

# Mount Farm Surgery

## Quality Report

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

## Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mount Farm Surgery on 13 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Regular meetings were held to discuss, analyse and learn from significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment including safeguarding training, equality and diversity, basic life support, health and safety and infection control.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP or practice nurse and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs including disabled access, disabled toilets, and baby changing facilities, disabled parking and a hearing loop.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Feedback from patients about their care was consistently positive.

# Summary of findings

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- The practice achieved 99.3% of the total available QOF points compared to a Clinical Commissioning Group (CCG) average of 97% and a national average of 95%
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.

Good



### Are services caring?

The practice is rated as good for providing caring services.

We observed a strong patient-centred culture:

Good



# Summary of findings

- Staff were motivated and inspired to offer kind and compassionate care. The reception staff had written their own set of values which were displayed throughout the surgery.
- We found many positive examples to demonstrate how patients choices and preferences were valued and acted on
- Views of external stakeholders were very positive and aligned with our findings.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example: 84% of patients described their experience of making an appointment as good compared to the local CCG average of 79% and national average of 73%: 95% of patients described their overall experience of the surgery as good compared to the local CCG average of 89% and national average of 85% and 94% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care, compared to the local CCG average of 89% and national average of 85%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Feedback from patients about their care and treatment was consistently positive and 100% of patients interviewed on the day of inspection said they would recommend the surgery to new patients moving into the area.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations, individuals and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice attended regular local commissioning meetings to discuss health care planning and regular meetings took place with the local Learning Disability Specialist Nurse, Safeguarding Nurse, Health Visitors, Suffolk Carers and Social Services. .
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, a new website was set up as well as a new telephone system installed.

Good



# Summary of findings

- Patients could access appointments and services in a way and at a time that suited them. For example, appointments could be made online, face to face or by telephone. Phone consultations were also available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For Example the practice set up a new website as patients had commented that it was not easy to find their way around. Also a new telephone system had been installed as patients had complained that call answering was slow.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed how they managed and responded to complaints, and had made improvements as a result.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staffs were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for modifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

**Good**



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements. Each GP partner was responsible for different areas of the practice including staff welfare, infection control, QOF and medicines management.

# 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.
- Staff had received training in dementia and a dementia assessment had been carried out of the premises by a dementia friendly employee.
- Nurses carried out home visits for housebound patients for annual reviews and to administer flu vaccinations.

Good



### People with long term conditions

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

- The practice maintained comprehensive disease registers which enabled them to identify patients with diagnosed long term conditions i.e. ischaemic heart disease, asthma and diabetes.
- A dedicated team carried out regular recalls of patients with long term conditions and one-stop chronic disease reviews were carried out for patients with multiple conditions. Invitation letters and text messages were sent to patients to arrange review appointments. Specific training had been undertaken by the practice nurses for respiratory conditions such as chronic obstructive pulmonary disease, and asthma and also diabetes.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All 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.
- The practice performance for diabetes against national screening programmes to monitor outcomes for patients was

Good





# Summary of findings

99% which was above the CCG average and the national average. (Diabetes mellitus is when the body is unable to regulate the amount of sugar in the blood due to problems producing insulin).

- The practice performance for hypertension was 100% which was above the CCG average and the national average. (High blood pressure may increase the chance of having a heart attack or stroke).

## Families, children and young people

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

- 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. For example, midwives held a weekly clinic at the practice.
- The practice is rated as good for the care of families, children and young people.
- Children were offered appropriate immunisations and 6 week baby checks.
- The practice offered contraceptive and sexual health services.
- Patients with long term conditions i.e. asthma and diabetes were reviewed with a selection of appointments available including after school and during school holidays.
- The practice had achieved the second best overall percentage of patients undergoing cervical screening in the West Suffolk area.

Good



## 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).

- Saturday morning clinics were available for patients unable to access services during the week, along with early morning and late evening appointments.
- The practice offered home blood pressure monitoring.
- Patients were able to access the Bury St Edmunds GP plus scheme for appointments after 6.30pm and at weekends.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.

Good



# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients highlighted as being vulnerable.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staffs 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.
- Coding of vulnerable patients on the practice medical system ensured that vulnerable patients were identified and their needs were recognised. For example, patients with learning disabilities, mental health problems, veterans, sex workers, travellers and homeless patients.
- The practice worked closely with the local learning disability specialist nurse.
- The practice had regular multi-disciplinary team meetings between clinician, health visitors and social services.
- The practice regularly hosted meetings of the Suffolk Family Carers group.
- The practice coded vulnerable patients to ensure that they were recognised and treated in the most supportive way i.e. travellers, veterans, homeless people, people who do not read, patients with mental health issues and those in extreme poverty.

