

Dr William McKee

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 301 High Street on 3 December 2015. Overall the practice is rated as good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents. Information about safety was recorded, monitored, and appropriately reviewed. Learning was applied from events to enhance future service delivery.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. This was kept under review by the practice which proactively used audit as a way of ensuring that patients received safe and effective care.

- Risks to patients were assessed and well managed. Regular liaison meetings were held with the wider multi-disciplinary team to co-ordinate the provision of effective and responsive care. There was evidence of collaborative working including end of life care and safeguarding.
- All members of the practice team had received an annual appraisal and had undertaken training appropriate to their roles, with any further training needs identified and supported by the practice.
- Results from the national GP survey, and responses to our conversations with patients showed that patients were treated with compassion, dignity and respect, and that they were involved in their care and decisions about their treatment.
- The practice worked closely with other services and organisations in the locality, and across the CCG area to plan and review how services were provided to ensure that they met people's needs.

Summary of findings

- Urgent appointments were available on the day they were requested. However, patients said that they sometimes had to wait a long time to see the GP of their choice.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from patients, which it acted upon. Patients responding to the national patient survey reported a positive experience at this practice, as did patients we spoke with on the day of our inspection.
- Ensure that staff who act as chaperones have been trained in accordance with the recent best practice guidelines.
- Maximise the integration of the new computer system in order that the practice can run clinical searches, provide assurance around patient recall systems, consistently code patient groups and produce accurate performance data.
- A system should be implemented to record action taken in response to MHRA (Medicines & Healthcare products) safety alerts and updates.

However there were areas of practice where the provider should make improvements:

- Whilst internal assessments had been completed around the management of legionella and fire risks, issues identified had not been actioned. There was scope to involve external professionals in the compilation of an action plan, especially with regard to the safe storage of heat emitting equipment in the computer room.
- Regular fire drills should be undertaken.
- There was scope to improve the management of cleaning schedules through formal monitoring.
- There was scope to assure and improve the effectiveness of care received by patients through referrals audits and prescribing analysis.
- Record verbal complaints in order to widen shared learning.
- Improve the arrangements for the security of blank prescription forms.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Staff understood and fulfilled their responsibilities to raise concerns and to report incidents. Incidents were reviewed by the GPs and practice management team and any lessons learnt were communicated to the team in order to support improvement.

The practice had established effective systems to manage and review safeguarding concerns including regular meetings with multidisciplinary teams.

The appointment of new staff was supported by appropriate recruitment checks and all of the practice staff had received clearance from the Disclosure and Barring Service (DBS).

There was scope to improve the management of some health and safety risks. Whilst internal assessments had been completed around the management of legionella and fire risks, issues identified had not been actioned. There was scope to involve external professionals in the compilation of an action plan, especially with regard to the safe storage of heat emitting equipment in the computer room.

Procedures for dealing with medical emergencies were robust. Staffing levels were maintained to keep patients safe. Administrative systems were responsive and ensured that incoming correspondence was dealt with in a timely and effective manner and with full clinical oversight.

We found the practice to be visibly clean and patients told us that they had not encountered issues with cleanliness. There was however scope to better ensure that the practice's cleaning schedule was effective through formal monitoring.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Our findings on inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) and other locally agreed guidelines and that clinicians used these as part of their work. Regular audits were undertaken and improvements were made as a result to enhance patient care. For example, two-cycle audits of patients using inhalers had been undertaken, as well as an audit of patients using anticoagulants.

Good



Summary of findings

With the agreement of the local CCG (Clinical Commissioning Group), the practice did not submit a full data set under the Quality and Outcomes Framework in 2013/14. This was due to a change in computer system. This has had an ongoing impact on the data submitted for the 2014-15 Quality and Outcomes Framework. Results were 82.1% of the total number of points available, with 7.8% exception reporting (which is slightly below the CCG and national average). Nevertheless, additional inspection work showed that these results were a result of glitches in computer reporting, rather than a failure to deliver good outcomes for patients.

