Mendlesham Medical Group

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mendlesham Health Centre on 19 October 2016. Overall the practice is rated as good.

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

- We found that generally there was an open and transparent approach to safety and a system was in place for reporting and recording significant events. However, this required improvement. Not all incidences had been recorded, learning from events was not shared effectively with the practice team, and the opportunities to take early interventions to encourage improvement were missed.
- The practice used a range of assessments to manage the risks to patients.
- Practice staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge, and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. The practice had scope to improve the system and process including documentation to ensure that improvements were made to the quality of care as a result of complaints and concerns.
- Data from the national GP patient survey July 2016 showed that the practice performance was significantly higher than the national average. We received 85 comments cards, only two of these contained any negative feedback.
- Patients said they found it easy to make an appointment with a named GP.

Summary of findings

- 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.

The areas where the provider must make improvement are:

- Ensure that incidents that affect the health, safety, and welfare of people using the service are reported, reviewed, investigated, and monitored.
- Ensure all dressings that are available for use are safely stored and within their expiry date.

The areas where the provider should make improvement are:

- Review systems and process to ensure that complaints and feedback are managed effectively and safely. Minutes of meetings should contain sufficient detail to ensure shared learning by practice staff.
- Review the practice policy for recruitment ensuring that it is followed and that all relevant documentation is recorded to ensure safe recruitment of practice staff.
- The practice should review the recording of and retention of the documentation used to evidence the checks they have taken to ensure that medicines are within their expiry date.
- Improve the recording of safety alerts to ensure sufficient detail to enable future monitoring.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- We found that generally there was an open and transparent approach to safety and a system was in place for reporting and recording significant events. However, this required improvement. Not all incidences had been recorded, learning from events was not shared effectively with the practice to team, and the opportunities to take early interventions to encourage improvement were missed.
- When reported things went wrong patients received reasonable support. They were told about any actions to improve processes to prevent the same thing happening again. There was scope for this to be improved.
- We found a pack of dressings that contain different batches and had passed their expiry date.
- The practice had clearly defined and embedded systems, processes, and practices in place to keep patients safe and safeguarded from abuse.
- We reviewed personnel files and found that most of the appropriate recruitment checks had been undertaken for all staff prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There was scope to improve the recording of safety alerts for future monitoring.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes for 2014-2015 were above local and national averages.
- Practice staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice had undertaken some clinical audits to encourage quality improvement.
- Practice staff had the skills, knowledge, and experience to deliver effective care and treatment.

Summary of findings

- All practice staff had received an appraisal and training opportunities were available. The practice had supported two nurses to qualify as nurse practitioners and at the time of the inspection was supporting a third nurse in her obtaining this qualification.
- Practice staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. 83 of the 85 comment cards received from patients were positive regarding the care and treatment given by the practice.
- Patients said they were treated with compassion, dignity, and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw practice staff treated patients with kindness and respect, and information confidentiality.
- We saw that practice staff made every effort to maintain patient confidentiality at the front desk and on the telephone.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice offered contraceptive services including long acting methods to their patients and to those of a neighbouring practice.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day, patient could be seen at the main or branch site.
- The practice did not offer extended hours, the practice had in the past offered extended hours, but they told us the uptake from patients was low.
- The practice had made every effort to provide good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

The friends of the practice raised significant funds to refurbish the waiting area. The practice had reviewed the needs of patients with dementia and had decorated in colours and styles to help these patients move throughout the building.

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. We noted that there was scope to further improve this to ensure all complaints however minor were logged and that learning was shared with all members of the practice staff.
- The practice recognised that they had a population of patients who lived in the surrounding villages. The practice undertook a significant number of home visits each day and medicines were delivered weekly to those patients who had mobility or transport difficulties.

Are services well-led?

