

Wickham Market Medical Centre

Quality Report

Chapel Lane
Wickham Market
Woodbridge
IP13 0SB
Tel: 01728 747101
Website: www.wickhammarketmc.co.uk

Date of inspection visit: 9 February 2016
Date of publication: 25/04/2016

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 Wickham Market Medical Centre on 9 February 2016. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. However there was scope to ensure better management of controlled drugs and storage of vaccines.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 improvements:

- Ensure that appropriate systems surrounding the management of controlled drugs are implemented

Summary of findings

and embedded within the practice. Controlled drug records were not consistently kept and adequate monitoring of the refrigerators storing vaccines did not always take place.

- Ensure that adequate monitoring of the refrigerators storing vaccines takes place and staff know what to do if the temperature is outside the recommended range.

We saw several areas of outstanding practice:

- The practice shared outcomes of significant events with staff and other local GP practices during meetings that were attended by representatives from other practices.

- The practice acted as research hub in cooperation with other local practices and the Primary Care Research Network. This had led to increased understanding of the topics covered in the research.
- The practice had been awarded the Investors in People award annually for the past 12 years which demonstrates the practice's commitment to training, supporting and developing its staff.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- The practice used every opportunity to learn from internal and external incidents to support improvement, and shared this with staff and local practices.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There were enough staff to keep patients safe.
- Medicines were generally stored securely within the practice. However, appropriate procedures were not in place with regards to the management of controlled drugs in the emergency bag and the monitoring of the refrigerators storing vaccines was not robust. Monthly checks of the controlled stock, as required by the practice's own procedure, were not being done.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were generally higher than local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice higher than others for several aspects of care.
- 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 staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice had initiated positive service improvements for its patients that were over and above its contractual obligations.
- 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.
- 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.
- 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Results from the National GP Patient Survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was generally above the local and national averages.
- The practice proactively referred patients to the Wickham Market Good Neighbour scheme, a charity with volunteers who provided help with social and domestic tasks.

Are services well-led?

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

Good



- 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 this.

Summary of findings

- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice was awarded the Investors in People award in 2005 and had been reaccredited continually since.
- During a whole practice training day the practice had asked members of staff to set objectives for themselves, their teams and the practice as a whole. Feedback from this day was provided to all the teams so staff were aware of the whole practice's objectives. The objectives were signed off by individual staff members and transferred to personal development plans for review at appraisals. The process was shared with the practice managers group in the local CCG.
- Two GPs and the practice manager had various leadership roles in the local CCG and the Deben Health Group, a group of six local GP practices.
- The practice team was forward thinking and were involved in a variety of local research studies.

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.

Good



- 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.
- Weekly ward rounds were undertaken at a local residential home.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis, were generally above local and national averages.
- An Age UK advisor visited the practice on a monthly basis, offering support and advice for patients and/or their carers.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management, and patients at risk of avoidable hospital admission were identified as a priority.
- The practice performed consistently well against local benchmarking standards. It was third out of 40 for low levels of unplanned admissions to hospital, low levels of planned hospital admission and low levels of outpatient referral. It was placed 7th out of 40 on low use of A&E. This indicated that the practice was able to effectively prevent patients from being admitted to hospital when they did not need to.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2014/2015 showed that performance for asthma related indicators was 100%, which was above the CCG average by 5.7% and above the national average by 2.6%.
- In 2014/2015 the practice achieved 95.4% of the total number of points available, which was above the national average of 94.7% and the local average of 94.1%. The practice reported 6.6% exception reporting (below CCG and national average).

Summary of findings

- Longer appointments and home visits were available when needed.
- A practice nurse and a nurse practitioner had obtained specialist diabetes qualifications, and another practice nurse had obtained an asthma diploma. The practice's computer system was designed so that specialist appointments for patients could only be made with those clinicians that were appropriately trained.
- Patients with long-term conditions had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had a robust recall system for annual health and medication reviews.

Families, children and young people

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

Good



- 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 high for all standard childhood immunisations.
- The practice ensured GPs carried out postnatal home visits or telephone calls for mothers of newborn babies.
- 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.
- A private space was available for breastfeeding mothers.

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).

Good



- 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

Summary of findings

and offered continuity of care. Extended appointments were available on Tuesday evenings and Saturday mornings, and the practice offered telephone advice for patients that chose to use this service.

- 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.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years.
- Four GPs provided minor surgery treatments for patients eradicating the need to travel elsewhere for this treatment.

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 homeless people, travellers and those with a learning disability, and patients' notes were highlighted to make staff aware.
- It had carried out annual health checks for people with a learning disability, and 6 out of 24 patients had up to date care plans. The practice had a plan in place to undertake the outstanding 19. The practice offered longer appointments for this patient group and was flexible in offering appointments to suit the patient in or outside normal clinic hours.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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.
- The practice provided GP care to two local prisons. The practice worked closely with the prison healthcare team and two other local practices to provide continuous GP cover.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- The practice is rated as good for the care of people experiencing poor mental health including people with dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.
- The practice had 103 registered patients with dementia, of which 100 required a care plan. 74 of these patients had received an annual review since April 2015.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had 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.
- The practice had 54 registered patients suffering with poor mental health, of which 30 required a care plan. 22 of these patients had received an annual review since April 2015.
- 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan, which was 7.5% above the England average.
- A mental health link worker visited the practice on a weekly basis.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in January 2016. The results showed the practice was performing significantly above national averages. 238 survey forms were distributed and 129 were returned. This is a 54.2% response rate.

- 95% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared to a national average of 76%.
- 92% described the overall experience of their GP surgery as fairly good or very good compared to a national average of 85%.
- 88% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All of the 14 CQC patient comment cards we received contained positive and complimentary patient views about the service. Patients said they felt the practice offered a safe and satisfactory service, and that staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required, that the premises were clean and the care they received was good and in many cases excellent.

We spoke with two patients, who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They spoke highly of the services offered by the practice and the attitudes of all staff in the practice.

Areas for improvement

Action the service MUST take to improve

- Ensure that appropriate systems surrounding the management of controlled drugs are implemented and embedded within the practice. Controlled drug records were not consistently kept and adequate monitoring of the refrigerators storing vaccines did not always take place.
- Ensure that adequate monitoring of the refrigerators storing vaccines takes place and staff know what to do if the temperature is outside the recommended range.

Outstanding practice

- The practice shared outcomes of significant events with staff and other local GP practices during meetings that were attended by representatives from other practices.
- The practice acted as research hub in cooperation with other local practices and the Primary Care Research Network. This had led to increased understanding of the topics covered in the research.
- The practice had been awarded the Investors in People award annually for the past 12 years which demonstrates the practice's commitment to training, supporting and developing its staff.

Wickham Market Medical Centre

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 medicine optimisation inspector.

Background to Wickham Market Medical Centre

Wickham Market Medical Centre is situated in Wickham Market, Suffolk. The practice provides services for approximately 9700 patients. It is one of six surgeries which form the Deben Health Group. The Practice is a member of the Suffolk GP Federation and has a branch practice in the village of Rendlesham, which was visited as part of our inspection. Prescriptions could be dispensed to eligible patients at both locations. The practice holds a Personal Medical Services contract with Ipswich and East Suffolk CCG.

According to Public Health England, the patient population has a considerably lower than average number of patients aged under 10 and 20 to 39 compared to the practice average across England. It has a higher proportion of patients aged 40 and above compared to the practice average across England. Income deprivation affecting children and older people is significantly lower than the practice average across England.

The practice team consists of four GP partners, one female and three male. There are two salaried GPs, one female

and one male. The nursing team consists of two nurse practitioners, three nurses and three health care assistants. The clinical staff is supported by a team of dispensary, secretarial, administrative and reception staff led by a practice manager.

The practice's opening times at the Wickham Market location at the time of the inspection were 08:00 to 18:30 Monday to Friday. The practice's opening times at the Rendlesham location at the time of the inspection were 08:40 to 12:00 on Tuesday and Friday, 15:30 to 18:30 on Monday and Wednesday and 14:45 to 17:30 on Friday. Extended hours were offered on Tuesday evenings at Wickham Market 18:30 to 20:00 and on Saturday mornings from 08:30 to 11:45, of which one a month was held at the Rendlesham location. Saturday opening times were for pre-booked appointments only. During out-of-hours, appointments were available with GP+ (an Ipswich GP based out-of-hours provider) between 18:30 and 21:00 on weekdays and between 09:00 and 21:00 during weekends. During the remaining out-of-hours times GP services were provided by CareUK.