## 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).

Good



- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84% and CCG average of 82%.

# 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 carried out advance care planning for patients with dementia.
- The practice 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 accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and had undergone Mental Capacity Act training.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 229 survey forms were distributed and 123 were returned. Therefore 54% of patients who were asked for their opinions had responded.

- 85% 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%.
- 89% 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%.
- 95% 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%.

- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive about the standard of care received. Patients comments included: 'impressed by the doctors', 'excellent service', 'very good' and 'I have just moved into Bury and am very impressed with the service and the staff'.

We spoke with 8 patients during the inspection. All 8 patients said they were satisfied with the care they received and thought staffs were approachable, committed and caring.

# Mount Farm Surgery

## 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 second CQC inspector, a GP specialist adviser and a practice manager specialist adviser.

## Background to Mount Farm Surgery

Mount Farm Surgery is a large modern purpose built practice situated in the Moreton Hall area of Bury St Edmunds, and is approximately 2.4 miles to West Suffolk Hospital.

Bury St Edmunds station has rail links to London Liverpool Street and London Kings Cross.

There is free parking in Lawson Place adjacent to the surgery. There is also a local Tesco Express and pharmacy in the area. The latter is currently incorporated into the practice building structure. At the time of the inspection there were building works in progress to move the pharmacy to a larger space within the surgery.

The practice currently has four clinical partners plus a business partner, three salaried GPs, two nurse prescribers, 3 practice nurses and two health care assistants. The practice is supported by an administrative team including reception staff, medical secretaries, an assistant practice manager, administrative team leader and clinical services analyst. The practice is a training practice and three GPs have the additional skills, experience and qualifications to support qualified registrars through their vocational training to become a GP.

The practice holds a Personal Medical Services contract (a locally agreed contract between NHS England and a GP Practice) to provide services to its patient population of 13,500.

The practice also offers a range of enhanced services commissioned by their local Clinical Commissioning Group including the diagnosis and support for people with dementia, supporting patients with learning disabilities and extended hours appointments.

The surgery opening times are: Monday – Friday 8.00am – 6.30 pm. Extended Hours are offered from 8am – 11.30am on Saturdays: these are pre-bookable appointments only. Clinic times vary and run from 8am – 1pm and 2pm – 6pm.

An urgent care clinic was held daily for patients who required to be seen on the same day. Calls for this service were triaged by the GPs and appointments made where necessary.

Routine appointments can be booked up to six weeks in advance.

Telephone consultations are also available daily.

Appointments could be booked on-line, by telephone or face to face. 30% of patients had registered for on-line appointment access.

House calls were available to all patients and all requests were triaged by the GPs with telephone consultations if appropriate.

There was a practice mission statement which was framed and displayed in multiple rooms. All staff were aware of the practice mission and values.

# Detailed findings

## 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 their organisations to share what they knew. We carried out an announced visit on the 13th September 2016 and during our visit we spoke to 8 patients who used the service and received 16 comment cards completed both prior to our visit, and on the day of our visit, by patients visiting the surgery.

We observed how patients were being cared for and talked to members of the practice patient participation group. We interviewed staff members and reviewed policies and procedures used by the practice.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff informed us that they could complete a significant event form stored on the shared drive. The completed form was then forwarded to the business partner for discussion at the next multi-disciplinary team meeting held monthly at the practice. Significant events were a standard agenda item for discussion at these meetings. Archived significant events were categorised under the relevant subject i.e. prescribing; new cancer; other clinical; suicide and other. All staff were able to access the archived events for continuous perusal. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice carried out a thorough analysis of the significant events.

We identified that one significant event highlighted a problem with regard to urine dipsticks where patients had not received the correct results due to the dipsticks being faulty. The practice apologised and recalled the patients who were then retested.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Medicines and Healthcare Regulatory Authority (MHRA) alerts were received by the Business Manager and disseminated to the relevant team members. We looked at several MHRA alerts and saw evidence that these had been actioned appropriately.

