

Cutlers Hill Surgery

Quality Report

Cutlers Hill Surgery
Bungay Road
Halesworth
Suffolk
IP19 8SG

Tel: 01986 874618

Website: <http://www.cutlershillsurgery.co.uk>

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

Ratings

Overall rating for this service

Requires improvement



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?

Requires improvement



Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement overall.
(Previous inspection report published 17 September 2015
- Good)

The key questions are rated as:

Are services safe? - Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires improvement

As part of our inspection process, we also look at the
quality of care for specific population groups. The
population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires
improvement

Families, children and young people – Requires
improvement

Working age people (including those recently retired and
students – Requires improvement

People whose circumstances may make them vulnerable
– Requires improvement

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

We carried out an announced comprehensive inspection
at Cutlers Hill Surgery on 12 March 2018 as part of our
regulatory functions.

At this inspection we found:

- There was an effective system for recording, reporting, investigating and learning from significant events. However, the monitoring of identified learning to completion, was not always documented.
- The practice had good systems for monitoring patients on high risk medicines; medicines which require additional monitoring.
- The system in place for checking emergency medicines and equipment was not effective. Checks had not been documented since December 2017. We found three medicines, and equipment which was out of date. A GP partner confirmed during the inspection that these medicines and equipment had now been disposed of.
- The practice had some systems to manage risk so that safety incidents were less likely to happen. However, risk assessments were not all up to date and identified actions were not all documented, reviewed and monitored to completion.
- The practice provided a minor injury service for registered, non-registered patients and temporary residents.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that

Summary of findings

care and treatment was delivered according to evidence-based guidelines. Weekly, monthly and informal meetings were held where patients were reviewed with a range of other clinicians.

- Staff were encouraged and given opportunities to develop and provided protected time and training to meet their needs and the needs of the service. The practice had a spreadsheet of staff training; however this was not up to date and made it difficult to have oversight and assurance that staff received all training appropriate to their roles.
- Support and monitoring was in place for the nursing staff which included those with advanced roles. Three dispensary and six non-clinical staff had not received an annual appraisal in the previous year, although these had been re-booked for seven of the staff.
- Results from the July 2017 national GP patient survey were in line with and above the Clinical Commissioning Group (CCG) and national averages for patients being treated with compassion, dignity and respect, being involved in decisions about their care and treatment and satisfaction with how they could access care and treatment. Feedback from care home representatives, and patients we spoke with and received comments from supported these findings.
- Information on the complaints process was available for patients at the practice and on the practice's website. There was an effective process for responding to, investigating and learning from complaints. However, the monitoring of identified learning to completion, was not always documented. Responses to patients were timely; however they did not detail information about escalating complaints to the Parliamentary and Health Service Ombudsman.
- Leaders had the capacity and skills to deliver high-quality, sustainable care. They were

knowledgeable about issues and priorities relating to the quality and future of services. However, the practice did not have a documented vision, set of values or strategy.

- Staff told us they were happy to work at the practice, received training for their role and were encouraged to raise concerns and share their views.
- There was a focus on learning and improvement within the practice. The practice was a training practice for GP trainees. (A GP trainee is a qualified doctor who is training to become a GP). It was also a teaching practice for medical and nursing students.
- One of the GP partners had developed a computerised system to ensure that blood tests were requested appropriately according to clinical need and not repeated unnecessarily. This work had been shared with the Clinical Commissioning Group (CCG) with a view to sharing it more widely.

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

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

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

- Develop an effective system to give oversight and assurance that staff receive all training appropriate to their roles and receive an annual appraisal.
- Continue with plans encourage uptake of annual health checks for people with a learning disability.
- Information about the Parliamentary and Health Service Ombudsman should be included in all complaint response letters.

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

Key findings

Areas for improvement

Action the service **MUST** take to improve

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

Action the service **SHOULD** take to improve

- Develop an effective system to give oversight and assurance that staff receive all training appropriate to their roles and receive an annual appraisal.