The practice is a training practice and had supported two undergraduate medical students at the time of our inspection. The practice was involved in a variety of research projects.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 February 2016.

- Spoke with a range of staff and 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.

Are services safe?

Our findings

Safe track record and learning

The practice had a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents, and there was also a recording form available on the practice's computer system. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

When appropriate, complaints received by the practice were automatically treated as significant events. Some incidents were escalated as serious adverse events, for these learning was also shared amongst staff (for example at meetings and via a notice board in the reception area) and amendments to practice implemented when appropriate. For example, a referral protocol was amended and extra codes added following an incident that highlighted an incorrect referral process.

Records and discussions with GPs identified that there was consistency in how significant events were recorded, analysed, reflected on and actions taken to improve the quality and safety of the service provided. The GPs explained the practice operated a 'no blame' culture. The practice carried out an analysis of the significant events which included specific action and learning points and review dates. The practice shared outcomes of significant events with staff and other local GP practices during meetings that were attended by representatives from other practices.

There was a system in place to record dispensing errors which resulted in people receiving an incorrect medicine. These records were reviewed by the dispensary team however there was no process in place to record near misses.

We reviewed safety records, incident reports, national patient safety alerts and minutes of clinical meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) and guidance alerts from the Medicines

and Healthcare products Regulatory Agency (MHRA). The information was monitored by designated members of staff and shared with other staff in the form of a hand-out. We saw that where required actions were taken. The practice's library contained historical information on relevant alerts and updates. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies were available to all staff, and clearly outlined who to contact for further guidance if they had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding Level 3 for children.
- There were notices throughout the practice that advised patients that chaperones were available. Nurses or health care assistants would act as chaperones if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. They were assisted by a health care assistant. There was an IPC protocol in place and staff had received up to date training. We saw evidence that annual IPC audits were historically undertaken and actions had been taken to address any improvements identified as a result, for example sink plugs were removed where necessary. We saw that the practice undertook monthly clinical waste audits to ensure segregation and labelling took place

Are services safe?

appropriately. The practice had also implemented an annual healthcare associated infection reduction plan with the aim that 'no one that used the practice would be harmed by an avoidable infection'.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated to ensure it was working properly.
- Recruitment checks were carried out and staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to staff's employment. For example, references, qualifications, registration with the appropriate professional body and the checks through the DBS.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff in the different teams were able to cover each other's roles across the practice's different locations. There was also the possibility to share staff across the Deben Health Group.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. The practice had four designated fire marshals at both sites. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises, such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had an intruder alarm installed. After a risk assessment was carried out the practice employed a key holder service so that partners or staff did not have to attend the building unaccompanied late at night.

Medicines management

- We checked how medicines were ordered, stored and handled at Wickham Market Medical Centre. Medicines were stored securely, in a clean and tidy manner and were only accessible to authorised staff. Medicines were purchased from approved suppliers and all medicines

were within their expiry date. There was a system in place to identify short dated medicines so that staff could make people aware of this on receiving their prescription. Systems were in place to action any medicine recalls.

- We saw that medicines requiring cold storage were kept in refrigerators both in the dispensary and in the treatment room. However, incomplete records did not assure us that the refrigerators containing vaccines were maintained at the required temperatures and appropriate actions had been taken when the temperature was recorded outside the recommended range.
- 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. These were not being followed by practice staff. Controlled drugs were stored securely and only authorised staff could access them but monthly checks of the controlled stock, as required by the practice's own procedure, was not being done.
- Medicines for use on home visits were securely stored in a dedicated bag for these visits. The list of medicines kept within this bag did not specify strengths or quantities and it included two types of controlled drugs. There was no separate record book maintained for the receipt and supply of controlled drugs within the emergency bag. There was no written procedure to cover the safe management of the medicines stored within the emergency bag and management of the controlled drugs within the bag was not in line with best practice as defined by the Dispensing Doctors Association.
- The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. Members of staff involved in the dispensing process had received appropriate training and received annual appraisals and competency checks. The dispensing team had set objectives and participated in a minimum number of team meetings which provided continuing professional development and there was evidence of staff suggestions being actioned to improve practice. Guidance and training was provided by a pharmacist

Are services safe?

and there was evidence of audit taking place within the dispensary team from which people had benefitted, for example, identifying people who needed extra help with administering eye drops.

- Dispensing staff ensured that repeat prescriptions were signed before medicines were handed to patients. Safe systems of dispensing were in operation. At the branch surgery in Rendlesham there was a managed repeat system in operation, which helped to reduce waste and identify problems with concordance (how people take their medicines), this was soon to be rolled out at this location.
- There were systems in place to ensure that any change of medication on discharge from hospital, or following a review from other services, was reviewed by a GP and the appropriate action taken in a timely manner. However, we did see one case where a medicine which was stopped by the hospital and should have been removed from that person's repeat medication list had not been actioned. Medicines prescribed by other providers were clearly marked on patient records and there were systems in place to ensure people received the appropriate monitoring required with high risk medicines.
- The nurses prescribed vaccines or administered them using directions that had been produced in line with legal requirements and national guidance.

- Prescription pads and blank prescription forms for use in printers were safely stored and handled in accordance with national guidance.

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. Staff were also aware of panic alarm buttons. 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, along with oxygen with adult and children's masks.

There was a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area at both locations 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. This was held online and off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF - is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions e.g. diabetes and implementing preventative measures. The results are published annually). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. In 2014/2015 the practice achieved 95.4% of the total number of points available, which was above the national average of 94.7% and the local average of 94.1%. The practice reported 6.6% exception reporting, which was below CCG and national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/2015 showed:

- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, dementia, depression, epilepsy, heart failure, hypertension, learning disability, mental health, osteoporosis: secondary prevention of fragility fractures, palliative care and rheumatoid arthritis were better or the same in comparison to the CCG and national averages with the practice achieving 100% across each indicator. Clinical exception reporting was in these cases either in line with, or better than national and local averages.
- Performance for diabetes related indicators was lower compared to the CCG and national average. The practice achieved 74.2%, this was 16.2 percentage points below

the CCG average and 15 percentage points below the national average. In response a practice nurse had received specialist diabetes training and qualification to support a nurse practitioner and the practice's computer system was designed so that specialist appointments for patients could only be made with those clinicians that were appropriately trained. Performance at the time of our inspection was approximately 80% but this was not a verified or published performance score at the time of inspection.

- Performance for peripheral arterial disease related indicators was 99.7%, which was 4.6 percentage points above the CCG average and 3 percentage points above the national average.
- Performance for secondary prevention of coronary heart disease related indicators was 95.6%, which was 1.9 percentage points above the CCG average and 0.6 percentage points above the national average.
- Performance for stroke and transient ischaemic attack related indicators was 95.4%, which was 3.2 percentage points below the CCG average and 1.2 percentage points below the national average.

The practice had made use of the Gold Standards Framework for end of life care. It had a palliative care register and had regular meetings to discuss the care and support needs of patients and their families with all services involved.

The practice performed consistently well in local benchmarking standards. It was third out of 40 for: low levels of unplanned admissions to hospital, low levels of planned hospital admission and low levels of outpatient referral. It was placed 7th out of 40 on low use of A&E.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw evidence of completed audit cycles where the improvements found were implemented and monitored. Findings were used by the practice to improve services. We discussed a number of clinical audits with the GPs on the day of the inspection. For example, an audit on prescribing for urinary tract infections following education and a change of prescribing parameters had resulted in increased compliance to prescribing best practice guidelines from 89% to 95%.

Another audit looked at prescribing for amlodipine (used to reduce high blood pressure) and simvastatin (used to lower

Are services effective?

(for example, treatment is effective)

cholesterol) in combination, to ensure that the doses prescribed were in line with national guidelines. After the second cycle of audit the number of patients being prescribed this combination was reduced from eight to zero.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered topics such as health and safety, confidentiality and organisation rules. This included induction time with the practice manager and role specific induction. Staff underwent a three month probation period which included a competency assessment.
- Staff had access to appropriate training to meet 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. Appraisals were undertaken and all staff had had an appraisal within the last 12 months. More frequent appraisals were undertaken if requested or required, or if staff changed roles.
- 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, in-house and external training.
- One nurse and a nurse practitioner had obtained specialised diabetes qualifications and another nurse had obtained an asthma diploma. The practice's computer system was designed so that specialist appointments for patients could only be made with those clinicians that were appropriately trained.
- The practice had taken on five members of staff on work placements at different times before our inspection, of which four had remained with the practice after their placement had finished and three still worked there at the time of our inspection.
- The practice employed a pharmacist directly half a day per week during which specialist knowledge would be applied in the dispensary practices in addition to already appropriately allocated dispensary team.

