitoring.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had offered 248 patients a health check. 210 of these checks had been carried out.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication 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 patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice was able to evidence improvements for QOF outcomes for all long term conditions, including diabetes, COPD, asthma and hypertension from the previous inspection. The practice was now in line with local and national averages.
- The practice had improved their computer system ensuring accurate records of patients annual reviews.

Families, children and young people:

Are services effective?

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90% with a range of 93% to 97%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. However, records we viewed lack detail about any interventions taken.

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

- The practice's uptake for cervical screening was 76%, which was in line with the 80% coverage target for the national screening programme. This was also in line with the CCG average of 74% and national average of 72%.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- 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 those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition which aligned with the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental

illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medicines.

- A mental health link worker held a fortnightly clinic at the surgery.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 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 offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives. This programme was implemented after our previous inspection and therefore could only evidence the first cycle of the audits undertaken.

- For example, the practice had recently undertaken an audit of the monitoring of patients taking the contraceptive pill. On the first cycle, 215 patients were identified and 115 of these were overdue their monitoring check. The practice put a new dispensary procedure in place for these patients, when they requested their medicines appointments were made for their review. The practice told us they intended to run a second cycle audit to measure the impact of the new procedures.
- The most recent published Quality Outcome Framework (QOF) results were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 96%. The overall exception reporting rate was 10% compared with the CCG average of 9% and national averages of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice.

Are services effective?

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 actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role; for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- The practice had implemented a process following the previous inspection to share relevant and current evidence based guidance and standards with staff, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. However, staff had not completed any formal Mental Capacity Act training but staff we spoke with demonstrated they were knowledgeable in relation to this. Following the inspection the practice advised they planned to source Mental Capacity Act training for staff.
- 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. For example, the lead GP regularly met with a nurse practitioner to review consultations and provide clinical support and guidance.

- 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 all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment. These teams included health visitors, community nursing teams and mental health link workers.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- 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 identified patients at the end of their life and ensured these patients were able to access GPs in a quick and efficient manner. The practice held a regular multidisciplinary team meeting with a palliative care nurse where patients on end of life care were discussed. 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.

Are services effective?

- Staff encouraged and supported patients to be involved in monitoring and managing their own health.
- Multilingual information was available in the waiting room which provided patients with information on self-care and healthy living.
- 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 and tackling obesity campaigns were promoted.

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 reviewed one record and found that appropriate consent had been obtained and recorded.
- 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.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for caring. The practice was rated as good for caring at the previous CQC inspection.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients on the day of the inspection was very positive about the way staff treat people.
- 28 of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice. The remaining 7 comment cards were positive with some negative comments in relation to the premises.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice was generally in line with local and national averages for outcomes relating to kindness, respect and compassion on the national GP patient survey.

Involvement in decisions about care and treatment

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

- Staff communicated with people 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 had identified 24 carers and supported them, this is approximately 0.8% of the practice population.
- The practice was in line with local and national averages for outcomes relating to involvement in decisions about care and treatment on the national GP patient survey.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room or area to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services . The practice was rated as good for providing responsive services at the previous CQC inspection.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone and consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice operated a rapid access clinic on a Monday and Thursday morning, where patients were able to be seen on the same day without booking an appointment. This had been implemented because of feedback from patients.
- The facilities and premises were appropriate for the services delivered, although the practice were limited with space.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

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.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and nurse practitioner also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice offered home visits for annual reviews of long term conditions for patients that were unable to easily access the practice.
- Multilingual packs containing signposting to relevant services, healthcare information and self-help advice were available within the practice reception.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. 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 told us that they have previously extended clinics to cater for these appointments.

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, a rapid access clinic, online access for appointment booking, telephone appointments and appointments outside of working hours.
- The practice were part of the GP+ service which offered evening and weekend appointments at several locations in the region. The nearest locations to the practice at the time of the inspection were Ipswich and Stowmarket.
- The practice offered advanced booking of appointments up to at least six weeks.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Are services responsive to people's needs?

- The nurse practitioner was undergoing further training at the time of the inspection, to be able to deliver regular reviews for patients with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients living with dementia.
- Patients who failed to attend were proactively followed up by a phone call from a GP.
- A mental health link worker held a fortnightly session for patients.
- Patients with poor mental health were automatically booked a longer appointment time.
- Staff had undertaken Dementia Friends training.

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. Patients that we spoke with were complimentary of the practices' access to care 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.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.
- We noted the practice response to complaints did not contain the details of how to escalate their complaint should they be unhappy with the practices response.