Good health was promoted by the practice including self-management and a range of services including smoking cessation.

Staff had received training appropriate to their roles and any further training needs had been identified and planned to meet these needs. Appraisals and personal development plans were in place for all staff. Staff communicated effectively with multidisciplinary teams, and engaged in regular meetings with them to benefit care and enhance outcomes for patients.

Are services caring?

The practice is rated as good for providing caring services.

Data showed that patients rated the practice higher than others for several aspects of care. For example, 89% of respondents said the last GP they spoke to was good at treating them with care and concern which was above the 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. For example, 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%. Patients we spoke with on the day of the inspection, and responses we received on comment cards, reinforced the findings of the national survey.

The practice accommodated the individual needs of patients. We saw examples of how the reception team assisted patients attending for appointments.

Information about services for patients and carers was available and easy to understand. We also observed that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to

Good



Summary of findings

secure improvements to services where these were identified. Feedback from patients we spoke with was that access to a GP was always available if they had an urgent need. However they sometimes found it more difficult to get to see the GP of their choice for a routine appointment. Practice staff were aware that this was because many patients preferred to wait to see the lead GP, although appointments with other GPs were readily available. Nevertheless the national patient survey showed that 90% patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.

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 evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

It had a vision and strategy, and the partners and practice management team met frequently to focus upon key issues and business needs. Staff were clear about their own roles and responsibilities and how they contributed to the overall practice objectives. They spoke about their aim to be warm, helpful, friendly and accommodating to patients needs. There was a clear leadership structure and staff felt supported by management through regular and effective communication. There was a high level of staff satisfaction and staff turnover was generally low. The practice worked with other local practices and engaged effectively with their CCG. The practice had a good range of policies and procedures to govern activity and held regular practice meetings. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and influenced developments in the practice. All staff had received inductions, regular performance reviews and attended staff meetings.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. Age Concern and the Citizens Advice Bureau regularly attended the practice to offer advice to older patients.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. One appointment was offered to incorporate the needs of patients with two or more chronic diseases to review the patient holistically and to prevent them having to attend more frequently than necessary. Reviews encompassed the effect of the patient's condition's on work, relationships, housing, mobility, finance and impact on family or carers. This helped to signpost patients to other sources of support and outside agencies when necessary.

All long-term condition patients had a structured annual review to check that their health and medication needs were being met, and individual care plans were developed as appropriate. For those people with the most complex needs, clinicians worked with relevant health and care professionals to deliver a multidisciplinary package of care.

With the agreement of the local CCG (Clinical Commissioning Group), the practice did not submit a full data set under the Quality and Outcomes Framework in 2013/14. This was due to a change in computer system. This has had an ongoing impact on the data submitted for the 2014-15 Quality and Outcomes Framework. Results for some long term conditions were therefore lower than the practice would have liked. For example, performance for diabetes related indicators was above below the CCG and national average with the practice achieving 73.3% which was 17.1% below the CCG

Good



Summary of findings

average and 15.9% below national average. Nevertheless, additional inspection work showed that these results were a result of glitches in computer reporting, rather than a failure to deliver good outcomes for patients.

Families, children and young people

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. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 91.5% to 97.9% and five year olds from 88.6% to 100%. This compares well with the local and national averages. 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 good examples of joint working with midwives and health visitors who held clinics on site on a weekly basis.

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).

The practice was proactive in offering online appointment bookings, repeat prescriptions, and provided early appointments from 8am. The practice also offered extended evening appointments from 18.30 – 21.00 at a site in Ipswich.

Patients told us that it could be difficult to obtain an appointment with the GP of their choice and this was reflected in some of the comments cards. Nevertheless the national patient survey showed that 90% patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.

Good



People whose circumstances may make them vulnerable

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

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice was in the process of carrying out annual health checks for

Good



Summary of findings

people with a learning disability, and staff confirmed that all patients on the practice's learning disability register were invited to attend for this service on an annual basis. The practice offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and used the practice computer system to ensure that locum staff were alerted as to which patients might be vulnerable. Staff knew how to recognise signs of abuse in vulnerable adults and children, and were aware of their responsibilities, regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

The practice held regular multi-disciplinary meeting to review the needs of end of life patients as part of the gold standards framework. This is a programme designed to provide excellent care for end of life patients working within recognised standards of care.

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).

QOF data reported an achievement of 84.6% for mental health related indicators. 96.3% of people on the practice mental health register had a documented care plan in place (which is better than both the local and national averages). The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia and carried out advance care planning for patients with dementia. We saw that 30% of patients with a diagnosis of dementia had received a series of health checks, the practice have given us an assurance that the remaining patients were scheduled for health checks. However the dementia diagnosis rate was below the national average. Staff explained that this was because the computer system was not correctly capturing all patients who had received a diagnosis. The practice acknowledged the need to improve its use of the system in order to provide reliable outcomes information in support of its performance.

The practice had told patients experiencing poor mental health about how to access various types of support and we saw information about this available in the reception area. Triage directed these patients for support quickly during periods of significant personal stress. There was a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Most staff had

Good



Summary of findings

received training on how to care for people with mental health needs, including awareness of Alzheimer's Disease. The practice also hosted weekly psychiatric outpatient sessions and weekly counselling clinics with mental health link workers.

Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015 showed the practice was performing in line with local and national averages. There were 109 responses and a response rate of 43%.

- 93% find it easy to get through to this surgery by phone compared with a CCG average of 81% and a national average of 73%.
- 93% find the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 80% with a preferred GP usually get to see or speak to that GP compared with a CCG and national average of 60%.
- 94% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 90% and a national average of 85%.

- 94% say the last appointment they got was convenient compared with a CCG average of 94% and a national average of 92%.
- 90% describe their experience of making an appointment as good compared with a CCG average of 79% and a national average of 73%.
- 58% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65%.
- 58% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

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 and all were positive about the standard of care received apart from one. Patients we spoke with on the day of our inspection told us that staff treated them efficiently and with respect.

Areas for improvement

Action the service **SHOULD** take to improve

- Whilst internal assessments had been completed around the management of legionella and fire risks, issues identified had not been actioned. There was scope to involve external professionals in the compilation of an action plan, especially with regard to the safe storage of heat emitting equipment in the computer room.
- Regular fire drills should be undertaken.
- There was scope to improve the management of cleaning schedules through formal monitoring.
- Ensure that staff who act as chaperones have been trained in accordance with the recent best practice guidelines.
- Maximise the integration of the new computer system in order that the practice can run clinical searches, provide assurance around patient recall systems, consistently code patient groups and produce accurate performance data.
- A system should be implemented to record action taken in response to MHRA (Medicines & Healthcare products) safety alerts and updates.
- There was scope to assure and improve the effectiveness of care received by patients through referrals audits and prescribing analysis.
- Record verbal complaints in order to widen shared learning.
- Improve the arrangements for the security of blank prescription forms.

Dr William McKee

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, a practice manager specialist adviser and a second inspector.

Background to Dr William McKee

Walton Surgery is situated in the High Street in Felixstowe. Dr McKee owns the practice and is supported by a salaried female GP and three regular locums, two practice nurses and a healthcare assistant. The clinical team is supported by a practice manager, a medical secretary, a prescribing administrator and six reception staff. The practice also hosts the local district nursing team, weekly midwife visits and health visitor sessions.

Patients reside in the town of Felixstowe. The registered practice population of 4,250 is predominantly of white British background, and are ranked in the fourth least deprived decile. Felixstowe is a seaside town and attracts visitors in the summer months and also a transient population of migrant workers. The practice sees visitors on an urgent basis or for routine appointments as a temporary resident. The practice is open from 8.00am until 18.30 on weekdays with extended opening until 19.30 on Tuesdays. The practice is also aligned to 'Suffolk GP +' which is an NHS service delivered by the Suffolk GP Federation, a not-for-profit group of 61 local GP practices in Suffolk. Patients can attend the Riverside Clinic in Ipswich on week days between 18.30 and 21.00 and on weekends and bank holidays from 09.00 until 21.00.

When the practice is closed patients are directed to the NHS 111 service.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

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.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people

Detailed findings

- 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)

The inspection team :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC's intelligent monitoring systems.
- Carried out an announced inspection visit on 3 December 2015.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. We observed that recorded events were well documented with a full account of what had happened and the actions that had been taken in response to this. Ten significant events had been recorded by the practice since January 2015 and this incorporated some patient complaints. Learning was cascaded to other members of the team where this was relevant to their role. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the need to communicate the reasons for medication changes clearly to the patient. The practice carried out an analysis of the significant events and learning was shared across the practice team.

Safety alerts were cascaded to appropriate staff members. However the practice did not maintain an audit trail to demonstrate which MHRA (Medicines & Healthcare products

Regulatory Agency) alerts and safety updates had been implemented. The practice agreed that this system would be introduced.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

The practice had defined and embedded systems, processes and practices in place to keep people safe, which included:

- Safeguarding arrangements were in place to protect children and adults from abuse that reflected relevant legislation and local requirements. We spoke to staff who demonstrated they understood their responsibilities for safeguarding and all had received training relevant to their role. There was a practice

safeguarding policy in place which outlined how to report concerns if any staff member observed or became aware of a potential or actual safeguarding issue. There was a lead GP with responsibility for safeguarding, and regular meetings took place to discuss and review safeguarding cases. The GPs attended externally held safeguarding meetings when possible, but would always provide reports if they could not attend. The GPs liaised regularly with the health visiting team regarding any safeguarding issues, and the health visitor attended the practice safeguarding meetings. There was an alert on the computer system to identify those deemed to be at risk.

- A notice was displayed in the waiting and consulting rooms advising patients that a chaperone was available if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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). We spoke with staff who acted as chaperones and found that they required update training as the guidance they were following no longer protects the patient and staff member adequately.
- Safe systems were observed to review incoming correspondence from the out of hours' service and pathology laboratory results. These were reviewed daily by the GPs and any necessary actions were undertaken promptly and recorded.
- Some procedures were in place for monitoring and managing risks to patient and staff

Safety, but there was scope to improve these. There was a health and safety policy available. The practice had completed its own fire risk assessment, but we saw that issues identified had not been actioned. Fire drills had not been carried out. There was scope to involve external professionals in the compilation of an action plan, especially with regard to the safe storage of heat emitting equipment in the loft space. As a precautionary measure, the lead GP agreed that this equipment would be switched off following our inspection. The practice had not undertaken a comprehensive legionella (a potentially harmful bacterium found in water supplies) risk assessment. Clinical equipment had been checked to ensure it was working properly.

Are services safe?

- We observed the premises to be tidy and kept to a good standard of maintenance. However, the cleaning schedule delivered by an external company was not regularly checked and monitored by the practice. Most consulting rooms were carpeted and had been deep cleaned in November 2014. Staff confirmed that an annual clean was now due. A practice nurse was the infection control clinical lead, and there was an infection control protocol in place. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. All staff had received up to date training in infection control and prevention.
- The practice did not undertake regular medication audits to ensure that the practice was prescribing in line with best practice guidelines for safe prescribing.
- Blank prescription pads were kept locked away and were logged as they arrived at the practice. However the practice did not maintain an audit trail of what happened to these scripts as they flowed through the practice. We discussed this with staff who agreed that they would instigate improved management of blank prescription pads in order to mitigate any risks around their misuse.
- Vaccines were in date and kept in refrigerators which were monitored for temperature control.
- Recruitment checks were carried out and the four files we reviewed showed that 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 (DBS). We noted that

the practice did not have a copy of a DBS check for one of the GPs on file. However we were able to check with NHSE that this had been done and that the GP was registered on the performers' list.