The partners held regular daily and weekly meetings during which vulnerable patients, complex patients and general

topics were discussed. Complaints were a regular agenda item, and the minutes of the meetings evidenced that complaints were discussed, and responses and outcomes recorded.

### 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. All clinical staff were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. The clinical staff acted as chaperones and were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One GP partner and practice nurse were the infection control clinical leads. There was an infection control protocol in place and staff had received up to date training. There were hand washing audits and robust and comprehensive cleaning and maintenance schedules.
- An infection control audit had commenced this year and areas relating to infection control were monitored and carried out by various members of the team. The practice were in the process of combining all of the information to ensure that the regular audits were carried out by the responsible infection control lead. There were daily cleaning schedules, including equipment cleaning, in place.

## Are services safe?

- A needle stick protocol was available in all clinical rooms.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. During our inspection we checked the number of patients on the register who were taking Methotrexate (a drug used to treat certain types of cancer, severe psoriasis and rheumatoid arthritis) and Warfarin (an anticoagulant normally used in the prevention of thrombosis) We found that all patients on these registers had had the appropriate blood test prior to the issue of repeat prescriptions.
- The practice had a dedicated team for handling prescriptions situated close to the main reception desk. Patients could make requests for repeat prescriptions either by telephone, in writing or at the prescription desk. There was a safe system in place for issuing repeat prescriptions including accessing the patient's records when phone requests were made to ensure the medication was due for issue. 32% of patients had registered to request repeat prescriptions on line.
- The practice lead GP for medicines management met regularly with the local CCG team to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions.
- A dedicated team carried out regular recalls of patients with long term conditions, medication reviews, blood monitoring and the re-authorisation of protocols.
- Patient Group Directives had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines against a patient specific prescription or direction from a prescriber.
- The practice held small stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.

- We reviewed 5 personnel files including a GP, practice nurse and member of the administration team. We found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, training, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### 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 staff room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). An asbestos survey had been completed as well as a five year wire check.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. During holidays and sickness staff covered other areas of the surgery to ensure that services were not adversely affected.

### 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. There were also panic buttons under the reception desk linked directly to the police as well as personal alarms.
- All staff had received annual basic life support training and there were emergency medicines available in the treatment room.



## Are services safe?

- 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 and suppliers. Reciprocal arrangements were in place should an emergency occur, patients could be seen at a local practice thus ensuring safe continuity of care.

# 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 clinicians met daily to discuss complex cases and vulnerable patients.

- 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 profile meetings, clinical education meetings and regular drug safety updates and audits.
- Monthly multi-disciplinary meetings took place to discuss care plans, patients with long term conditions and end of life care.
- The practice ran regular educational meetings for all clinicians, which on occasion were delivered by an outside speaker/consultant.

### Management, monitoring and improving outcomes for people

This 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 showed the practice performance for diabetes related indicators was 99 % which was above the CCG average and the national average Exception reporting for these indicators was 15% which was higher than the CCG average of 12% and the national average of 11%. The practice informed us that some patients were seen at the hospital diabetic clinic and therefore did not wish to attend the surgery for their reviews. In these instances the practice made an exception report.
- The performance for mental health related indicators was 100%, which was above the CCG average and the national Average. Exception reporting for these indicators was 22% which was higher than the CCG average of 12% and the national average of 11% The practice confirmed that this was due to the fact that

some patients with mental health problems were seen by the community nurse and therefore did not attend the practice for reviews. The practice made contact with patients by letter on three occasions, and followed this by a telephone call. An exception code was entered onto the practice computer system should a review not be undertaken.

- There was evidence of quality improvement including clinical audit.

The practice had carried out nine clinical audits over the last 18 months. Including minor surgery infection rates, long term contraceptive device fitting outcomes, and a gout review. Two of the audits carried out were two cycle audits and further two were in the second cycle but not yet complete. Three of the audits were examined in depth and were well designed, showed clear outcomes and learning points.

One audit had been carried out for patients identified with coeliac disease. (A digestive condition where a person has an adverse reaction to gluten). The audit showed that not all best practice guidelines had been followed. As a result of this audit the practice recalled all of their coeliac patients for a consultation. A further audit carried out, demonstrated that all patients had been assessed appropriately and in line with best practice guidelines. This demonstrated an open and transparent approach to reflective learning and a commitment to ensuring better outcomes for patients.

