

Needham Market Country Practice

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Needham Market Country Practice on 1 December 2015. Overall the practice is rated as requires improvement.

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.
- There were clear policies and protocols for the management and dispensing of medicines from the practice.
- 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.
- Members of the practice team had received an annual appraisal and had undertaken training appropriate to their roles. However not all staff felt their training needs had been identified at their appraisal and the new in post infection control lead felt they were not trained to the appropriate level.

Summary of findings

- 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.
- 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 GP leadership structure and staff felt supported by partners.
- 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.

We saw one area of outstanding practice:

- A team of patient volunteers ran a free delivery service from the practice dispensary. Delivering patients medicines to elderly or vulnerable patients living in rural and isolated areas who were unable to attend the surgery. Staff told us they were often alerted to vulnerable patients concerns by the team of volunteers.

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

- Ensure infection control leads are trained to the appropriate level and regular infection control audits were being carried out.
- Ensure building flooring met national guidance and building cleaning was being audited to ensure hygiene was being maintained.
- Ensure staff have appropriate up to date policies and guidance to carry out their roles in a safe and effective manner which is reflective of the requirements of the practice.
- Ensure calibration of medical equipment is carried out.

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

- 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.
- Record verbal complaints in order to ensure shared learning.
- Ensure risk assessments are undertaken in sufficient depth and a comprehensive record is kept of these.

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 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 relevant staff had received clearance from the Disclosure and Barring Service (DBS).

There was scope to improve the management of health and safety risks. Internal assessments had not been completed around the management of infection control, legionella, health and safety and fire risk assessments.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, dispensing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. GPs liaised with and attended the monthly CCG prescribing meetings.

There was scope to improve procedures for dealing with medical emergencies, specifically to ensure that equipment was maintained and ready for use in urgent circumstances and that staff had all received basic life support training. 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.

Good



Summary of findings

Data showed patient outcomes were average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely.

Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

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. 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, 85% of respondents said the last GP they spoke to was good at treating them with care and concern which was in line with 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, 83% said the last GP they saw was good at explaining tests and treatments compared to the 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.

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 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

Good



Summary of findings

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 in part due to the loss of one GP and the long term absence of another GP partner.

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 requires improvement for being well-led.

It had a vision and a strategy but not all staff was aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by the GPs. There were a limited number of policies and procedures to govern activity, and many of these were overdue a review. Governance meetings were held every week. The practice proactively sought feedback from patients and was recruiting to a new virtual patient participation group (VPPG) following issues with the previous IT system. All staff had received inductions and appraisals but departmental and full team meetings were limited.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice was rated as requires improvement in the domains of safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. 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 regularly attended the practice to offer advice to older patients.

Requires improvement



People with long term conditions

The practice was rated as requires improvement in the domains of safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The practice was rated as requires improvement in the domains of safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. 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 relatively high for all standard childhood immunisations. 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, health visitors, social workers and school nurses.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice was rated as requires improvement in the domains of safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The practice was rated as requires improvement in the domains of safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. Double appointment times were offered to patients who were vulnerable or with learning disabilities. Carers of those living in vulnerable circumstances were identified and offered support which included signposting them to external agencies. Staff knew how to recognise signs of abuse in vulnerable adults and children. All staff had been trained in safeguarding and were aware of the different types of abuse that could occur and their responsibilities in reporting it. 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 held monthly multi-disciplinary team (MDT) meetings attended by GPs, district nurses, social workers, practice nurses and where relevant health visitors and community psychiatric nurses to discuss vulnerable patients.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice was rated as requires improvement in the domains of safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice were aware of the number of patients they had registered with dementia and additional support was offered. This included those with caring responsibilities. A register of dementia patients was being maintained and their condition regularly reviewed through the use of care plans. Patients were referred to specialists and then on-going monitoring of their condition took place when they were discharged back to their GP. Annual health checks took place with extended appointment times if required.

Patients were signposted to support organisations such as the mental health charity (MIND) and the community psychiatric team for provision of counselling and support. All the staff we spoke with

Requires improvement



Summary of findings

had a clear understanding of the Mental Capacity Act and their role in implementing the Act. 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. We saw that 70% of patients on the practice mental health register had received a health check and their care plans had been reviewed in the previous year.

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 125 responses and a response rate of 49%.

- 53% find it easy to get through to this surgery by phone compared with a CCG average of 81% and a national average of 73%.
- 77% find the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 72% with a preferred GP usually get to see or speak to that GP compared with a CCG and a national average of 60%.
- 82% 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%.
- 87% say the last appointment they got was convenient compared with a CCG average of 94% and a national average of 92%.
- 55% describe their experience of making an appointment as good compared with a CCG average of 79% and a national average of 73%.
- 59% 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%.

- 49% 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. All of the 15 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good 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. The feedback from patients we spoke with was positive. Patients told us they were able to speak to or see a GP on the day and where necessary get an appointment when it was convenient for them but not always with the GP of their choice. We were given clear examples of effective communication between the practice and other services. Patients told us they felt the staff were polite, courteous and respected their privacy and dignity. In addition the GPs, nursing and reception teams were all approachable and supportive. We were told they felt confident in their care and liked the continuity of care they received at the practice. The patients we spoke with told us they felt their treatment was effective and professional and they were treated to good levels of care.

Areas for improvement

Action the service **MUST** take to improve

- Ensure infection control leads are trained to the appropriate level and regular infection control audits were being carried out.
- Ensure building flooring met national guidance and building cleaning was being audited to ensure hygiene was being maintained.

- Ensure staff have appropriate up to date policies and guidance to carry out their roles in a safe and effective manner which is reflective of the requirements of the practice.
- Ensure calibration of medical equipment is carried out.

Action the service **SHOULD** take to improve

- Regular fire drills should be undertaken.

Summary of findings

- 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.
- Record verbal complaints in order to ensure shared learning.
- Ensure risk assessments are undertaken in sufficient depth and a comprehensive record is kept of these.

Outstanding practice

A team of patient volunteers ran a free delivery service from the practice dispensary. Delivering patients

medicines to elderly or vulnerable patients living in rural and isolated areas who were unable to attend the surgery. Staff told us they were often alerted to vulnerable patients concerns by the team of volunteers.

Needham Market Country Practice

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 practice nurse specialist adviser.

Background to Needham Market Country Practice

Needham Market Country Practice is situated on the outskirts of Needham Market, Suffolk. The current locations provide treatment and consultation rooms situated at ground level. Parking is available with level and ramp access and automatic doors.

The practice has a team of seven GPs meeting patients' needs. All seven GPs are partners, meaning they hold managerial and financial responsibility for the practice. There is a team of five practice nurses, two health care assistants and two phlebotomists who run a variety of appointments for long term conditions, minor illness and family health.

There is a dispensary manager and a team of dispensers. In addition there are two practice administrators and a team of non-clinical administrative, secretarial and reception staff who share a range of roles, some of whom are employed on flexible working arrangements. Community midwives run sessions twice weekly at the practice.

Patients reside in the town of Needham Market and the surrounding rural area. The practice offers general medical services to a practice population of 12,462. There is a dispensary on site and the practice currently dispenses to approximately 40% of its patient population. The practice provides a range of clinics and services, which are detailed in this report, and operates generally between the hours of 8am and 6.30pm Monday to Friday. Appointments are from 8.30 to 12.30pm and 2.30pm to 6.30pm daily. Extended hours or evening surgery pre-bookable appointments are offered from 6.30pm to 8pm Monday evenings and Saturday mornings. In addition appointments are available Monday and Friday mornings at satellite surgeries in Claydon and Tuesday mornings at Somersham. Appointments for these surgeries can be booked through the main surgery. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments are also available.

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.

Detailed findings

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
- 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 1 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. Staff told us they would inform the GPs of any incidents and there was also a recording form available on the practice's computer system. All relevant clinical complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events. We reviewed safety records, incident reports and minutes of meetings where these were discussed.

Safety was monitored using information from a range of sources, including national patient safety alerts (NPSA) and the 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. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Staff demonstrated they understood their responsibilities. However staff were not all aware of a safeguarding policy or its location. 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.
- A notice was displayed in the waiting room, advising patients that chaperones were available, if required. There was a chaperone policy which stated that all staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS).
- There were a lack of procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety poster in the reception office.

However there were no health and safety or fire risk assessments and regular fire drills were not carried out. We saw that electrical equipment was checked to ensure it safe to use and clinical equipment was checked to ensure it was working properly. However we found the automated external defibrillator (used to attempt to restart a patient's heart in an emergency) had not been safety checked since 2012. There were a limited number of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.