- The practice had group indemnity cover for all the GPs and nursing staff.
- 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 to ensure that enough staff were on duty.
- The practice ensured the Care Quality Commission were informed via the statutory notification process for any relevant untoward event.

Arrangements to deal with 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. Reception staff also had access to a panic button which linked directly to the Police. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use.

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. Two copies were held off site. There was potential to link with another surgery in a 'buddy' arrangement so that patients could be re-directed safely and swiftly in the event of fire or flood at Walton Surgery.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

The practice changed to a new computer system in 2014 and staff were open with us when they stated that they had not yet fully integrated the functionality of this new system. We noted that additional work was required by the practice to ensure that they could confidently and efficiently run clinical searches, provide assurance around patient recall systems and produce accurate performance data.

Management, monitoring and improving outcomes for people

With the agreement of the local CCG (Clinical Commissioning Group), the practice did not submit a full data set under the Quality and Outcomes Framework in 2013/14. This was due to a change in computer system. This has had an ongoing impact on the data submitted for the 2014-15 Quality and Outcomes Framework. Results were 82.1% of the total number of points available, with 7.8% exception reporting (which is slightly below the CCG and national average). Nevertheless, additional inspection work showed that these results were a result of glitches in computer reporting, rather than a failure to deliver good outcomes for patients. Data from 2014/2015 showed;

- Performance for diabetes related indicators was below the CCG and national average with the practice achieving 73.3%, which was 17.1% below the CCG average and 15.9% below national average. Further work undertaken by the inspection team gave assurance that diabetic patients were receiving the care they required, including regular medication reviews.
- Performance for atrial fibrillation, epilepsy, hypertension, learning disabilities, palliative care and rheumatoid arthritis were all better or the same in comparison to the CCG and national averages with the practice achieving 100% across each indicator.

- We saw that 30% of patients with a diagnosis of dementia had received a series of health checks, the practice have given us an assurance that the remaining patients were scheduled for health checks. However the dementia diagnosis rate was below the national average. Staff explained that this was because the computer system was not correctly capturing all patients who had received a diagnosis. The practice acknowledged the need to improve its use of the system in order to provide reliable outcomes information in support of its performance.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. Clinical audits completed in the last two years included audit of inhaler use and a warfarin audit. These were completed audits where the improvements made were implemented and monitored.

There was scope to provide further assurance around the effectiveness of care received by patients through referrals audits and prescribing analysis. The practice told us that they took this feedback on board.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. However there was scope to formally record this induction process.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the

last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. For example patients who might benefit from weight management support were signposted to a local support group.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 94.44%, which was above the national average of 81.88%. There was no policy to offer telephone reminders for patients who did not attend for their cervical screening test and the practice told us that results were followed up solely by the hospital. We fed back to the practice that there was scope to supplement their governance of cytology with additional safety nets. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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 91.5% to 97.9% and five year olds from 88.6% to 100%. Flu vaccination rates for the over 65s were 72.23%, and at risk groups 48.66%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Throughout the inspection, we found that patient care and a genuine desire to do the best for patients was the primary focus of the practice team at all levels. This was integral to the practice team's everyday work.

We saw that members of staff were polite and helpful to patients both attending at the reception desk and on the telephone and people were treated with dignity and respect. If the reception team noticed patients were struggling with basic tasks, they ensured that clinicians were made aware so that individuals were appropriately assessed. Staff were able to move patients who wanted to talk about sensitive matters, or if they appeared distressed, into an area where they could maintain their confidentiality.

The majority of the 15 patient CQC comment cards we received were positive about the service experienced. There was only one negative response regarding the attitude of staff. Patients said they felt the practice offered an excellent service and that staff were helpful, compassionate and treated them in a dignified and respectful manner. We spoke with the Chair of the patient participation group (PPG) on the day of our inspection. They told us they were extremely satisfied with the care provided by the practice.