The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### 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. All staff had a staff development plan worksheet and a comprehensive training matrix was evidenced.
- The practice was able to demonstrate that staff had developed within the practice which included two practice nurses completing minor illness training and nurse prescribing qualifications. As a result the prescribing nurses now ran minor illness clinics.

# Are services effective?

## (for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. Protocols and procedures were in place for clinical staff and during our inspection we witnessed appropriate certificates of training updates for cervical cytology and immunisation.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared and received relevant information with other services in a timely way, for example the out of hour's service, community services and the local hospice. These services were able to share information via the practice computer system thus ensuring continuity of care, especially for patients on the palliative care register or those with long term conditions. Regular multi-disciplinary meetings took place at the practice, and these involved the community matron, social services, health visitors and GPs. Areas for discussion included end of life care, safeguarding, significant events and education.
- There was a protocol in place for the sending and receiving of letters and faxes.

- Care plans were in place for vulnerable patients on the practice register including:
- Patients with learning difficulties – There were 66 patients on the register and 84% had care plans.
- Patients with mental health problems - 54% of these patients had care plans.
- Patients living with dementia – There were 122 patients on the register and 85% had received an annual review.
- In the year 2015-2016 the practice had undertaken 511 health checks on patients between the ages of 40 – 74 years of age.
- Flu vaccinations had been administered to 2,024 patients over the age of 65 which equated to 78.4% of patients eligible for flu vaccinations.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- The practice had a register of vulnerable patients including carers, veterans, those with learning difficulties, travellers and homeless patients (who registered using the practice address), patients with long term conditions, patients with dementia, and patients receiving end of life care.
- The practice's uptake for the cervical screening programme was 81% which was comparable to the CCG average of 76% and the national average of 82%. There was a policy to offer telephone reminders and letters for patients who did not attend for their cervical screening test. Patients who received an unsuccessful smear result were contacted by the nurse undertaking the test and invited for a further test. This information was recorded

# Are services effective?

(for example, treatment is effective)

in the patients' medical records. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

- The number of females aged 50 to 70 years of age, screened for breast cancer in the last 36 months was 83% which was higher than the CCG average of 78% and the national average of 72%.
- The number of females 50 to 70 years of age, screened for breast cancer within 6 months of invitation was 79% compared to the CCG average of 76% and the national average of 73%.
- 67% of patients aged 60 – 69 years had been screened for bowel cancer in the last thirty months compared to the CCG average of 63% and the national average of 58%.
- 65% of patients aged 60 – 69 had been screened for bowel cancer within six months of invitation compared to the CCG average of 60% and the national average of 55%.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 99%, which was comparable to the CCG average of 93% to 97%, and five year olds from 93% to 97% which was comparable to the CCG average of 93% to 97%.
- 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.

- 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.

There was a notice in the reception area advising patients that they could discuss sensitive issues in private.

All of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced, with only one card commenting on the difficulty of seeing a GP of choice. Patients said they felt the practice offered a 'fantastic service', were 'very quick and efficient', 'impressed with the service and staff' and 'staff were helpful and caring'.

We spoke with eight patients during our inspection and received high praise for the GPs and staff with 100% recommending the practice to new patients moving into the area.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.

- 87% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 92%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received 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:

- 89% 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%.
- 85% 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%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- A variety of Information leaflets were available in the waiting areas.

## Are services caring?

- The practice website enabled patients to translate information easily.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 246 patients as carers (1.8% of the practice list). Information on services for carers was available in the waiting room. The practice met with Suffolk Family Carers regularly and was planning an open day for the latter part of 2016 at which carers could attend to meet representatives from this organisation. .

The practice had a register of vulnerable patients, veterans and travellers. This enabled the team to offer longer

appointments if necessary and highlight to the clinicians that additional support might be needed. The practice system also prompted staff where patients found reading material challenging.

All members of staff were informed of a patient death and staff told us that if families had suffered bereavement, their usual GP contacted them by phone to offer support. There was also information on the practice website for the Cruse bereavement service.

The practice had completed a Kings Fund Dementia Assessment tool in 2015, which included answering a series of questions the results of which enabled them to benchmark themselves against other health centres. Some members of staff had undertaken on-line dementia training.

Automatic double appointments were available where alerts were already on the computer screen instructing staff of this. Any patient could request a double appointment if they felt that their concerns warranted it.