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.

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 near monthly basis (ten a year) and that care plans were routinely reviewed and updated.

Information such as NHS patient information leaflets were available in the patient waiting room.

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 their 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.

Supporting patients to live healthier lives

Patients who might be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers and those at risk of developing a long-term condition. Patients were then signposted to the relevant service.

- The practice had a comprehensive cervical screening programme. The practice's percentage of patients receiving the intervention according to 2014-2015 data was 78.8%, which was below the England average of 81.8%. Patients that had not attended for a screening appointment were followed up with letters and via the telephone.

Are services effective?

(for example, treatment is effective)

- Childhood immunisation rates for the vaccinations given to under twos ranged from 95.5% to 100% compared to the local average of 94.8% to 97.1%, and for five year olds from 94.1% to 99.0% compared to the local average of 92.6% to 97.2%.
- Smoking cessation services were offered, since April 2015 37 patients had used this service of which 13 had stopped smoking.

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. 246 of these checks were undertaken since February 2015. Where abnormalities or risk factors were identified, the practice informed us that follow-ups on the outcomes of health assessments and checks were made.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that 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 and that conversations taking place in these rooms could not be overheard. Patient phone calls were taken in a designated office behind the reception desk, ensuring privacy and confidentiality. The reception desk was placed away from the seats in the waiting area, and patients could request a private room to speak to a receptionist.

All of the 14 CQC patient comment cards we received contained positive and complimentary patients' views about the service. Patients said they felt the practice offered a safe and satisfactory service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required, that the premises were clean and the care they received was good and in many cases excellent.

We spoke with two patients, who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They spoke highly of the services offered by the practice and the attitudes of all staff in the practice.

Results from the National GP Patient Survey published in January 2016 were above or comparable to CCG and national averages for patient satisfaction scores in most areas. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 91% said the GP gave them enough time compared to the CCG average of 88% 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%

- 84% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 97% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 95% patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us that 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.

Results from the National GP Patient Survey published in January 2016 showed patients responded positively to some of the questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or above local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.
- 93% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 91% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Information in the patient waiting rooms told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who

Are services caring?

were carers, 176 (approximately 1.8%) patients on the practice list had been identified as carers and were being supported, for example, by offering them health checks, extended appointments if required and referral for organisations such as social services for support. An Age UK advisor visited the practice on a monthly basis, offering support and advice to for patients and/or their carers. Flu clinics were attended by Suffolk Carers to give advice to carers of the services and support they can be offered

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.

The practice proactively referred patients to the Wickham Market Good Neighbour scheme, a charity with volunteers who provided help with social and domestic tasks.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG, the Deben Health Group and the Suffolk GP Federation to plan services and to improve outcomes for patients in the area. The practice held information about the prevalence of specific diseases. This information was reflected in the services provided through screening programmes, vaccination programmes and family planning.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care:

- Online appointment booking, prescription ordering and access to basic medical records was available for patients. The practice informed us that a text message was automatically sent to the patient to confirm their appointment and a reminder was automatically sent to patients 24 hours prior their appointment to remind the patient and help reduce non-attendances.
- There were longer appointments available for carers, patients with a learning disability or patients who needed a translation service; or for any other patient that required this.
- Home visits were available for older patients or patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- Telephone consultations were available for patients that chose to use this service.
- Flexible appointments were available as well as set clinic times.
- There were disabled facilities, a hearing loop and translation services available.
- All patients registered at the practice had a named GP.
- All clinical rooms had wide door frames and large rooms with space for wheelchairs and prams/pushchairs to manoeuvre.
- A private space was available for breastfeeding mothers.
- The practice provided GP care to two local prisons. To ensure a continuous good standard of care in these facilities the practice worked closely with the prison healthcare team and two other local practices.
- Weekly ward rounds were undertaken at a local residential home.

