

Brandon Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Brandon Medical Practice on 31 August 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and improvements were made to the quality of care as a result of complaints and concerns.

- GPs visited local care homes in order to provide treatment for their registered patients who lived there. We spoke with staff at one of the care homes and they told us that they received 'excellent' responsive person-centred care.
- The practice had recently reviewed processes and protocols relating to governance to make improvements.
- The practice was well equipped to treat patients and meet their needs.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- Practice staff told us that they felt supported by the practice partners and management team.

The areas where the provider should make improvement are:

- Update the infection control protocol to reflect changes in practice policy in dealing with spillages.
- Continue to investigate ways to increase appointment availability.

Summary of findings

- Continue to embed, monitor, and evaluate new systems and processes that had been introduced recently. This includes, practice staff induction and training programme and infection control.
- Develop ways to increase the number of carers that the practice has registered to ensure that they receive appropriate support.
- The practice should continue to attempt to establish an active Patient Participation Group.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- The practice had recently reviewed the protocols and processes relating to significant events and there was an effective system in place for reporting and recording these.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and generally well-managed, risks surrounding prescription stationary required improvement.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) for 2014/2015 showed patient outcomes were at or above average compared to the local and national averages. The rate of exception reporting for QOF was generally similar or lower than the local and national averages. Where exception reporting was higher than the averages the practice showed us evidence they had investigated these areas and that exception reporting figures for the QOF period 2016/2017 were significantly improved.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and the practice had recently reviewed their procedures to ensure training deemed mandatory by the practice had been completed.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

- We saw evidence that health checks and reviews for patients were undertaken, although there was scope for improvement in the coding of reviews onto the practice computer system.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice higher than others for several aspects of care and in line with others. For example, 97% of patients said the last nurse they saw was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. The practice website was able to be translated into different languages and the practice translated letters, leaflets and other correspondence into languages appropriate for their patient demographic.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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. For example, the practice had taken part in a pilot scheme whereby monthly joint practice nurse and diabetic specialist nurse clinics were held for patients with diabetes who had complex needs.
- Patients said urgent and home visit appointments were available the same day but there could be a wait to see a named GP for a non-urgent appointment on occasions. Data from the national GP patient survey published in July 2016 showed that the practice performance was above average or in line when compared with the CCG or national averages. For example, opening hours, ease of telephone access and experience of making an appointment. The national GP patient survey also showed there were some areas surrounding waiting times for appointments that required improvement. For example 39% of patients said they don't normally have to wait

Summary of findings

too long to be seen compared to the local CCG average of 61% and the national average of 58%. The practice was actively monitoring these areas highlighted by the survey and was investigating ways in which they could improve.

- The practice was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence showed the practice responded quickly to issues raised. The practice had recently revised their complaints processes and protocols and had not yet carried out an audit to identify trends in complaints, however the practice did undertake monthly meetings at which complaints were discussed. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice was in the process of reviewing its vision, values and strategy following changes to a number of key staff. The practice was planning an away day in order to facilitate this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care, although the practice was in the process of reviewing many of these. The practice ensured that any changes to policies and procedures were effectively conveyed to members of staff.
- 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. For example, as a result of feedback from a patient survey the practice upgraded the practice consultation rooms.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice proactively cared for patients who lived in care homes and undertook regular visits.
- The practice ensured that for patients who were unable to visit the surgery annual reviews were carried out at the home of the patient.

Good



People with long term conditions

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

- GPs and nursing staff had lead roles in chronic disease management and the practice liaised with a specialist diabetic nurse from the local hospital to improve patient outcomes in this area.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2014/2015 showed that
- Longer appointments and home visits were available when needed.
- These patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were similar to the local CCG 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.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 82%, which was in line with the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice GPs carried out checks for new babies prior to their first immunisations.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified, and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering on line appointment bookings and repeat prescription requests as well as a full range of health promotion and screening that reflects the needs for this age group.
- Smoking cessation and NHS health checks were encouraged.
- Out of hours and weekend appointments were available through the local GP+ service held in Bury St Edmunds.
- The practice offered travel immunisations available on the NHS.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those who were homeless or have a learning disability.
- The practice offered longer appointments for vulnerable patients.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients and held monthly multidisciplinary team meetings.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

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96% of patients experiencing poor mental health had a comprehensive care plan, which was above the CCG average and national averages of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice hosted counsellors from external services to provide support for patients experiencing poor mental health. For example, counsellors from Suffolk Wellbeing service as well as a mental health link worker.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice had also arranged for staff to undertake a dementia awareness session so that the practice will become a Dementia Friendly practice.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing above or in line with local and national averages for some areas but below local and national averages in other areas. 227 survey forms were distributed and 109 were returned. This represented a 48% response rate.

- 77% of patients found it easy to get through to this practice by phone compared to the CCG average of 81% and the national average of 73%.
- 92% 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 87% and the national average of 85%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.

- 83% 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 83% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received although some mentioned that appointment times overran on occasion.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, although appointments overran on occasion but the practice did inform them if appointments were running late.

Areas for improvement

Action the service SHOULD take to improve

- Update the infection control protocol to reflect changes in practice policy in dealing with spillages.
- Continue to investigate ways to increase appointment availability.
- Continue to embed, monitor, and evaluate new systems and processes that had been introduced recently. This includes, practice staff induction and training programme and infection control.
- Develop ways to increase the number of carers that the practice has registered to ensure that they receive appropriate support.
- The practice should continue to attempt to establish an active Patient Participation Group.

Brandon Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Brandon Medical Practice

Brandon Medical Practice is situated in Brandon, Suffolk. The practice provides services for approximately 5,500 patients and operates from three separate buildings: a purpose built surgery, a wooden lodge and a former house. The house is used as the administrative base for the practice and both ground and upper floors are utilised whereas the two clinical practice buildings operate over one floor.

The practice has two GP partners (one female and one male). The nursing team includes two nurses, phlebotomist and a healthcare assistant. The management structure has recently changed and the practice now employs a practice manager, an assistant practice manager, a practice administrator and a practice secretary. A team of seven reception staff are also employed at the practice.

The practice holds a Personal Medical Services (PMS) contract.

The most recent data provided by Public Health England showed that the patient population has a lower than average number of patients from the ages of five to 29 and

35 to 44 compared to the England average. The practice had a higher than average number of patients aged 55 and over compared to the England average. The practice is located within an area of medium deprivation.

The practice was open between 8am to 6:30pm Monday to Friday. Appointments with GPs and nurses were from 9am to 11.50am every morning and from 2.00pm to 4pm every afternoon with late afternoon appointments available between 4pm and 6pm. Out of hours GP services were provided by Care UK through the 111 service. Extended appointment hours are provided by the GP+ service in Bury St Edmunds and Ipswich between the hours of 6:30pm to 9pm on weekdays and 9am until 2pm at weekends.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 31 August 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including GP's, practice nursing staff, the practice manager, pharmacist and dispensary staff and a range of reception and administration staff. We also spoke with patients who used the service. We spoke with the manager of a local care home.
- Observed how patients were being cared for and spoke with carers and/or 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.

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

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

- Is it well-led?

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice had recently reviewed the protocols and processes surrounding significant events within the practice and implemented an effective system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available. 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, detailed information, and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had recorded a significant event with regards to a vitamin B12 injection being given at eight weeks instead of 12 weeks. The practice assessed the risk to the patient and implemented processes within the practice to ensure that the error would not occur again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff

demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All staff were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place however this needed to be updated to reflect the change in practice policy in cleaning blood and bodily fluid spillages. Staff were aware of how to deal appropriately with these and had received up to date training. The practice had recently changed from undertaking annual infection control audits to monthly audits and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and disposal). The practice processes for storing, recording, and monitoring prescription stationary required improvement. For example, we found that printers were loaded with prescription paper in unlocked rooms within the surgery and external lodge and that prescription pads allocated to GP's were not recorded. Stores of blank prescription paper were recorded and locked securely. Following the inspection the practice removed the blank prescription paper from the lodge and told us they would fit locks on the clinical rooms where printers containing prescription paper were kept. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the

Are services safe?

practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer medicines against a patient specific direction from a prescriber.

- We reviewed three personnel files and found

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a poster which identified local health and safety representatives. The practice had an up to date fire risk assessment and carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella, and the practice had amended this in order to include the administrative building (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training and there were emergency medicines available in the treatment room.
- 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.
- Emergency medicines were accessible to staff in the treatment room and staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage although this required improvement as it did not include emergency contact numbers for all staff. Following the inspection the practice amended the policy to include all staff contact details and circulated copies of the amended continuity plan to key staff members.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2014/2015 were 98.7% of the total number of points available. This was 2.2% above the local CCG average and 4.1% above the national average. The practice had an exception reporting average of 10.7%, which was 1% above the local CCG average and 1.5% 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).

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

- Performance for mental health related indicators was better in comparison to CCG and the national average with the practice achieving 99% across each indicator, 7% above the CCG and national averages. The overall rate of exception reporting for these indicators was 5.1% which was lower than the CCG average of 11.7% and the national average of 11.1%.
- Performance for diabetes related indicators was similar in comparison to CCG and the national average with the practice achieving 93% across each indicator, 1% above

the CCG average and 4% above the national average. The overall rate of exception reporting for these indicators was 9.6% which was lower than the CCG average of 12.2% and the national average of 10.8 %

Performance for other indicators such as asthma, atrial fibrillation, cancer, chronic obstructive pulmonary disease, dementia, depression, epilepsy, heart failure, hypertension, learning disabilities, osteoporosis, palliative care, peripheral arterial disease, rheumatoid arthritis and secondary prevention of coronary heart disease were above or in-line with CCG and national averages. The rate of exception reporting was generally similar or lower to both the CCG and national averages. However there were several areas of exception reporting that were worse than both the CCG and national averages. For example, the exception reporting rate for chronic kidney disease was 16% compared to the CCG average of 9% and the national average of 7.5%, the exception reporting rate for heart failure was 17.4% compared to the CCG average of 10.3% and the national average of 9.3%. The exception reporting rate for chronic obstructive pulmonary disease was 20.2% compared to the CCG average of 12.2% and the national average of 12.3%. We discussed this with the practice they told us they had reviewed and improved their data coding procedures. This had resulted in the QoF exception reporting rates for 2015/2016 improving, the practice had an overall exception reporting rate of 8.8% compared to the CCG average of 9.8%.

Clinical audits had been completed in the last year and we saw evidence of two of these. They were two cycle completed audits where the improvements made were implemented and monitored. These included completed audits on antibiotic prescribing and atrial fibrillation.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included adjusting antibiotic prescribing in response to urinary tract infections.

Effective staffing

Staff had the skills, knowledge, and experience to deliver effective care and treatment, although the practice had identified that the induction programme previously used required improvement.

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice had recently reviewed their training processes to ensure that training deemed to be mandatory by the practice was completed. We found that staff had access to training to cover the scope of their work and the practice was looking to increase the scope of training available through on-line learning. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent was monitored through patient records audits.
- The practice held records for consent for minor surgical procedures. The forms used were comprehensive and included patient name, date of birth and address details, as well patient understanding of the procedure to be undertaken.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking. Patients were signposted to the relevant service and the practice was due to host weekly smoking cessation advice from a local support group.
- A dietician attended the premises on a monthly basis.

The practice's uptake for the cervical screening programme was 82% which was the same as the CCG and national averages of 82%. If, following two letters from the NHS the patient had not attended, they contacted them by telephone and sent a further letter detailing the importance of this screening. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, although the uptake of screening was lower than the CCG and national averages in some instances. For example, the percentage of females aged 50-70 who had been screened for breast cancer in the last 36 months was 71% compared to a CCG average of 78% and England average of 72% and the percentage of persons aged 60-69 who had been screened for bowel cancer in the

Are services effective?

(for example, treatment is effective)

last 30 months was 59% compared to a CCG average of 63% and an England average of 58%. The practice were aware of this and were investigating ways to improve uptake with a local lead for cancer services.

Childhood immunisation rates for the vaccinations given were similar to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 98% compared to the local CCG averages of 93% to 97% and five year olds from 84% to 98% compared to the local CCG averages of 93% to 97%.

On the day of inspection we saw that patients had access to appropriate health assessments and checks and annual reviews had been undertaken but some of these had not been correctly coded onto the practice computer system. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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 and 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.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were positive about the standard of care received although some mentioned that appointment times overran on occasions and that sometimes there was a wait to make an appointment to see a GP.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, although appointments overran on occasion but the practice did inform them if appointments were running late.

The practice did not have a patient participation group (PPG). The practice told us that they had actively attempted to recruit practice members for this and had several patients who were interested. The practice stated that they were planning to advertise to recruit more members in the near future.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Compared to the CCG or national averages, the practice was in line with or above for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.

- 89% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 97% 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%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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. Patient feedback from the comment cards we received was positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly in line with local and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 93% and the national average of 90%.

Are services caring?

- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

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. A member of staff was able to act as a translator for patients whose first language was Polish.
- Information leaflets were available in other languages.
- The practice translated letters into a language appropriate for their patient demographic groups.
- Patients were able to use the option of translating the practice website into alternative languages.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. Carers were supported by offering them health checks and referral for support organisations such as Suffolk Family Carers. The practice also ensured that appointments for carers were available at times when it was convenient for them to attend.

Staff told us that if families had suffered bereavement, their usual GP contacted them directly to offer support. The practice signposted bereaved family members to support organisations such as CRUSE (a charity set up to help and support to bereaved people) and Suffolk Well Being service. The practice was also able to direct people who required support after bereavement to other organisations including local hospices. The practice also had practical advice leaflets available on the processes of registering a death.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice held monthly shared diabetic specialist nurse clinics for patients with diabetes who had complex needs.

- The practice had a comprehensive process for triaging requests for home visits and all members of staff were aware of their responsibilities.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were longer appointments for patients who required one.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, services for carers and sexual health services. There were also displays providing information on the practice flu clinics.
- The practice was clean and well-furnished and included appropriate seating for patients who had problems with mobility.
- GPs visited local care homes in order to provide treatment for their registered patients who lived there. We spoke with staff at the care homes and they told us that that they received 'excellent' care and the practice provided responsive person-centred care.

Access to the service

The practice was open between 8am to 6:30pm Monday to Friday. Appointments with GPs and nurses were from 9am to 11.50am every morning and from 2.00pm to 4pm every afternoon with early evening appointments also available between 4pm and 6pm. Out of hours GP services were

provided by Care UK through the 111 service. Extended appointment hours are provided by the GP+ service in Bury St Edmunds and Ipswich between the hours of 6:30pm to 9pm on weekdays and 9am until 2pm at weekends.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were above local and national averages in some areas but below local and national averages in others.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average and national averages of 76%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 81% and the national average of 73%.
- 73% patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.
- 39% of patients said they don't normally have to wait too long to be seen compared to the CCG average of 61% and the national average of 58%.
- 39% of patients said they usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 64% and the national average of 65%.

When we asked the practice if they were aware of the responses around waiting times for appointments we were shown evidence that the practice was actively monitoring this area and that they had identified several areas for improvement. This included increasing the number of clinical staff available, as well as investigating ways of supporting staff.

People we spoke with on the day of the inspection told us that they were able to get appointments on the same day when they needed them but there could be a wait to see a GP of their choice for non-urgent appointments on occasions.

Listening and learning from concerns and complaints

- The practice had an effective system in place for handling complaints and concerns, although this had recently been revised and improved. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

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

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the reception area and on the practice website.

We looked at eight complaints received since April 2016 and found they had been fully investigated and responded

to in a timely and empathetic manner. The practice was monitoring the types and levels of complaints received and discussed these at monthly meetings. The practice had not yet carried out an annual analysis of complaints to identify trends due to the recent revision of the complaints processes. The practice shared findings of complaints with staff where appropriate.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had undergone a number of senior personnel changes over the past two years, including the retirement of several partners and senior staff members. The practice was planning to hold an away day whereby they could revise the practice visions, values and supporting business plans to reflect the changes that had occurred within the practice. The practice had recently employed a new practice manager and an assistant practice manager and were in the process of reviewing the practice policies and protocols to ensure that they reflected the changes within the practice.

Governance arrangements

The practice had a governance framework which supported the delivery of good quality care. We saw evidence that the practice were currently reviewing several of its policies and protocols to reflect changes that had occurred within the practice.

The framework outlined the structures and procedures in place showed 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. Staff were kept informed of revisions to policies and procedures by the practice manager.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure quality care. The partners and practice manager had identified areas that required improvement and were in the process of revising

and reviewing these. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The 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 partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment the practice gave affected people reasonable support, truthful information and a verbal and written apology

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We were told the practice held regular social events.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered recently undertaken a patient survey, displayed the results in the practice reception area and had implemented change from the results of the survey. For example, feedback from the survey suggested that the main practice building required updating so the practice upgraded the consulting rooms by installing new flooring, disposable curtains and new blinds.

The practice had also gathered feedback from staff through staff meetings, appraisals, and discussion. Staff told us they

Are services well-led?

Good 

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

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.