Good

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. Staff 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 scope for the practice management team to improve some of their governance systems and oversight.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff and appropriate action was taken. This process could be improved by documenting the alert with more detail to ensure future monitoring.
- The practice sought feedback from patients, which it acted on. A group of patients who called themselves The Friends of the Mendlesham Medical Group were active. The group had achieved significant fund raising for example; the group had raised funds to re-design and refurbish the practice waiting area.

There was a focus on continuous learning and improvement.

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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice proactively cared for patients who lived in a care home and undertook regular visits.
- Patients could be seen at the main or the branch practice, enabling patients to attend the one most convenient to them.
- The practice provided appointments for patients with complex dressing needs. This ensured that patients' dressings were changed in a timely way to aid healing and better outcomes.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Appointments were offered at the branch site to ensure that patients who had difficulty in travelling could access routine follow up.

Families, children and young people

Good

The practice is rated as good for the care of 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, for example, children and young people who had a high number of A&E attendances. Immunisation rates were in line with the national averages for all standard childhood immunisations.

Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors, and school nurses.
- A full range of contraceptive care was offered including long acting methods.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified, and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Smoking cessation and NHS health checks were encouraged.
- Telephone appointments were available for those that wished to seek advice in this way.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

- Medicines were delivered weekly to those patients who had mobility or transport difficulties.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice had 38 patients diagnosed with dementia on the register. 62% of these patients had received an annual review. Some of the remaining 28% lived in a local care home and had GP reviews throughout the year. The reviews included advance care planning.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A+E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. GPs demonstrated that they managed complex patients with care plans and continuity of care.
- The practice had considered the needs of patients with dementia when refurbishing the premises. A clock suitable to assist patients with dementia to aid awareness of their waiting time was on the waiting room wall.

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 significantly higher than the local and national averages. 218 survey forms were distributed and 135 were returned. This represented a 62% completion rate.

- 100% of patients found it easy to get through to this practice by phone compared to the CCG average of 80% and the national average of 73%.
- 96% 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 88% and the national average of 85%.
- 97% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 97% 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 80% and the national average of 78%.
- Data relating to the Friends and Family Test (April 2016 to August 2016) showed that 100% of patients would recommend the practice.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 85 comment cards, 83 were all positive about the standard of care received.

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

Areas for improvement

Action the service MUST take to improve

- Ensure that incidents that affect the health, safety, and welfare of people using the service are reported, reviewed, investigated, and monitored.
- Ensure all dressings that are available for use are safely stored and within their expiry date.

Action the service SHOULD take to improve

- Review systems and process to ensure that complaints and feedback are managed effectively and safely. Minutes of meetings should contain sufficient detail to ensure shared learning by practice staff.
- Review the practice policy for recruitment ensuring that it is followed and that all relevant documentation is recorded to ensure safe recruitment of practice staff.
- The practice should review the recording of and retention of the documentation used to evidence the checks they have taken to ensure that medicines are within their expiry date.
- Improve the recording of safety alerts to ensure sufficient detail to enable future monitoring.

Mendlesham Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, and a member of the CQC medicines management team.

Background to Mendlesham Medical Group

The practice area covers the village of Mendlesham and extends into 29 outlying villages. There is a branch site at Bacton, and medicines are dispensed from both sites. The practice offers health care services to around 7,300 patients and has consultation space for GPs and nurses as well as extended attached professionals including midwives, and physiotherapists. We visited the dispensary at Bacton as part of our inspection; the administrative functions for the practice are managed at the Mendlesham site.

The practice holds a General Medical Service (GMS) contract with the local CCG. A GMS contract is a nationally negotiated contract to provide care to patients. In addition, the practice also offers a range of enhanced services commissioned by their local CCG: facilitating timely diagnosis and support for people with dementia. The practice is a training practice providing education to medical students.