- Continue with plans encourage uptake of annual health checks for people with a learning disability.
- Information about the Parliamentary and Health Service Ombudsman should be included in all complaint response letters.

Cutlers Hill Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Cutlers Hill Surgery

- The name of the registered provider is Cutlers Hill Surgery. The practice address is Bungay Road, Halesworth, Suffolk, IP19 8SG.
- There are approximately 10,500 patients registered at the practice living in the rural Suffolk town of Halesworth and the surrounding villages.
- The practice is registered to provide diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.
- The practice has a General Medical Services (GMS) contract with the local Clinical Commissioning Group (CCG).
- The practice has six GP partners, (three male and three female) who hold managerial and financial responsibility for the practice. The nursing team includes one nurse practitioner, six practice nurses, of which three are currently completing nurse practitioner training, one healthcare assistant and one urgent care practitioner. There is a practice manager and an information technology manager. A reception office manager leads a team of administration and reception staff, and a lead medical secretary, leads a team of three medical secretaries. A dispensary manager leads a team of dispensers.
- The practice provided a minor injury service for registered, non-registered patients and temporary residents.
- The practice was able to offer dispensing services, to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.
- District nurses and the community matron were based at the practice.
- The practice is a training practice for GP trainees. (A GP trainee is a qualified doctor who is training to become a GP). It is also a teaching practice for medical and nursing students. The practice did not have any GP trainees or medical students based at the practice at the time of the inspection.
- The practice website is <http://www.cutlershillsurgery.co.uk>
- The practice is open between 8am to 7pm Monday to Thursday and between 8am to 6.30pm on Fridays. The practice opens one Saturday a month from 8.30am to 11.30am.
- When the practice is closed, IC24 provides the out of hours service; patients are asked to call the NHS 111 service to access this service, or to dial 999 in the event of a life threatening emergency.
- The practice has a below average number of patients between the ages of 0-18, and an above average number of patients aged 65 and over, compared to the national average. Male and female life expectancy in this area is in line with the England average at 81 years for men and 84 years for women. Income deprivation affecting children is 15%, which is below the England average of 25% and above the CCG average of 20%. Income deprivation affecting older people is 15% which is in line with the England average of 17% and the CCG average of 16%.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for safe. The practice was rated as requires improvement for providing safe services because:

- The system for checking emergency medicines and equipment had not been documented since December 2017 and was not effective. We found three medicines and equipment which were out of date.
- Effective governance systems were not in place for assessing health and safety risks within the practice.

Safety systems and processes

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

- Safety policies were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. Safeguarding information displayed within the practice outlined clearly who to go to for further guidance. There was a lead and a deputy lead GP for safeguarding and staff we spoke with were aware of those with lead roles. Staff were trained in safeguarding to a level appropriate to their role. GPs and nurses were trained in child safeguarding to level three.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Children at risk were identified and discussed on a weekly basis at the partner's meeting and on a monthly basis at the multidisciplinary meeting. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, at recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Nurses acted as chaperones and had received a DBS check.
- There was an effective system to manage infection prevention and control. There was a GP lead for infection control. Cleaning schedules were in place and checks were documented. Control of Substances Hazardous to Health (COSHH) information sheets were available. Actions had been taken following an annual infection control audit in September 2017. For example, worn chairs had been disposed of and replaced in the waiting room. Four GPs were out of date with their infection control training, as this was cancelled due to the recent snowy weather. This had been rebooked for 13 April 2018. Two nurses and four dispensing staff were overdue infection control training. This was booked for 27 March 2018. Six non-clinical staff were out of date and planned to complete this training online. Infection control was a standing agenda item at staff meetings and information was shared with staff on an ongoing basis. There were systems for managing healthcare waste, however a healthcare waste audit completed on 26 January 2018, with identified actions had been filed and not shared with the GP partners. We were informed that this had been an oversight and it would be shared and action taken if appropriate.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. GPs covered planned and unplanned absences of colleagues where possible in order to maintain continuity for patients. Other clinical and non-clinical staff were multi skilled, in order that they could provide cover for other roles within the practice.
- There was an effective induction system for permanent and temporary staff tailored to their role. This included an induction pack for GP locums.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Guidelines were available for staff. They knew how to identify and

Are services safe?

manage patients with severe infections, for example sepsis. Following a significant event at the practice, the practice further improved their response to managing emergencies. They developed an 'emergency flow chart' which detailed roles and responsibilities of staff when responding to an emergency situation, had purchased a portable privacy screen and changed the location of the emergency trolley to a more central location.