- The practice hosted external services such as physiotherapy and ultrasound to allow this treatment to be delivered to patients closer to their home and to eradicate the need to travel to the hospital for this.
- The practice's website provided access to an externally provided virtual GP giving advice on coughs, colds and flu.
- The practice had developed a learning difficulty and dementia friendly invitation form for health checks and health action plans. This existed of clearly highlighted questions with pictorial descriptions.
- Four GPs provided minor surgery treatments for patients. There was an audit trail in place that confirmed histology results and a zero infection rate.
- An Age UK advisor visited the practice on a monthly basis, offering support and advice to for patients and/or their carers.
- A mental health link worker visited the practice on a weekly basis.

The practice proactively referred patients to the Wickham Market Good Neighbour scheme, a charity with volunteers who provided help with social and domestic tasks.

Access to the service

The practice's opening times at the Wickham Market location at the time of the inspection were 08:00 to 18.30 Monday to Friday. The practice's opening times at the Rendlesham location at the time of the inspection were 08:40 to 12:00 on Tuesday and Friday, 15:30 to 18:30 on Monday and Wednesday and 14:45 to 17:30 on Friday. Extended hours were offered on Tuesday evenings at Wickham Market 18:30 to 20:00 and on Saturday mornings from 08:30 to 11:45, of which one a month was held at the Rendlesham location. Saturday opening times were for pre-booked appointments only. During out-of-hours appointments were available with GP+ (an Ipswich GP based out-of-hours provider) between 18:30 and 21:00 on weekdays and between 09:00 and 21:00 during weekends. During the remaining out-of-hours times GP services were provided by CareUK.

Results from the National GP Patient Survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was comparable to, or above, local and national averages in some areas.

Are services responsive to people's needs?

(for example, to feedback?)

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 95% patients said they could get through easily to the surgery by phone compared to the CCG average of 81% and national average of 73%.
- 77% patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 68% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69% and national average of 65%.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints, compliments and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled

all complaints in the practice. When required the practice manager and a GP would meet up weekly to discuss any complaints. Complaints were also discussed at monthly partners' and four to six weekly clinical meetings.

We saw that information was available to help patients understand the complaints system on the practice's website and at the reception desk. Information about how to make a complaint was also displayed on the wall in the waiting area. Reception staff showed a good understanding of the complaints' procedure.

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, following complaints on consulting styles the practice had organised a training and reflection session on consultations for clinicians.

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 “provide patients with the high quality of primary healthcare services that they wanted for themselves and their families”. The practice had a robust strategy and supporting business plans which reflected the vision and values which were monitored.

The objectives included awareness of the external environment in which it operated as well as its internal environment; to recruit and retain staff with the necessary skills and capacity whilst managing and motivating staff; and to ensure they continuously met the needs of patients and staff.

The practice was awarded the Investors in People award in 2005 and had successfully kept this award and reputation up at the time of our inspection.

The practice was part of a local group of GP practices, the Deben Health Group (DHG). A group brought together to work together on financial, educational and clinical matters and to share learning and development.

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:

- Communication across the practice was structured around key scheduled meetings. There were weekly practice meetings involving the GPs and the practice manager, regular nurses’ meetings and staff meetings involving all administrative staff. We found that the quality of record keeping within the practice was good, with minutes and records required by regulation for the safety of patients being detailed, maintained, up to date and accurate.
- There was a clear staffing structure and planning and staff were aware of their own roles and responsibilities. Staff were multi-skilled and were able to cover each other’s roles within their teams during leave or sickness. Staff could also transfer from and to other practices in the Deben Health Group in case of need.

- The practice used clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- GPs were supported to address their professional development needs for revalidation.
- Learning from incidents and complaints was shared with staff through meetings, notices and other forums. Outcomes of these were shared with other local practices to increase learning and understanding in the area.
- There was a comprehensive list of internal meetings and training sessions for all members of staff. Patient scenarios and practice procedures were discussed to improve outcomes.
- From a review of records including action points from staff meetings, audits, complaints and significant event recording, we saw that information was reviewed to identify areas for improvements and to help ensure that patients received safe and appropriate care and treatments.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There were systems in place to monitor and improve quality and to identify and manage risk but improvement was needed in medicine management.
- One practice nurse and a nurse practitioner had obtained specialist diabetes qualifications and another practice nurse had obtained an asthma diploma. The practice’s computer system was designed so that specialist appointments for patients could only be made with those clinicians that were appropriately trained.
- GPs had undertaken clinical audits which were used to monitor quality and systems to identify where action should be taken and drive improvements. Outcomes of these were shared with other local practices to increase learning and understanding in the area.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

Are services well-led?