# 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.

- The practice offered extended hours clinic on Saturday mornings from 8am – 11.30am. for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or for any patient who requested a double appointment.
- Practice nurses undertook home visits for housebound patients and elderly patients who required a flu vaccination.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. These requests were triaged by the GPs and added to the Urgent Clinic that day if appropriate.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available private. The practice was also a yellow fever centre.
- There were disabled facilities, a hearing loop and translation services available. The patient check in screen comprised of 4 languages.
- There were disabled facilities at the surgery including electronic entrance doors, disabled toilet, baby changing facilities, a hearing loop, disabled parking and a lower level at the reception desk for patients in wheel chairs.
- The practice website enabled patients to translate information by way of Google Translate.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am – 1pm and 2pm – 6pm daily. Extended hours appointments were offered on Saturdays from 8.00am – 11.30am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. These were triaged by the duty doctor and added to the daily urgent clinic if necessary.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared to CCG average of 81% and the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them although two patients commented that they had not been able to see a GP of choice. We viewed the appointment system and saw that appointments were readily available to see any GP.

We interviewed eight patients all of whom stated that they would recommend the practice to someone moving into the area. They also commented that they felt involved in their care, were listened to and supported, had enough time during their consultation, that staff were friendly and helpful and they were treated with dignity and respect. Other comments included 'brilliant practice', 'highly recommended', 'first class service' and 'excellent practice'.

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.

The reception staff took details of the request for a same day appointment or home visit and entered the details onto the duty doctors triage list. If a telephone call or same day appointment had been requested, then the details of the problem were recorded together with a contact telephone number. If house calls were requested, details were taken, and the house call was highlighted in a different colour to the phone consultations. This ensured that the duty doctor was aware of the house call request during telephone consultations. Urgent house call requests were made in the same way, but a task was then sent to the GP advising of the urgency of a house call.

The practice nurses visited patients with long term conditions or for flu vaccinations.

The practice had constructed a new informative website and had also purchased a new telephone system in order to monitor patient demand and practice performance.



# Are services responsive to people's needs?

(for example, to feedback?)

## Listening and learning from concerns and complaints

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

Its 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 to help patients understand the complaints system. The practice had a complaints log which was kept on the shared drive and available to all members of staff. The practice also had an

information booklet containing details of how to make a complaint including the relevant contact details of external organisations as well as internal contact details. The Business Partner was the designated lead for handling complaints.

We reviewed the complaints matrix and were able to evidence that complaints were handled correctly and in a timely way. The practice was open and transparent with dealing with complaints and lessons learnt were analysed, although no trends had been identified as a result of analysis.

Information was available to patients on the practice website on the process for making a complaint.



# 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 to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed throughout the building and the reception staff had also written their own Reception Charter. All staff knew and understood the values of the practice.
- The practice had a robust 4 year strategy and supporting business plan which reflected the vision and values and was regularly monitored.

### 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. GP partners were responsible for different areas in the practice i.e. personnel, medicines management, and infection control. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

There was on-going mentoring for the salaried GPs with one to one meetings with a partner for on-going support. The practice had also trained and mentored district nurses and a heart failure nurse in order to help them through their prescribing courses.

The practice had a clear team structure so employees knew who to approach should they have any queries or concerns.

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, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence. Analysis of complaints had been carried out but no trends were evidenced.

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

- The practice held regular whole team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity, and felt confident to raise any issues, ideas or concerns.
- Away days were attended by the GP partners and the business partner to discuss succession planning and general objectives.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- A regular quarterly newsletter was produced by the staff which gave them feedback from patient comments, changes in surgery procedures and a message from the partners.

### 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.

# Are services well-led?

Good 

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

All comments on the NHS choices web page were responded to.

The practice patient group met quarterly and during our visit we met two of the eleven members who told us that at their meetings they discussed: missed appointments: future ideas and the results of the practice survey (2015/2016).

The practice was in the process of setting up a virtual group in an effort to encourage a wider variety of patients to join.

The practice had gathered feedback from staff through regular all team meetings. Staff highlighted that they wished to produce their own Reception Charter setting out their commitment to provide good service.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. As a result of staff involvement, the

prescription area was moved from the first floor to the front reception area. This ensured that patients could discuss concerns or issues away from the main reception desk and that dedicated staff were able to assist with their enquiries. Staff told us they felt involved and engaged to improve how the practice was run.

The surgery team had specific roles within the organisation and the management and GPs encouraged self-development and training for all staff.

## **Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was involved in a pilot study for electrocardiogram services in primary care.