- When there were changes to services or staff the practice assessed and monitored the impact on safety. For example, as part of establishing a 'same day' team to respond to requests for urgent appointments, a GP closely monitored and reviewed the work of the nurses. This was to demonstrate competency in 10 patient cases, for each of the 10 clinical areas identified as being necessary for undertaking this role.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information and a system was in place to track that referrals had been received.

Appropriate and safe use of medicines

The practice had systems for appropriate and safe handling of medicines; however we found some emergency medicines and equipment which were out of date.

- The practice had a weekly checking and recording system for emergency medicines and equipment and medical gases. These checks had not been documented since December 2017. We checked the emergency medicines and equipment and found that three medicines, and equipment had passed their expiry date. Hydrocortisone had expired in August 2017, ventolin for injection had expired in January 2018, adrenaline had expired in November 2017, some needles had expired in March 2017 and steret swabs had expired in March 2016. We raised this with one of the GP partners who confirmed during the inspection that these medicines

and equipment had now been disposed of. Records were kept of checks on refrigerator temperatures and staff knew what to do if refrigerators were out of temperature range. The practice kept prescription stationery securely and monitored its use.

- The practice had a system in place to check that patients prescribed high risk medicines were monitored appropriately. High risk medicines require regular blood monitoring before they are re-prescribed. We reviewed searches and a sample of the care records of patients prescribed warfarin and lithium. We found appropriate monitoring was in place.
- Staff prescribed, administered and supplied medicines to patients and gave advice on medicines in line with current national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. Trained dispensary staff carried out dispensing review of the use of medicines (DRUMs).
- We spoke with representatives from the 3 care homes where patients were registered with the practice and they confirmed that patients' medicines were reviewed appropriately.
- The percentage of antibiotic items prescribed that were Co-Amoxiclav, Cephalosporins or Quinolones was 10%, which was above the Clinical Commissioning Group (CCG) and national average of 9%. The practice were aware of this and were meeting with the CCG on a monthly basis to work on their areas of higher than average prescribing.
- Arrangements for dispensing medicines at the practice kept patients safe. There was a named GP responsible for the dispensary. Prescriptions were signed before medicines were dispensed and handed out to patients. Access to the dispensary was restricted to authorised staff only. Due to the rural practice area, remote medicine collection points had been established, where patients could collect their medicines. Risk assessments had been undertaken to ensure this service was provided in a safe way. The dispensary held a range of standard operating procedures which were regularly reviewed and updated.

Are services safe?

Track record on safety

The practice had some systems in place for assessing and monitoring safety, however risk assessments were not all up to date and identified actions were not all documented and monitored to completion.