Please refer to the Evidence Tables for further information.

Are services well-led?

At the previous CQC inspection, the practice was rated as requires improvement for providing well-led services because:

- There was improvement required in identifying, recording and managing risks, issues and implementing mitigating actions.

The practice was rated as requires improvement for providing well-led services at this inspection because:

- We found the partners and management were not always consistent when working to ensure good governance. Improvements had been made since our last inspections; however, some systems and processes needed embedding or developing.

Leadership capacity and capability

- The leadership in the practice did not always ensure improvements required had been identified and made. Staff had worked hard to make improvements since the last inspection; however, staff did not always have awareness of how other teams were working.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the wider challenges and were addressing them but they had limited knowledge in relation to the roles and performance of all practice staff.
- Staff told us leaders at all levels were visible and approachable.

Vision and strategy

The practice had a credible strategy to deliver high quality, sustainable care.

- 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 and external partners.
- The practices' strategy was "Barham & Claydon Surgery is committed to providing high quality healthcare in a responsive, supportive and courteous manner".
- Staff were aware of and understood the strategy and their role in achieving it.
- 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

- Staff that we spoke with stated they felt respected, supported and valued. They were proud to work in the practice.
- 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 and gave us examples where this had occurred.
- There were processes for providing staff with the development they need. This included appraisal and career development conversations. All staff had received an annual appraisal in the last year. However, there was not a process to monitor the performance of dispensary staff to ensure they meet the standards required. Staff were supported to meet the requirements of professional revalidation where necessary.
- Staff that we spoke with informed us that they were given opportunities to carry out additional training and develop further. A nurse practitioner was undergoing additional training at the time of the inspection in order to be able to deliver health checks for patients with a learning disability.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was an 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 felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

The responsibilities, roles and systems of accountability to support good governance and management were not always clear.

Are services well-led?

- Many of the structures, processes and systems to support good governance and management were newly implemented and needed to be embedded.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- The practice had policies and procedures in place to ensure safety. We found the practice safeguarding policy did not contain practice specific information to ensure staff had easy access to escalation routes. On the day of the inspection we were told the safeguarding lead was on maternity leave and we found that staff were unclear on who was covering this role.
- Staff demonstrated they understood their own roles and responsibilities, however, there was a lack of oversight across the practice from leaders to understand the roles and responsibilities of other key members of staff.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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.
- 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 robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were not always clear and effective processes for managing risks, issues and performance.

- Not all of the processes to identify, understand, monitor and address current and future risks including risks to patient safety were in place.
- The practice had processes to manage current and future practice performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. The performance of dispensary staff could not be demonstrated with audit of their work or competency assessments. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- The practice had implemented a programme of clinical audit, this programme was implemented after our previous inspection and the practice could only evidence the first cycle of the audits undertaken. Therefore, at the time of our inspection, these audits did not demonstrate the outcomes of improvements made.
- The practice had plans in place and had trained staff for major incidents.

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.

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. There was an active patient participation group (PPG).
- The PPG were very positive about their role within the practice and how leaders interacted with them. The PPG recently held a meeting with the practice where they suggested several options where the premises could be improved.
- The practice produced a newsletter in which they communicated important practice and healthcare information to patients. For example, in the Spring 2018 edition, the practice outlined the appointment system.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement

There were evidence of systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them. Staff were actively encouraged to attend further training.

Are services well-led?

- The practice were discussing and investigating ways to maximise the clinical skill mix within the practice to meet future demand. For example, the practice had implemented a rapid access clinic on a Monday and Thursday morning to meet the need of rising on the day appointments.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice had made improvements following the previous inspection.

Please refer to the Evidence Tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

| Regulated activity | Regulation |
|--|---|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• The practice had not improved the system and process in the dispensary to ensure near miss records contained sufficient detail to fully investigate identified lessons or trends and share learning to make improvements.• The practice did not always record the learning points from all significant events and the actions taken were not always clearly documented to ensure learning was shared with all the staff.• There was not a cohesive approach from the management team to ensure they had complete oversight of their staffs roles and performance.• The practice could not evidence that they monitored and improved quality in relation to the dispensary. For example, the practice did not undertake any regular audits, survey questions or regular assessment that dispensary staff were competent to undertake their role.• The safeguarding policy they had did not contain practice specific information to ensure staff had easy access to escalation routes. On the day of the inspection it was unclear who was covering this role. <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |