

Dr. R. A. Hutton & Partners

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

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 Dr R.A.Hutton & Partners also known as Reynard Surgery on 12 January 2017. Overall the practice is rated as good.

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

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced by the recently formed management team and practice staff.
- On the day of the inspection the practice was undergoing partnership changes.
- The practice had strong, visible clinical and managerial leadership. They told us that the practice systems and processes had been improved and that they were working on areas that required further improvements.
- We found that there was an open and transparent approach to safety and a system was in place for reporting and recording significant events.
- The practice used a range of assessments to manage the risks to patients but these needed to be improved, some actions identified had not been completed.
- Practice 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.
- The practice had engaged with Cancer Research UK to improve and encourage uptake on the national screening programmes.

Summary of findings

- Patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice engaged with the newly formed patient participation group (PPG). To help patients with low mobility or those who used a wheelchair, a member had undertaken a survey of the practice and as a result some changes were made.

Areas of outstanding;

- The practice employed a retired GP as a clinical co-ordinator. This staff member was responsible for managing the systems and processes to ensure that the practice met the quality and outcomes framework and maintain high quality care for the patients. This staff member was involved in the weekly clinical meetings, writing protocols, supporting the nurse lead for infection control and led on the unplanned admission service for vulnerable people. All the practice staff told us that this post had made a significant improvement to the management of the practice. The practice had clear governance structures to ensure that the partners took any clinical decisions. This staff member had attended training and was developing social prescribing (Social prescribing involves empowering individuals to improve their health and wellbeing and social welfare by connecting them to non-medical and community support services) within the practice. This was to be achieved by engaging with other agencies including voluntary and third sector.
- The practice demographics included a population of patients whose first language was not English and patients who could be marginalised, for example, from the travelling community. In addition due to the proximity of an airbase, they also looked after a number of patients with dual registration, and a number of retired service personnel. The practice did not have access to the military records of active serving personnel and therefore found this challenging at times to maintain continuity of care.

To help patients access appropriate healthcare they had translated the practice leaflets into the three most common languages, Polish, Lithuanian and Portuguese, including one on 'How to use the NHS'. Practice staff regularly helped patients who had low literacy to complete forms or to understand information that was in written form. The practice employed a nurse who had experience of working abroad and in the American Red Cross; this gave some ex-military patients and veteran's confidence to access general health care including services available for those who may be experiencing poor mental health at the practice. The practice distributed food vouchers for the local food bank.

The areas where the provider must make improvement are:

- Provide systems and processes to systematically record safety alerts to give the management team clear oversight, that alerts have been recorded, actions taken and learning shared.
- Implement systematic and regular processes to ensure that patients taking high risk medicines are monitored appropriately.
- Ensure that all staff who undertake chaperone duties receive training appropriate to the role and that a disclosure and barring check or a written risk is undertaken.
- Ensure that key dispensary staff have capacity to manage the workload delegated to them and can ensure the safe management of medicines.

The areas where the provider should make improvement are:

- Review the fire safety risk assessment and ensure that all actions are completed and that patients and staff are kept safe from harm.
- Ensure that prescription stationary is monitored effectively.
- Review the methods used to identify and record carers to ensure they have the opportunity to access support.

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 requires improvement for providing safe services.

Requires improvement



- Practice staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice used every opportunity to learn from internal incidents to support improvement. They had recently implemented systems to increase the learning from external sources. Learning was based on a thorough analysis and investigation.
- The practice had systems in place to cascade and learns from Medicines and Healthcare products Regulatory Agency (MHRA) and National Reporting and Learning System (NRLS) alerts. However, the system used to record these needed to be improved.
- Risk management was undertaken and the practice management team were embedding this into the culture of the practice and encouraging staff to recognise this as everyone's responsibility.
- The practice did not have systematic and regular processes to ensure that patients taking high risk medicines were monitored appropriately. However we reviewed medical records and found that patients had been followed up.
- The practice needed to review the staff's capacity to undertake all the medicine management work delegated to them.
- Annual infection control audits were undertaken. We saw evidence of recent audits and actions taken to address any improvements identified as a result.
- The practice had 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.
- The practice had undertaken a comprehensive safeguarding audit which clearly showed where improvements were needed, the actions required, and those that had been taken.

Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with the CCG and the national average. QOF is a system intended to improve the quality of general practice and reward good practice.
- Practice staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical and management audits were used to identify, monitor, and encourage improvement. The practice demonstrated changes to their practice as a result.
- Staff had the skills, knowledge, and experience to deliver effective care and treatment.
- 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.
- The practice was proactive in their management of patients who were at the end of their lives.
- The practice ran an effective recall system for patients. Clinical templates had been designed to ensure that all checks were undertaken at one review, saving the patient multiple attendances.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 was in line or above the CCG and national averages. It showed patients rated the practice higher than average for some aspects of care. For example, 94% of patients found the receptionist at this practice helpful; this was above the CCG average of 88% and above the national average of 87%.
- We saw practice staff treated patients with kindness and respect, maintained patient, and information confidentiality.
- Patients said they were treated with compassion, dignity, and respect and that 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 demographics included a population of patients whose first language was not English and patients who could be marginalised for example from the travelling community. In addition due to the proximity of an airbase, they also looked

Good



Summary of findings

after a number of patients with dual registration, and a number of retired service personnel. The practice did not have access to the military medical records and therefore found this challenging to maintain continuity of care.

To help patients access appropriate healthcare they had translated the practice leaflets into the three most common languages, Polish, Lithuanian and Portuguese, including one on 'How to use the NHS'. Practice staff regularly helped patients who had low literacy to complete forms or to understand information that was in written form. The practice employed a nurse who had experience of working abroad and in the American Red Cross; this gave some ex-military patients and veteran's confidence to access general health care including services available for those who may be experiencing poor mental health at the practice. The practice distributed food vouchers for the local food bank.

- We saw positive examples of care provided to patients. For example, the GPs and practice staff contacted patients at the time of their bereavement and again at three months, six months, and one year post event. The practice had developed a monitoring system to ensure that patients did not suffer from isolation at this difficult time. The practice worked with the midwives to ensure patients who had suffered the loss of a baby were supported.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The 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 operated a tele dermatology service with the local hospital.
- Patients said they found it relatively easy to make an appointment with a named GP and urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available, easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with practice staff and other stakeholders.
- The practice ran asthma clinics specifically for children outside of school hours.

Good



Summary of findings

- The practice hosted some private services such as acupuncture and hypnotherapy for those patients who wished to use these services.

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced by the recently formed management team and practice staff.
- We saw evidence that practice staff were open and transparent when things had gone wrong however minor. Learning from these events was shared with the whole practice.
- Governance and performance management arrangements had been proactively reviewed. Some of these needed further embedding or improvement.
- The system and process to manage risk needed further improvement. For example there was no log to ensure that safety alerts were received, actions taken and learning shared.
- The practice worked closely with other organisations in planning how services were provided to ensure that they not only met, but also enhanced patients' needs. For example, they worked with a mental health link worker and Quit 51 a stop smoking service.
- The practice and the patient participation group communicated well and the group considered themselves 'critical friends' of the practice.
- The practice was engaged with Cancer Research UK. This work was promoting the cancer screening programmes and encouraging uptake.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice was engaged in discussion with the district council to develop a Hub where several practices could share facilities and offer services.

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.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including hypertension, dementia, and heart failure were in line with the local and national averages.
- Information for support groups such as Age UK was available.
- The practice engaged with a team who specialised in supporting patients who were at risk of falls.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice system and processes for managing the recall systems were comprehensive. This ensured patients received appropriate and timely care with the minimum number of appointments.
- All patients who had a long term condition and recently discharged from hospital were reviewed and if appropriate discussed at the GPs weekly meeting.
- Longer appointments and home visits were available, including for long term condition reviews when needed for all patients unable to attend the practice or with a learning disability.
- All 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 in line with the national average for the standard childhood immunisations.
- Unwell children were seen as soon as possible and convenient to the parent or carer.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors, and school nurses.
- The practice had received education sessions from a consultant in child mental health.
- Specific flu immunisation clinics for children were held.
- The practice ensured that any family suffering the loss of a baby was supported.

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. The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments were available on one day a week from 7am to 8am.
- The practice offered telephone consultations for those patients that wished to seek advice in this way.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Flu clinics were held on Saturdays enabling patients to obtain their immunisation without having to take time off work.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice clinical co-ordinator (a staff member with clinical knowledge) ensured a register of patients living in vulnerable circumstances including the transiently homeless and those with a learning disability was held and maintained.
- Practice staff who had any concerns that a patient may be vulnerable referred the patient to the co-ordinator who reviewed the situation and raised the patient at the relevant clinical meeting. This ensured early intervention by clinical staff for patients whenever possible.
- The practice offered longer appointments with the named doctor for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Practice staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out-of-hours.
- The practice recognised they served a population of patients whose first language was not English. In addition to using translation services, the practice had a GP who could speak Urdu.
- The practice worked with charities, third sector, and voluntary agencies to maximise benefits for their patients. For example, they distributed vouchers for the local food bank.

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).

- The practice and practice team were dementia friendly with good signage throughout the building. Clinicians collected patients from the waiting areas; patients we spoke with valued this.
- A mental health professional attended the practice weekly to see patients with complex needs. This professional was available to the practice staff for advice.
- The practice had 28 patients diagnosed with dementia on the register. All of these patients had received an annual review. The practice told us that they were reviewing their work with this group of patients including the templates used for identifying and monitoring patients.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Practice staff had a good understanding of how to support patients with mental health needs and dementia.

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 mostly above the local and national averages. 257 survey forms were distributed and 122 were returned. This represented a 47% completion rate.

- 90% 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%.
- 91% 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%.
- 91% 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 had 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 22 completed cards, 20 were wholly positive about the care and treatment received. One was negative about receiving an appointment for a child; we discussed this with the practice. One card had mixed comments and stated it was sometimes difficult to get an appointment. We spoke with two patients during the inspection who said they were very satisfied with the care they received and thought staff were approachable, committed, and caring.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- Provide systems and processes to systematically record safety alerts to give the management team clear oversight, that alerts have been recorded, actions taken and learning shared.
- Implement systematic and regular processes to ensure that patients taking high risk medicines are monitored appropriately.
- Ensure that all staff who undertake chaperone duties receive training appropriate to the role and that a disclosure and barring check or a written risk is undertaken.

- Ensure that key dispensary staff have capacity to manage the workload delegated to them and can ensure the safe management of medicines.

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Review the fire safety risk assessment and ensure that all actions are completed and that patients and staff are kept safe from harm.
- Ensure that prescription stationary is monitored effectively.
- Review the methods used to identify and record carers to ensure they have the opportunity to access support.

Outstanding practice

Areas of outstanding;

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framework and maintain high quality care for the patients. This staff member was involved in the weekly clinical meetings, writing protocols, supporting the nurse lead for infection control and led on the unplanned admission service for vulnerable people. All the practice staff told us that

Summary of findings

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number of retired service personnel. The practice did not have access to the military records of active serving personnel and therefore found this challenging at times to maintain continuity of care.

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Dr. R. A. Hutton & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and two CQC inspectors.

Background to Dr. R. A. Hutton & Partners

The practice is situated in the village of Red Lodge Suffolk with a branch site at Mildenhall. The practice offers health care services to approximately 8,000 patients and offers consultation space for GPs, nurses and extended attached professionals including community nurses, and a mental health worker. The practice dispenses medicines to patients who live in the surrounding villages.

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

- Two (male) GP partners hold managerial responsibilities for the practice and one salaried GP (female). One advance nurse practitioner held a prescribing qualification, three practice nurses, and one healthcare assistant.
- A team of 11 administration and reception staff, led by the practice manager and assistant practice manager, support the clinical team and the clinical co-ordinator.
- The practice is open between 8am and 6.30pm Monday to Friday. With extended hours on Wednesday mornings from 7am to 8am.
- If the practice is closed, patients are asked to call the NHS111 service or to dial 999 in the event of a life threatening emergency.

- The practice has a lower than average older population and a higher than average number of young families.
- Male and female life expectancy in this area is 81 years for males and 86 years for females compared with the England average at 79 years for men and 83 years for women.

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 12 January 2017. During our visit we:

- Spoke with a range of staff including GPs, nurses, practice manager, assistant practice manager, dispensary, reception and administration staff. We spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- 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

There was an effective system in place for reporting and recording significant events.

- We reviewed safety records, incident reports, 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. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology, and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed the systems and processes used to manage safety alerts and found that these could be improved. The practice did not have a log that would assure them that all the alerts received had been reviewed and any actions identified taken.
- Staff told us they would inform the manager of any incidents either verbally or via an incident form. We saw that incidents were investigated timely and were shared at practice meetings. The incident recording supported the recording of notifiable incidents under the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The information was monitored by a designated member of staff for relevance and shared with other staff, as guided by the content of the alert. Any actions required as a result were brought to the attention of the relevant clinician(s) to ensure issues were dealt with. Clinicians we spoke with confirmed that this took place.

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 always 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. GPs were trained to child safeguarding level three. The practice had undertaken an audit of the practices' safeguarding; this audit was comprehensive with clearly identified improvements, actions taken and learning shared.

- A notice in the waiting room advised patients that chaperones were available if required. Not all staff who acted as chaperones were trained for the role and had not received either a Disclosure and Barring Service (DBS) check or a written risk assessment completed. (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).
- 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.
- We reviewed four personnel files and found that most appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body.

Medicines management

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, and disposal).
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. There was scope for the practice to improve this; the practice did not have a systematic process to ensure regular reviews. We reviewed records that showed most patients had been monitored appropriately.

Are services safe?

- The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines.
- Blank prescription forms and pads were securely stored; however there was scope to improve the systems in place to monitor their use.
- There was a named GP responsible for the dispensary, and meetings took place to discuss issues relating to dispensing procedures, policies, concerns or incidents. Appropriate records were kept of any dispensing errors and incidents were logged efficiently and reviewed promptly. This helped to ensure that appropriate actions were taken to minimise the chance of similar errors occurring again and were discussed on a regular basis with the dispensing staff. Appropriate records were maintained of significant events, actions taken and learning outcomes. Any medicines incidents or 'near misses' were recorded for learning and we saw minutes of meetings which showed that these were shared with staff for learning. We noted that sometimes staff who were not qualified dispensers provided the second checks of dispensed medicines and this had resulted in more near misses. Dispensary staff showed us a standard operating procedure which covered the dispensing process (these are written instructions about how to safely dispense medicines).
- There was a variety of ways available to patients to order their repeat prescriptions which included telephone requests to dispensary staff for vulnerable patients. Completed prescriptions were checked by a GP before they were handed to the patient. There were systems in place to ensure medicines not collected by patients were notified to GPs and where appropriate patients were telephoned to check why medicines had not been collected.
- General stock checks were carried out every three months and as and when stock was used or replenished. Medicines were stored securely and in a clean and tidy manner and were within their expiry date. The dispensary was accessible to GPs, authorised personnel only, and was locked in the evenings and at weekends.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. There were arrangements in place for the destruction of controlled drugs. Members of dispensing staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.
- Daily medicine refrigerator and dispensary room temperature checks were carried out which ensured medicines were stored at appropriate temperatures. Processes were in place to check medicines stored within the dispensary were within their expiry date and suitable for use.
- A standard operating policy was in place for the preparation of monitored dosage systems commonly known as dosette boxes (these are boxes containing medications organised into compartments by day and time in order to simplify the taking of medications). The preparation of dosette boxes was undertaken by the dispensers and checked by a second dispenser. Patients were required to sign when collecting these medicines. Unwanted and expired medication was disposed of in line with waste regulations. There was a private area available where patients could privately discuss any areas of concern or queries. The dispensary photocopied or printed information leaflets for patients in the event that these were not included in the medication packets.
- The dispensary manager and one dispenser had achieved the appropriate national vocational qualification (NVQ) level two or level three. There were five members of the dispensary team, which included the dispensary manager. All staff had undergone DBS checks (the Disclosing and Barring Service which helps employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, formerly known as Criminal Records Bureau (CRB) checks). One member of the dispensary team was undertaking their NVQ level two, another dispenser was undertaking their probation with the practice and we were told once completed would begin their NVQ course.
- On the day of the inspection we noted that the dispensary workload was high and that the staff were challenged to complete all the workload delegated to them to a high and safe standard. The staff told us when they were short staffed they used receptionists to undertake the second checks when dispensing medicines to patients. The numbers of errors reflected

Are services safe?

that a greater number of mistakes were made during these times. The dispensary manager told us they covered and supervised staff at both the main and the branch dispensary as well as managing the safety alerts and changes to medicines.

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 with a poster in the reception office which identified local health and safety representatives. The practice had undertaken a fire risk assessment but had failed to ensure all the actions identified had been carried out.
- 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. (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. Before filling any vacancies the practice management team undertook assessments of need to ensure that they maximised the opportunity to offer development to staff or change the skill mix.

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.
- All 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 was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 2015/2016 indicated the practice had achieved 97% of the total number of points available. The overall exception reporting rate was 16% which was 6% above the CCG and 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).

Data showed: The practice performance was generally in line when compared with the CCG and National averages. For example;

- Performance for asthma related indicators was 100% this was in line the CCG and national average. The exception reporting for these indicators was in line with the CCG and national average.
- Performance for diabetes related indicators was 92% and this was 4% below the CCG average and 2% above the national average for. Exception reporting for this indicator was above the CCG and national average. However, we reviewed this with the practice and we were assured that patients had been managed appropriately.

- Performance for mental health related indicators was 96% this was 3% above the CCG and national averages. Exception reporting for this indicator was 18% this was above the CCG average of 13% and the national average of 11%.
- Performance for chronic obstructive pulmonary disease was 91% this was in line with the CCG and the national average. The exception reporting for this indicator was 19% this was above the CCG average of 12% and the national average of 13%.

There was evidence of quality improvement including clinical and management audit. This was being embedded into the culture of the practice by the clinical co-ordinator. Two audits looking at the use of antibiotics had been undertaken using the Royal college of General Practitioners target toolkit.

- In November 2015 and 2016 the practice undertook an audit of minor surgical procedures completed in the practice. Recent changes to the infection control systems and process that had been implemented and their impact was reviewed in this audit. The results suggested that the practice procedures were safe.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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. Staff had access to appropriate training to meet their learning needs and to cover the

Are services effective?

(for example, treatment is effective)

scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Practice staff had received an appraisal within the last 12 months.

- Practice staff received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice was supporting dispensary staff to achieve NVQ 2 and 3 qualifications.

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, investigations, 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.

- Practice 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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

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, smoking cessation, and advice on safe levels of alcohol consumption were signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 74% which was below the CCG and the national average of 81%. The practice exception reporting rate was 2% this was below the CCG average of 5% and above the national average of 6%. There was a policy and the nursing staff telephoned reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. We discussed the results with the practice and they told us that the choice of some of their patients was not to follow the NHS system for cervical screening. They encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker for cervical screening was available.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice performance for patients who were screened for breast cancer in the last 36 months was 71% this was below the CCG average of 78% and the national average of 72%. From the same data set, the number of patients who had been screened for bowel cancer was 56% this was below the CCG average of 62% and the national average of 58%.
- The practice had reviewed their figures and had engaged with the region nurse advisor from Cancer Research UK. The practice had obtained dummy kits for bowel screening, using these nurses and GPs were able to encourage patients and show them how to take a sample. Each programme had a lead nurse to encourage patients to take part in these screening programmes.

Are services effective?

(for example, treatment is effective)

- Three out of four of the childhood immunisation rates for the vaccinations given met the 90% target. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 94% and five year olds from 88% to 93%. The practice recognised they served populations of patients whose choice for childhood immunisations varied from the NHS programme. For example those from the military personnel and from the travelling communities. The practice nurses took every opportunity to encourage uptake.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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.

- The practice worked with charities, third sector, and voluntary agencies to maximise benefits for their patients. The practice distributed food vouchers for the local food bank.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations, and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received 22 completed cards, 20 were wholly positive about the care and treatment received. One was negative about receiving an appointment for a child; we discussed this with the practice. One card had mixed comments but had stated it was sometimes difficult to get an appointment. We spoke with two patients during the inspection who said they were very satisfied with the care they received and thought staff were approachable, committed, and caring.

Results from the National GP Patient Survey showed patients felt they were treated with compassion, dignity, and respect. The practice performance was mostly positive for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% 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%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 91% 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%.

- 84% 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%.
- 93% 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 national average of 91%.
- 94% 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 and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback we received was also 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 in line with local and national averages. For example:

- 87% 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%.
- 84% 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%.
- 84% 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:

- The practice demographics included a population of patients whose first language was not English and patients who could be marginalised for example from the travelling community. In addition due to the proximity of an airbase, they also looked after a number

Are services caring?

of patients with dual registration, and a number of retired service personnel. The practice did not have access to the military medical records and therefore found this challenging to maintain continuity of care.

To help patients access appropriate healthcare they had translated the practice leaflets into the three most common languages, Polish, Lithuanian and Portuguese, including one on 'How to use the NHS'. Practice staff regularly helped patients who had low literacy to complete forms or to understand information that was in written form. The practice employed a nurse who had experience of working abroad and in the American Red Cross; this gave some ex-military patients and veteran's confidence to access general health care including services available for those who may be experiencing poor mental health at the practice. The practice distributed food vouchers for the local food bank.

- The practice staff were aware that some patients had low literacy levels and they supported patients to gain and understand information in other ways, for example pictorial or verbal.

Patient and carer support to cope emotionally with care and treatment

- Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. These were translated for those patients that needed them.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had a lower number of older patients and encouraged carers to register at every opportunity including young carers. They had identified 35 carers, under 1% of the practice population and worked with the local carers trust. We noted that the practice asked if a patient was a carer on their registration forms but this was a small section and could be overlooked.
- The practice recognised that patients were particularly vulnerable when they had suffered bereavement. The GPs and practice staff contacted patients at the time of their bereavement and again at three months, six months, and one year post event. The practice had developed a monitoring system to ensure that patients did not suffer from isolation at this difficult time. The practice worked with the midwives to ensure patients who had suffered the loss of a baby were supported and guided to the support agencies available.

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.

- There were longer appointments available for patients with a learning disability or those with complex needs.
- 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 required a same day consultation.
- The practice worked closely with community midwives, mental health link workers and promoted provision of these services from the surgery premises where possible.
- There were disabled facilities, which had been reviewed by the PPG members, a hearing loop was not available, but practice staff described how they would communicate with patients who had a hearing impairment. Translation services were available.

Access to the service

- The practice was open between 8.00am and 6pm Monday to Friday. Extended hours were offered from 7.00am on Wednesday mornings.
- Pre booked appointments were available six weeks in advance
- The practice managed demand for appointments on a daily basis; GPs would extend or add in additional appointments as required.
- Patients were able to receive telephone advice from GPs and nurses if they wished to seek advice this way.
- Text reminders were sent, this included for those when the patient had not attended their appointment. The practice told us that this had been very useful, particularly when appointments for baby immunisations had been missed. They found that parents usually contacted the practice immediately after they had received the text and the nurses offered another appointment that day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG and the national averages of 76%.
- 90% 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%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available in the waiting room, website and practice leaflet to help patients understand the complaints system

We looked at two complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way and with openness and. Lessons were learnt from individual concerns, complaints and from an analysis of trends. Actions were taken as a result to improve the quality of care.

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 a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced by the recently formed management team and practice staff.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- 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 arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions. However these needed to improved, some actions identified had not been completed.
- We noted that the systems to manage the monitoring of patients who may be taking high risk medicines and the oversight of safety alerts needed to be improved. The systems in place were not systematic or undertaken on a regular basis.
- We noted and a one member of staff told us they had responsibility for managing medicines, and safety alerts and that their workload was high. They told us they would benefit from more clinical support in their role. We reviewed patient's records and we were assured that patients were safe.

Leadership and culture

- On the day of the inspection the practice was undergoing partnership changes.

- The practice had strong and visible clinical and managerial leadership. They told us that the practice systems and processes had been improved and that they were working on areas that required further improvements.
- Practice staff told us that they had been challenges with the introduction of a new partnership and management structure. Practice staff told us that 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). This included support training for all staff on communicating with patients about notifiable safety incidents. 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 and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- A daily meeting for all the doctors took place to ensure they had an opportunity to seek peer review, organise home visits and share any information.
- The partners and management regularly reviewed the staffing levels and skill mix and took each opportunity to ensure that these were maximised to benefit the patients.
- Practice staff told us the practice held regular team meetings; minutes were available to all staff.
- Practice 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.
- Practice staff said they felt respected, valued and supported, particularly by the partners in the practice.

Are services well-led?

Good 

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

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 actively engaged with their PPG, the PPG members told us that they were 'critical friends' of the practice and were able to put their thoughts to the management team. We met with three members of the patient participation group (PPG); they told us they had recently recruited ten new members taking the membership to seventeen. One member was a community first responder and had given the group a talk which included topics such as the role of the community first responder and medical terminology. Two members of the group undertook a review of the practice premises from the view point of a person with disabilities. As a result the practice had made changes, for example lowering mirrors in the toilets.

- The practice had gathered feedback from staff generally through staff meetings, appraisals, and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Practice staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus of improvement in the practice. The practice recognised that the new management structure would continue to drive improvement and embed changes into the culture of the practice both for clinical and non-clinical aspects of care.

The practice told us that further population growth was planned for the area; the GPs recognised that resourcing this ensuring best skill mix and premises would be necessary.

The practice was engaged with Forest Heath District Council as part of a project 'Mildenhall Hub' to share services and facilities with other practices.

With the drive of the clinical co-ordinator, the practice was keen to explore alternative services such as social prescribing, osteopath and chiropractor.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <ul style="list-style-type: none">• The systems and processes to systematically record safety alerts to give the management team assurance that all alerts had been recorded, actions taken and learning shared needed to be improved.• The practice did not have systematic and regular processes to ensure that patients taking high risk medicines were monitored appropriately.• Not all staff who undertook chaperone duties had received training appropriate to the role and had a disclosure and barring check or a written risk assessment completed.• The workload of key staff had not been reviewed to ensure they had capacity to undertake work delegated to them to ensure that the management of medicines would keep patients safe from harm.