Good 

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

Staff told us that various 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 were confident in doing so and felt supported if they did. Staff said they felt respected and valued by the partners in the practice. Staff were involved in discussions about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

The practice manager attended monthly practice management meetings with the DHG during which best practices and learning points were shared with other practice managers. The practice manager was active as work stream lead for the group and as board member. The practice manager was also active outside the practice as vice chair for the CCG's practice manager's forum and as a non-executive board member of the Suffolk GP Federation.

One of the GP partners was a governing body member for the local CCG and also one of two lead GPs for the DHG and possessed a master's degree in business administration. Another GP partner was chair of the DHG. In addition these GPs were DHG's leads for finance and human resource matters.

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

The practice encouraged and valued feedback from patients by proactively engaging patients in the delivery of the service.

There was an active PPG which met formally on a quarterly basis, but also held interim informal meetings. These meetings were always attended by the practice manager and senior partner. We spoke with two representatives of the PPG which had ten members at the time of our inspection. They commented that suggestions from the PPG were welcomed by the practice, for example, signs were amended in the waiting room of the practice and information on non-attended appointments was displayed. The PPG commented that they knew how to raise a complaint and that the staff were friendly and helpful. The PPG had also been actively involved in flu clinic days, directing patients and providing information when required. The group had used social media, newsletters and word of mouth to ensure practice information was shared amongst the patients.

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

During a whole practice training day the practice had asked members of staff to set objectives for themselves, their teams and the practice as a whole. Feedback from this day was provided to all the teams so staff were aware of the whole practice's objectives. The objectives were signed off by individual staff members and transferred to personal development plans for review at appraisals. During these appraisals we saw evidence that there was well structured and user friendly documentation involved. Staff were appraised on reflective and forward look on their personal as well as the practice's objectives. We also saw that training needs were identified as part of this process. The practice manager was asked by the local CCG to present the thought process and implementation of the practice objective process to the rest of the CCG's practice managers group.

The practice provided a monthly newsletter for patients which was available in the practice and was distributed in the practice area by various members of the PPG.

The practice had introduced the NHS Friends and Family test (FFT) as another way for patients to let them know how well they were doing. For example, FFT data available to us showed that:

- In July 2015, from 7 responses, 86% recommended the practice compared to 89% nationally.
- In October 2015, from 9 responses, 100% recommended the practice compared to 90% nationally.
- In November 2015, from 33 responses, 94% recommended the practice compared to 88% nationally.

Continuous improvement

The practice is a training practice and had supported two undergraduate medical students at the time of our inspection

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and were involved in a variety of local research studies. At the time of our inspection the

Are services well-led?

Good 

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

practice was involved in six research projects, including: BARACK D, studying the cardiovascular benefits of spironolactone in chronic kidney disease; MoMMS, management of multiple medications; TASMIN H4 targets and self management for the control of blood pressure in patients with high blood pressure; HEAT to prevent ulcer bleeding in aspirin users and NDPS a Norfolk based diabetes prevention study.

The practice was also active as research 'spoke' to another local practice which was acting as 'hub' for one project: CORDIA, focussed on coronary heart disease risk in diabetes type two.

The practice had a dedicated member of staff that acted as link between the research network and the practice who was actively involved. They explained that the practice's patients had benefitted through the research on various occasions, for example the CORDIA study had emphasised the importance of considering all the risk factors that a diabetic patient has for developing complications. And the MoMMS study had proved to give useful advice on managing and checking indications for medications, interactions and side effects.

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
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider must ensure that appropriate systems surrounding the management and recording of controlled drugs are in place.</p> <p>The provider must ensure that adequate monitoring of the refrigerators storing vaccines takes place and staff know what to do if the temperature is outside the recommended range</p> <p>12 (1) Care and treatment must be provided in a safe way to service users.</p> <p>12 (2) without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include-</p> <p>12 (2) (g) the proper and safe management of medicines.</p>