- The most recent health and safety risk assessment at the practice had been completed in February 2015. The identified actions on the action plan had not all been documented as completed. We were advised that the action plan was not used and that a monthly walkaround was undertaken to check health and safety and a book for staff to record any health and safety issues they identified. However, there was no documented evidence of the monthly walkarounds and the health and safety book did not always demonstrate that identified issues had been resolved.
- The practice had a risk assessment for legionella which was completed in 2011, with a suggested review date of 2013. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice advised that they had sought advice about completing another risk assessment and had been advised this was not necessary, based on their circumstances. The practice were not able to provide documented evidence of this decision. Documented checks of water temperatures, flushing of infrequently used outlets and cleaning of the shower heads was undertaken.
- Arrangements were in place for the monitoring and documentation of checks associated with fire safety. The practice had a fire drill in June 2017 and learning points had been considered.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Dispensary incidents and near misses were reported using the same systems, so they were reviewed by the GP partners. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong.
- The practice learned, shared lessons and took action to improve safety in the practice. For example, the practice undertakes a three monthly search for patients who are prescribed warfarin to ensure the correct tests have been organised. However, the monitoring of identified learning to completion, was not always documented. The practice were aware of trends, for example with needlestick injuries. They searched all patients with diabetes who used needles for monitoring and managing their condition and provided them with a sharps box. Staff were informed not to accept needles from patients which were not stored in a sharps box and the needlestick injury policy was discussed with staff.
- There was a system for recording and acting on safety alerts, which included Medicines and Healthcare Regulatory Agency (MHRA) alerts. Safety alerts were logged, shared and initial searches were completed and the changes effected. The practice learned from external safety events and patient safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients received a full assessment of their needs. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.

Older people:

- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were in line with and below the local and national averages.
- 71% of patients with heart failure were treated with two medicines which was below the CCG average of 92% and the national average of 93%. The exception reporting was 22% which was above the CCG average of 18% and the national average of 15%. There were low patient numbers in this group which accounted for the lower achievement due to patient preference. We reviewed the records of two patients who had been excepted and found it to be appropriate.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. This included a review of medication. Vulnerable and frail patients were reviewed during monthly multidisciplinary meetings. District nurses and the community matron were based at the practice, so discussions were also undertaken opportunistically.
- The practice had a discharge coordinator who contacted patients who had been discharged from

hospital to check for any concerns or issues related to their hospital stay. For example, they checked medicines, helped to arrange sick notes and liaised with the patient's GP when necessary.

People with long-term conditions:

- Nationally reported data showed that outcomes for patients with long term conditions, including, diabetes, asthma, COPD, hypertension and atrial fibrillation were in line with the local and national averages.
- Patients with long-term conditions had a structured review, at least annually, to check their health and medicines needs were being met. For patients with the most complex needs, clinicians worked with other health and care professionals to deliver a coordinated package of care.
- Patients with complex diabetes were referred to the specialist diabetes service, which held a clinic at the practice once every two weeks.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- 92% of patients with long term conditions who were recorded as current smokers, had a record of an offer of support and treatment. This was comparable to the CCG average of 96% and the national average of 97%.

Families, children and young people:

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- We saw positive examples of joint working with midwives and health visitors. GPs met with the health visitor once a month. A midwife held a weekly clinic at the practice. Postnatal checks were completed for new mothers and babies.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given showed a mixed picture in relation to the target percentage of 90% or above. For example, rates for the vaccines given to one year olds was 100%, for two year olds ranged from 88% to 93% and for five year olds from 90% to 97%. The practice achieved 88% for the measles, mumps and rubella immunisation (MMR) There was appropriate follow up of children who did not attend for their immunisations, which included liaising with the health visitor when appropriate.

Are services effective?

(for example, treatment is effective)

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme. The practice encouraged attendance for cervical smears. Information from Jo's cervical cancer trust (a national UK charity) was provided in the female toilets at the practice and was included in the January 2018 practice newsletter.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks which included NHS checks for patients aged 40-74 and new patient checks. In the previous 12 months, the practice had offered 492 patients an NHS health check and 580 had been completed as these had also been offered opportunistically to patients in the eligible group. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- Annual health assessments for people with a learning disability were undertaken by the practice nurse. The practice had 32 patients with a learning disability on their register. 23 patients had received a learning disability health check. One patient had declined a health check, two patients were due for their review in March 2018 and six patients had not responded to written invitations. The practice manager advised that they planned to contact patients by telephone before their appointment to encourage attendance.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability or mental health needs.

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

- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months.

This was comparable to the CCG average of 80% and the national average of 84%. The exception reporting was 5%, which was below the CCG average of 9% and the national average of 7%.

- 91% of patients with a new diagnosis of dementia had specific blood results recorded, which was in line with the CCG average of 82% and the national average of 88%. The exception reporting was 52%, which was above the CCG average of 19% and the national average of 23%. 2017 to 2018 unverified data from the practice showed that the current exception reporting was 13%.
- The practice were able to refer patients to a mental health link worker who saw patients at the practice.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice had completed two, two cycle audits. One audit reviewed patients who were prescribed a proton pump inhibitor, which is a medicine for treating excess acidity in the stomach, and whether their blood magnesium levels were checked. The first audit in February 2017 showed that 24 out of 297 patients had their blood magnesium levels checked. This number had improved to 163/293 patients when the audit was repeated in March 2018. The practice planned to continue to improve the number of patients who had received checks and audit in another years time.

The most recent published Quality Outcome Framework (QOF) results (2016 to 2017) were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 81% and the national average of 96%. The overall exception reporting rate was 9%, compared with the local CCG average of 13% and the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- 92% of patients with newly diagnosis diabetes were referred to a structured education programme, which was in line with the CCG average of 90% and the national average of 91%. The exception reporting was

Are services effective?

(for example, treatment is effective)

5% which was below the CCG average of 35% and the national average of 25%. The practice explained the low exception was due to enthusiastic nurses who proactively encouraged attendance.

- 100% of patients aged between 50 and 74 with osteoporosis were treated with an appropriate medicine. This was above the CCG average of 89% and the national average of 86%. The exception reporting was 80% which was above the CCG average of 12% and the national average of 13%. There were low patient numbers in this group. We reviewed the records of three patients who had been excepted and found it to be appropriate.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet their needs. Staff were encouraged and given opportunities to develop. The practice had a spreadsheet of staff training; however this was not up to date and made it difficult to have oversight and assurance that staff received all training appropriate to their roles.
- The practice provided staff with ongoing support. This included one-to-one meetings, appraisals, mentoring, clinical supervision and support for revalidation. Staff had not all received an annual appraisal. Three dispensary staff and four non-clinical staff had not received an appraisal, although these had been rebooked. Two non-clinical staff were overdue an appraisal and this had not been rebooked.
- Support and monitoring was in place for the nursing staff. The practice reviewed the competence of staff employed in advanced roles, including those who were studying to become advanced nurse practitioners and this process was documented.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The practice offered a smoking cessation service to patients.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. Information on self-care was promoted in the January 2018 practice newsletter.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking and keep antibiotics working campaigns.
- 80% of females between the ages of 50 and 70 had been screened for breast cancer in the preceding 36 months. This was above the CCG average of 72% and the national average of 73%.
- 67% of patients had been screened for bowel cancer in the preceding 30 months. This was above the CCG average of 60% and the national average of 58%.
- Three members of the Practice Participation Group (PPG) had received training to support free health walks in the local area. Further information regarding these walks was provided in the practice and in the January 2018 practice newsletter. A PPG representative advised that these were also advertised in local village magazines.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- One of the GPs at the practice, who had recently left, used to undertake minor surgery. The practice were not currently undertaking minor surgery and had not decided whether this was something they were going to undertake. The practice did not have a copy of the previous minor surgery audit.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, and social needs.
- The practice gave patients timely support and information.
- All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. All of the three patients we spoke with gave positive feedback in this area.
- We received positive feedback from representatives from the three care homes where patients were registered at the practice in relation to ensuring privacy was maintained and patients being treated with kindness and respect.
- The most recently published NHS Friends and Family Test (FFT) data from November 2017, showed from the 35 responses received, 94% of patients would recommend the practice. (The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed).

Results from the July 2017 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 221 surveys were sent out and 128 were returned. This was a 58% response rate and represented just over 1% of the patient population. Results were in line with and above local and national averages:

- 97% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 98% of patients who responded said the GP gave them enough time compared with the CCG average of 88% and the national average of 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 96% and the national average of 95%.

- 94% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 87% and the national average of 86%.
- 96% of patients who responded said the nurse was good at listening to them compared to the CCG average of 93% and the national average of 91%.
- 93% of patients who responded said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 92% and the national average of 91%.
- 95% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

Involvement in decisions about care and treatment

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

- The practice patient information leaflet and new patient health questionnaire were available in large print on the practice's website.
- Interpretation services were available for patients who do not have English as a first language.
- Staff communicated with people in a way that they could understand. The practice had a hearing loop.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers, through asking this on the new patient registration form and having information in the waiting room. The discharge coordinator identified patients who were carers

Are services caring?

or who had carers and sent information to invite them to register. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 254 patients as carers which was nearly 2.5% of the practice list.

- Staff told us that they would consider the needs of carers when booking appointments for patients who were or had carers. One carer we spoke with confirmed that this happened.
- The practice was responsive to the needs of patients and carers who used the Rayner Green Centre. This is a day care centre on the same site as the GP practice, for assessment and intervention for patients and their carers, to prevent hospital or residential care admission. The practice provided same day appointments for carers and patients whilst they were attending this centre.
- The Alzheimer's Society booked a room at the practice every week to offer support to people with dementia and their carers.
- Staff told us that if families had experienced bereavement, the practice contacted the relatives by letter, phone or a visit, depending on the circumstances. They offered their condolences and an appointment at the practice, if this was appropriate. We saw evidence of this. All patient deaths were reviewed and discussed at a multidisciplinary team meeting.

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 and above local and national averages:

- 100% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 89% and the national average of 86%.
- 95% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 85% and the national average of 82%.
- 96% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 88% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 88% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a more private area or room to discuss their needs. There was a notice available to advise patients that this could be requested.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and improved services in response to those needs. For example, the practice provided a minor injury service for registered, non-registered patients and temporary residents. This was due to the rural location of the practice and the difficulty and distance for patients to travel to a minor injury unit.
- The practice supported the local volunteer bus service and offered free medical assessments for volunteer bus drivers.
- Reception staff supported vulnerable patients with arranging and booking transport.
- The practice offered their meeting room to other organisations to see patients for whom it was a more convenient location to meet. Halesworth volunteers were available at the practice twice a month and offered services such as a befriending service.
- The practice opened between 8am to 7pm Monday to Thursday and between 8am to 6.30pm on Fridays. The practice opened one Saturday a month from 8.30am to 11.30am.
- The practice offered catheterisation for patients with acute retention of urine, due to the rural locality of the practice.
- Care and treatment for patients approaching the end of life was coordinated with other services. The practice referred patients to the Halesworth Community Nursing Care Fund, who provided additional funding to support the care of patients at the end of their life.

Older people:

- All these patients had a named GP.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

- GPs undertook at least weekly visits to three care homes where patients were registered at the practice. The frequency of the visits was responsive to the needs of the patients.

People with long-term conditions:

- Patients with long term conditions were able to obtain urgent appointment the same day.
- Patients with long term conditions who lived in care homes were reviewed by a GP during scheduled visits to the practice.
- The practice liaised with the local district nursing team and community matron to discuss and manage the needs of patients with complex medical issues.
- The practice had 24 hour blood pressure monitors, 24 hour electrocardiogram machines and weekly blood pressure monitors, which it loaned to patients to help investigate and manage their condition.
- Patients with multiple long-term conditions were reviewed at one appointment where possible and consultation times were flexible to meet each patient's specific needs.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who did not attend for hospital appointments.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- 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.

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

- The needs of these patients had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered face to face and telephone consultations between 6.30pm and 7pm

Are services responsive to people's needs?

(for example, to feedback?)

Monday to Friday and from 8.30am to 11.30am, one Saturday a month. This supported patients who were unable to attend the practice during normal working hours.