- There are three GP Partners and two salaried GP at the practice (two female and three male GPs). There is one healthcare assistant, two nurse practitioners, and four practice nurses. There is a team of nine dispensary trained staff.
- A team of ten administration and reception staff support the management team. The practice manager is support by a deputy manager.
- The practice is open between 8am and 6.30pm Monday to Friday.
- When the practice is closed Care UK provide emergency care, patients are asked to call the NHS111 service or to dial 999 in the event of a life threatening emergency.
- According to Public Health England information, the practice demography shows the practice has a higher number of patients aged between 45 and 75 years and a similar number of patients aged over 75. There are a lower number of patients aged between 20 and 45 years.
- Male and female life expectancy in this area is in line with the England average at 80 years for men and 86 years for women.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 October 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, practice manager, dispensing staff, reception and administration staff. We spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. However, this needed to be improved.

- Practice staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. However staff told us that not all incidents had been passed to the practice manager. 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 reviewed safety records, incident reports, patient safety alerts, and minutes of meetings where these were discussed.

We reviewed a significant event that had been raised by a member of staff and logged by the practice manager. The documentation for the event, the investigation, analysis, and outcomes for shared learning was not comprehensive. The practice had failed to identify all areas where the care could have been better and where patients were exposed to risk of harm. The practice could not demonstrate that they had shared all the outcomes and learning with the practice team. The practice had not implemented sufficient systems to prevent further incidences from occurring in the future.

We noted that the practice kept a log of safety alerts received to ensure that action had been completed, and to ensure future monitoring and learning. This log lacked sufficient detail of the alerts to allow effective monitoring. We reviewed records that showed the practice had taken action on two recent medicines alert and that patients had been reviewed appropriately.

The practice told us they discussed and shared learning from safety alerts, complaints, and significant events. However, these were not always timely or recorded. Minutes of meetings we reviewed did not contain sufficient detail to be assured that learning was shared across the entire practice team. They did not show that improvements were implemented and monitored.

There was scope for the practice to improve their oversight and management of significant events, safety alerts, and complaints.

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 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 GP for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3.
- The chaperone policy was displayed in the clinical rooms and advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate

checks through the Disclosure and Barring Service. We noted that the practice did not retain copies of the recruitment process for example, copies of interview records.

Medicines Management

- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained. Dispensary staffing levels were in line with DSQS guidance. Dispensing staff were appropriately qualified. The practice had conducted audits of the quality of their dispensing service and patients had expressed high levels of satisfaction in previous surveys.

  The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed to reflect current practice.

  There was a variety of ways available to patients to order their repeat prescriptions. Prescriptions were reviewed and signed by GPs before they were given to the patient to ensure safety. There were arrangements in place to provide medicines in weekly blister packs for some patients to assist them in taking their medicines safely and a weekly delivery service was offered to patients who were unable to collect their medicines.

  Records showed medicine refrigerator temperature checks were carried out which ensured medicines and vaccines were stored at appropriate temperatures. The practice had processes to check and record that medicines throughout the practice were within their expiry date and suitable for use, however, the dispensary did not keep regular records of their expiry checks. Blank prescription forms were handled in accordance with national guidance, as these were tracked through the practice and kept securely at all times. There were arrangements in place for the security of dispensaries at both practice sites.

  The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. The practice staff were following these. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted, and the keys held securely. There were arrangements in place for the destruction of controlled drugs.

  We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged, however, some incidents that placed patients at risk of harm were not raised as significant events through the practice to help make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

  We found there was scope for the practice to improve the management of dressings that were held in the practice. We found a significant number of dressings that that been dispensed to named patients held in a cupboard. We found that some batch numbers had been mixed and one dressing had expired in 2012.

Monitoring risks to patients

Risks to patients were assessed and generally well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. A health and safety policy was available which identified staff with responsibility for health and safety within the practice. The practice had up to date fire risk assessments and we saw evidence that recommendations from these had been completed. 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 other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. We noted that following an incident the practice management team reviewed the staffing of the dispensaries and as a result had made changes to ensure that staffing levels were appropriate to manage the high workload and therefore reduced the risk for errors to occur.