The practice was comparable for its satisfaction scores on consultations with doctors and nurses. For example, the National Patient Survey from July 2015 shows:

- 94% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 98% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.

- 93% patients said they found the receptionists at the practice helpful compared to the CCG average 89% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

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

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system sometimes alerted GPs if a patient was also a carer. Some patients who had a caring responsibility had been identified by the practice, but we noted that coding was inconsistent and so this register was not complete. Where carers were known to the practice, they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered early appointments from 8am for working patients who could not attend during normal opening hours.
- The practice is also aligned to 'Suffolk GP +' which is an NHS service delivered by the Suffolk GP Federation, a not-for-profit group of 61 local GP practices in Suffolk. Patients can attend the Riverside Clinic in Ipswich on week days between 18.30 and 21.00 and on weekends and bank holidays from 09.00 until 21.00.
- There were longer appointments available for people with more complex needs such as some older people or those with a learning disability.
- Home visits were available for those patients who could not attend the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice had facilities for patients using wheelchairs.
- The practice hosted the Citizens Advice Bureau and a counsellor attended the practice on a weekly basis.

Access to the service

The practice was open between 08.00 and 18.30 Monday to Friday with extended opening until 19.30 on Tuesdays. Patients could also attend a service run by Suffolk GP + in Ipswich where appointments were available from 09.00 to 21.00 on weekends and bank holidays. 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.

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 and people we spoke to on the day were able to get appointments when they needed them. For example:

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 93% patients said they could get through easily to the surgery by phone compared to the CCG average of 81% and national average of 73%.
- 90% patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 58% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%. We discussed this with the practice staff who acknowledged that some patients waited longer to see their GP of preference.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. A complaints policy and procedure had been shared with staff. There was a designated responsible person who handled the complaints in the practice.

Information to help patients understand the complaints system was displayed at the reception desk. Patients could make a complaint in writing or verbally. Patients we spoke with were generally unaware of the process to follow if they wished to make a complaint, although they told us that they would feel confident to report any concerns should this arise.

The practice had received four written complaints in the previous 12 months. We noted that verbal complaints had not been recorded and so the potential to achieve wider learning from these had been lost. We looked at the written complaints received in the year and found that these had been fully investigated and responded to within an appropriate timescale. Apologies were provided where appropriate. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, better explanation around medication changes.

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 strategy and supporting business plans which reflected the vision and values that staff strived to achieve. Staff we spoke with told us that their aim was to provide a warm, friendly and efficient service where the patient sits at the centre of decision making.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements

Nevertheless, there was scope to strengthen governance areas in the following areas:

- There was scope to ensure that the practice had a comprehensive understanding of its own performance through improved use of data. The practice understood that it needed to maximise the functionality of the new computer system in order that the practice could run clinical searches, provide assurance around patient recall systems, consistently code patient groups and produce accurate performance data.
- There was scope to strengthen governance arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, particularly in relation to fire and legionella.

Leadership, openness and transparency

The lead GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. Weekly clinical and regular practice meetings focussed upon clinical issues, business needs, and also to review significant events and complaints. The practice staff prioritised safe, high quality and compassionate care. Staff told us that the lead GP was approachable and always took the time to listen to all members of staff.

There was scope for the practice to proactively review areas such as referral management and prescribing.

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

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

The practice advertises the PPG (Patient Participation Group) on its website, in the practice newsletter, on posters in the surgery and it also sends personal invitations to all patients. Two patient surveys have been carried out with the help of the Patient Participation Group. The PPG has worked with practice staff to maximise the benefit of sending information to patients by text. The PPG has installed a comments box in the waiting area to capture patient feedback.

Staff told us they felt empowered to give feedback or provide suggestions on how things could be improved with colleagues and management. Good work was acknowledged by the practice management. Employees spoke positively about their experience of working for the lead GP and there was a low turnover of staff.