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances make them vulnerable:

- There were systems to identify and follow up patients with a learning disability who had not attended hospital appointments.
- The practice offered longer appointments for patients with a learning disability. The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- DIAL, a charity for disabled people and their supporters, were based at the practice once a month and offered appointments and a drop in service. They provided support and advice and helped patients with completing forms.
- Turning Point, who provide drug and alcohol support services, saw patients at the practice when this was more convenient for the patient.

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

- There were systems to identify and follow up patients with mental health needs and dementia who had not attended hospital appointments.
- Ten clinical and non-clinical staff had attended dementia friends training.
- The practice provided information for patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The Alzheimer's Society booked a room at the practice every week to offer support to people with dementia and their carers.
- The practice referred patients to a local counsellor who provided counselling on the NHS to patients, which included those with a range of mental health needs.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use. Patients were able to book appointments in person, by telephone or on line.
- The practice audited their appointments, where patients did not attend (DNA). In November 2016, they had 144 DNA appointments. In response to this, they introduced a text messaging appointment reminder service in March 2017. In July 2017, the number of DNA appointments was 92, and in January 2018 it was 77. The practice continues to ask patients for up to date contact information, promote the use of the online appointment service and display the number of DNA appointments in the practice.

Results from the July 2017 national GP patient survey showed that patients' satisfaction with how they could access care and treatment was in line with or above the local and national averages. 221 surveys were sent out and 128 were returned. This was a 58% response rate and represented just over 1% of the patient population. The three patients we spoke with, 17 of the 19 CQC comments cards we received, and observations on the day of inspection were positive in relation to satisfaction levels in relation to accessing care and treatment. Comments from two of the CQC comments cards related to the wait to get an appointment and getting an appointment with a specific GP. Representatives from care homes were satisfied with how they could access care and treatment for registered patients.

- 82% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 76%.
- 85% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 77% and the national average of 71%.
- 89% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 88% and the national average of 84%.
- 88% of patients who responded said their last appointment was convenient compared with the CCG average of 84% and the national average of 81%.

Are services responsive to people's needs?

(for example, to feedback?)

- 83% of patients who responded described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 74% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 64%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately. It improved the quality of care in response to complaints and concerns.

- Information about how to make a complaint or raise concerns was available and it was easy to do this. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice had received seven

complaints from April 2017 to March 2018. We reviewed two complaints which had been received since April 2017 and found that they were satisfactorily handled in a timely way. However, information about the Parliamentary and Health Service Ombudsman was not included in all complaint response letters. The practice agreed to add this to future response letters.

- The practice learned lessons from individual concerns and complaints and acted on the results to improve the quality of care. However, the monitoring of identified learning to completion, was not always documented and some of the learning could have been shared more widely. For example, following discussion of one complaint in the partners meeting, identified learning included obtaining adequate information before actioning requests from a patient for a telephone call. This learning was not shared with other relevant staff in the practice. The practice advised that they reviewed complaints to identify trends at the GP partners meetings.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing well led services. The practice was rated as requires improvement for providing well led services because:

- The practice did not have a documented vision, set of values or strategy.
- The monitoring of identified learning to completion, was not always documented for significant events and complaints.

Leadership capacity and capability

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

- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the practice were supporting three practice nurses to complete advanced nurse practitioner training. They had also employed an urgent care practitioner and were using their skills to undertake home visits, under the direction of a GP, to ensure the most efficient use of GP resources.
- Leaders at all levels were visible, approachable and they worked closely with staff.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. One of the partners was currently completing a 'Leadership for Clinicians' course.