Requires improvement

Are services safe?

Arrangements to deal with emergencies and major incidents

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

- All staff received basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. An accident book was available and staff we spoke with reported that any accidents were investigated and they were given support.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date and stored securely. However, we noted that the emergency equipment was only checked every two months. This increased the risk of emergency equipment not being available or medicines may have expired.
- 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 to the practice.

Good

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 guidelines and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.6% of the total number of points available. The overall exception reporting rate was 5.2% which was 3% below the CCG average and 4% below the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

- Performance for diabetes related indicators in 2014/2015 was 100% this was 9% above the national average and 7% above the CCG average. The exception reporting rate was 6% and this was below the national (9%) and CCG (11%) exception reporting rates.
- Performance for mental health related indicators was 92% this was in line with the national average and CCG average. The percentage of patients with dementia who had had a face to face review was 83% which was in line with the CCG and national average of 84%. The exception reporting rate was 18% which was higher than the CCG average of 12% and the national average of 11%.
- The practice had undertaken of clinical audits completed in the past 12 months. In February 2016, an audit was undertaken as a result of a safety alert the practice had received. Patients with certain conditions and taking a certain medicine were at greater risk of abnormal pregnancy. The practice repeated the audit in September 2016, the results confirmed patients that were taking the medicine had been reviewed, and continued taking the medicine through choice. A second audit was undertaken to review patients who did not have a spleen to ensure that they had received review appointments and appropriate vaccinations for example a vaccine against influenza and pneumococcal. Patients without a spleen are at higher risk of complications from infection such as influenza.

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, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which included an assessment of competence. Practice staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on-line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings, and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Practice staff had received an appraisal within the last 12 months. The practice supported staff to develop,

Good

Are services effective?

(for example, treatment is effective)

for example they had supported two nurses in obtaining their nurse practitioner degree and a third was currently on the course. Practice staff told us that they found this beneficial for themselves and for the patients.

- The practice staff received training that included safeguarding, fire safety awareness, basic life support and information governance.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- There was a lead GP and practice staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- A report relating to the minor surgery services offered at the practice stated that written consent had been obtained from 100% of patients.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation and dietary advice was available to patients using the practice.

The practice's uptake for the cervical screening programme was 81%, which was in line with the CCG average and the national average of 82%. The exception reporting for this indicator was 4.2% this was in line with the CGG and national average of 6%.

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 practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Figures published by Public Health England show that 67% of the practice's target population were screened for bowel cancer in 2014/2015 which was above the national average of 58%. The same data set shows that 80% of the practice's target population were screened for breast cancer in the same period, compared with the national screening rate of 72%.

Childhood immunisation rates for the vaccinations given were in line when compared with the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70% to 100%, compared to the national average of 73% to 95% and five year olds from 74% to 98% compared to the nation average of 81% to 95%. Practice staff told us that they actively tried to improve uptake, both clinical and non-clinical staff telephoned the parents or guardian of children to discuss and encourage attendance.

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. The practice had offered 295 and 76% had been completed.

Good

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.

83 of the 85 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the Friends of Mendlesham Medical group, this group also form the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said that they felt included, consulted and valued by the practice.

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

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% 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 91% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback 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 above local and national averages. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 94% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 96% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- The practice had a low number of patients whose first language was not English, practice staff told us that translation services were available if needed. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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 158 patients as carers, 2% of the practice list. The practice told us that 104 of these patients had received an annual review, all patients were seen for six monthly medicine reviews, and the practice told us they reviewed the needs of these patients at each opportunity. The practice did not have any young carers identified but would ensure their needs were met, including discussion with other agency as appropriate for example health visiting or school nurses.

Written information was available to direct carers to the various avenues of support available to them.

Practice staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- Appointments were available outside school hours to accommodate the needs of children. The practice no longer offered extended hours for people of working ages, in the past uptake had been low, patient satisfaction surveys for access were high. Telephone consultations were available for those who wished to have advice in this way.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were facilities for patients with disabilities and translation services were available.
- The practice worked closely with community midwives, mental health link workers, and promoted provision of these services from the surgery premises where possible.
- The practice dispensed weekly packs and delivered medicines for people who needed support.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Pre-bookable appointments could be booked up to four weeks in advance; urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment were significantly higher when compared with the local and national averages.

- 92% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 100% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 73%.
- 89% of patients with a preferred GP usually got to see or speak with that GP compared to the CCG average of 59% and national average of 59%.

Other data sources that demonstrated outstanding access and care included the national Family and Friend test, 100% of patient would recommend the practice, and they were award five stars on NHS choices. 85 comments cards were completed prior to our inspection, of these 83 were positive about the care and services offered. Negative comments included that on occasions the GPs were brisk and did not give the patient an opportunity to discuss more than one problem.

We discussed these results with the practice, they told us that they had reviewed the demand data regularly and had invested in additional and greater skill mix of clinical staff. They maximised the skills and experience of their nursing team, two nurses had been supported to gain their nurse practitioner qualification and a third nurse was currently working towards the qualification. This ensured that patients could access health care with minimum delay.

- 89% of patients reported that they usually got to see or speak with their preferred GP. This was significantly higher than the CCG and national average of 59%.
- 100% of patients reported they had confidence and trust in the last nurse they saw or spoke to compared with the CCG and national average of 97%.

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. There was scope to improve this for example strengthening the systems used to ensure that all practice staff share learning outcomes.

- 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system, both in the waiting area and on the web site.

Four complaints had been received in the past 12 months. From the evidence we reviewed we saw that the patients were satisfied with the outcome, but the management of these complaints had scope to be improved. We noted that the practice did not log all feedback from patients; the opportunity to learn from trends and prevent further complaints was not used.

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 vision to deliver a high standard of care and promote good outcomes for patients, with a-trained and motivated primary health care team.

- The practice had a mission statement which was available to staff and staff knew and understood the values.
- The practice had a business plan, with short, medium, and long term plans; this 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. However, we noted that the practice did not always follow their own policy, for example, the management of significant events.
- A comprehensive understanding of the clinical performance of the practice was maintained.
- A programme of clinical and internal audit was used to monitor quality and to make improvements. The practice told us that they recognised that they could improve on these further by undertaking more second cycle audits.
- There were arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions. There was scope for the practice to improve its oversight and management of significant events, complaints, and safety alerts.

Leadership and culture

On the day of inspection we saw that the practice had the experience, capacity, and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care but there was scope to improve this.

Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice systems in place to ensure that when things went wrong with care and treatment had scope to be improved:

- The practice gave affected people reasonable support, detailed information and a verbal and written apology.
- The practice did not record all written records of correspondence and did not record verbal feedback.

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

- Staff told us the practice held regular team meetings, within their respective department. However, minutes of these meetings were not taken to ensure shared learning across the practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued, and supported, particularly by the partners and management in the practice. Most staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged feedback from patients, the public, and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the Friends of Mendlesham Medical Group, through surveys and complaints received. The group met every four months and were involved in improvements to the practice. For example they raised significant funds for and were involved in the re-design of the practice waiting area and for the purchase of various furniture and medical equipment which patients benefited from.

Are services well-led?

Good

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

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was a teaching practice for medical students. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area. The practice was aware of and was in negotiation with the CCG in relation to future population growth of the area. The practice was keen to continue the high level of clinical staff resources, utilising skill mix to meet the needs of the practice population.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment. **How the regulation was not being met:** We found that incidents that affect the health, safety, and welfare of people using the service were not always reported, reviewed, investigated, and monitored. The learning outcomes were not effectively shared with the practice staff. We found that dressings had not been stored safely and were not within their expiry date.