Vision and strategy

The practice did not have a documented vision, set of values or strategy. They advised that they discussed for example, different ways of working and recruitment, although they had not got any documented evidence to demonstrate this. Following the inspection, the practice advised that they were meeting to discuss the vision of the practice on 14 March 2018.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud and happy to work in the practice.
- The practice focused on the needs of patients.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Positive feedback had been received from relatives, following a significant event at the practice. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. However, three dispensary and six non-clinical staff had not received an annual appraisal in the previous year, although these had been re-booked for seven of the staff.
- All clinical staff were considered valued members of the practice team. They were given protected time for professional development, undertaking lead roles and evaluation of their clinical work. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice had been holding monthly department lead meetings for the past three months to support and facilitate communication and working across staff teams. This was implemented as a result of a leadership course undertaken by one of the GP partners.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Structures, processes and systems to support good governance and management were in place, although these were not always effective

- The practice had an organisational chart which detailed the staff members in each department and who they reported to. Information was also displayed to inform staff of GPs and nurses with lead roles.
- Staff were clear on their roles and accountabilities, which included staff in lead roles. Staff we spoke with were aware of those with lead roles.

Are services well-led?

Requires improvement 

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

- The practice had a system in place to record staff training; however this was not up to date to give oversight and assurance that staff received all training appropriate to their roles and needs.
- Systems put in place to check emergency medicines and equipment had not been followed and this had not been identified by staff in the practice. We found three medicines, and equipment which was out of date.
- Practice leaders had established policies and procedures. The practice had a 'surgery bible' where a paper copy of policies and procedures, guidance, practice information and useful information was kept for reference by staff. This information was also kept on the practice's computer system and was available for all staff.

Managing risks, issues and performance

There were processes in place for managing risks, issues and performance; however risks were not always managed effectively.

- There was a process to identify, understand, monitor and address current and future risks, which included risks to patient safety.
- Risk assessments were not all up to date and identified actions were not all documented, reviewed and monitored to completion.
- The practice had processes to manage current and future performance. The practice reviewed the competence of staff employed in advanced roles, including those who were studying to become advanced nurse practitioners and this process was documented.
- Practice leaders had oversight of Medicines and Healthcare Products Regulatory Agency (MHRA) alerts, significant incidents, and complaints. However the monitoring of identified learning to completion, was not always documented.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to resolve concerns and improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. For example, one of the GP partners had developed a computerised system to ensure that blood tests were requested appropriately according to clinical need and not repeated unnecessarily. This work had been shared with the Clinical Commissioning Group (CCG) with a view to sharing it more widely.
- The practice submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A range of patients', staff, the public and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice had noted that some patients had commented that they were unable to get appointments or get through on the phone. Over a two week period in February 2018, the practice reviewed their appointment availability and found that on eight of the ten days, there were appointments available, although on two days there were no routine appointments left at the end of the day. The practice were establishing an 'on the day' team to respond to urgent requests in order to leave more routine appointments available.
- There was an active patient reference group, with two way engagement and communication with the practice.

Are services well-led?

Requires improvement 

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

For example, following a suggestion, the notice boards at the practice had been reviewed so that information displayed was clearer for patients to access. The PPG were currently working on developing an information resource on accessing public and volunteer based transport services, as this was a specific difficulty for patients registered at the practice.

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

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement within the practice.
- The practice is a training practice for GP trainees. (A GP trainee is a qualified doctor who is training to become a GP). It is also a teaching practice for medical and nursing students. The practice did not have any GP trainees or medical students based at the practice at the time of the inspection.
- The practice made use of internal and external reviews. Learning was shared and used to make improvements.
- The practice took part in NHS supported research studies. They were currently involved in iQuit; a smoking cessation study which provided text messaging support.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA (RA) Regulations 2014 Good Governance.</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <ul style="list-style-type: none">• The system in place for checking emergency medicines and equipment was not effective. Checks had not been documented since December 2017. We found that hydrocortisone had expired in August 2017, ventolin for injection had expired in January 2018, adrenaline had expired in November 2017, some needles had expired in March 2017 and steret swabs had expired in March 2016.• Risk assessments, which included health and safety, legionella and infection control were not all up to date and identified actions were not all documented, reviewed and monitored to completion.• The monitoring of identified learning to completion, was not always documented for significant events and complaints. <p>There was additional evidence of poor governance. In particular:</p> <ul style="list-style-type: none">• The practice did not have a documented vision, set of values or strategy.