- We found systems to maintain the appropriate standards of cleanliness and protect people from the risks of infection needed improvement. The practice had a lead for infection control, who was new to this post. The ICL had undertaken some basic training, but there was scope to bolster this in order to equip them to manage infection control procedures with greater efficacy. The lead was not aware of an infection control audit other than a waste and sharps bin audit. We looked at the practice cleaning schedules; they identified room specific tasks according to risk that should be carried out by the contracted cleaning firm. The practice nurses had a basic cleaning schedule which complemented the contract schedule. However, there were no systems in place to provide assurance that all tasks had been completed as scheduled. This was acknowledged by the practice on the day of our inspection who confirmed systems would be put in place following the inspection, however all of the patients we spoke with during the inspection told us that the practice was always clean and tidy. Staff had access to supplies of protective equipment such as gloves and aprons, disposable bed roll and surface wipes and hand washing guidance was available above hand washing sinks. There were also wall mounted soap dispensers and hand towels at every sink throughout the practice. Staff told us they had supplies of gloves and other personal protective equipment and patients said that they saw the staff use personal protective equipment when they received treatment. However we saw that some areas of the practice were not completely clean. We saw the flooring in one treatment rooms was carpeted and was stained and we were not provided any evidence of sufficient cleaning arrangements for these surfaces. We spoke with staff who told us that clinical procedures (where there was a risk of bodily

Are services safe?

fluid spillage) took place in these treatment rooms. There was therefore a risk of contamination for both staff and patients. As outlined in the department of health building note 00-09; Flooring should be seamless and smooth, slip resistant, easily cleaned and appropriately wear resistant. The practice did not have a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). The infection control lead confirmed the practice was not carrying out regular checks and had not assessed the potential risks to staff and patients. GPs confirmed that there was no policy and procedure in place for the management of risks associated with legionella. Health and social care providers must carry out a full risk assessment of their hot and cold water systems and ensure adequate measures are in place to control the risks.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. GPs liaised with and attended the monthly CCG prescribing meetings. GPs ran searches to pick up high risk drug combinations, results or other markers so that the practice could act on them and intervene. The practice had appropriate written procedures in place for the production of prescriptions that were regularly reviewed and accurately reflected current practice. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again. We saw processes in place for managing national alerts about medicines, such as safety issues. Records showed that the alerts were distributed to relevant staff and appropriate action taken. There was a clear system for managing the repeat prescribing of medicines and a written risk assessment about how this was to be managed safely. Patients were able to phone in for repeat prescriptions, as well as order on line, in person or by post. Changes in patients' medicines, for example when they had been discharged from hospital, were checked by the GP who made any

necessary amendments to their medicines records. This helped ensure patients' medicines and repeat prescriptions were appropriate and correct. We checked treatment rooms, medicine refrigerators and GPs' bags and found medicines were safely stored with access restricted to authorised staff. Suitable procedures were in place for ensuring medicines that required cold storage were kept at the required temperatures. Stocks of controlled drugs (medicines that have potential for misuse) were managed, stored and recorded properly following standard written procedures that reflected national guidelines. Processes were in place to check medicines were within their expiry date and suitable for use. Out of date and unwanted medicines were disposed of in line with waste regulations. Blank prescription forms and paper were handled according to national guidelines and were kept securely. Vaccines were administered by nurses using Patient Group Directions (PGDs) that had been produced in line with national guidance. PGDs were up to date and there were clear processes in place to ensure the staff who were named in the PGDs were competent to administer vaccines. 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 being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency annually reviewed. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again. The practice had established a service for patients to pick up their dispensed prescriptions at the two branch locations and had systems in place to monitor how

Are services safe?

these medicines were collected. They also had arrangements in place to ensure that patients collecting medicines from these locations were given all the relevant information they required.

- Recruitment checks were carried out and the 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).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs on an on-going basis as a result of the long term absence of GP Partners. There was a rota system in place to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The arrangements in place to manage medical emergencies were not sufficiently robust. Not all staff had received basic life support training. We discussed this with the GP partners who confirmed that not all non-clinical staff were willing to undertake this training or felt they would be confident in performing cardio pulmonary resuscitation. We were told the GP partners had risk assessed the need for this training for non-clinical staff and as it was agreed there was always a trained clinical member of staff in the practice when it was open, there was

no risk and therefore no need for non-clinical staff to undertake this training. However, the assessment of any risk had not been documented and therefore the level of risk could not be established.

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency and security cameras in the reception area to alert staff should a patient's health deteriorate. There was accident book in the administrator's office. Emergency equipment available included an automated external defibrillator (used to attempt to restart a patient's heart in an emergency) and oxygen. There were records which confirmed emergency equipment and medicines were in date and fit for use. However we found the defibrillator had not been safety checked since 2012, and there were no hazard notices on the door of the treatment room where the oxygen cylinder was stored.

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. However we found that some disposable equipment such as syringes were past their expiry date. We discussed this with the nursing staff who replaced these immediately.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. However the plan did not include emergency contact numbers for staff and none of the staff we interviewed were aware of the business plan or its location.

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.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 98.8% of the total number of points available, with 10.2% exception reporting. This was 2% below the CCG average and 1% below national average (where appropriate a practice may except a patient from a QOF indicator, for example, where patients decline to attend for a review, or where a medication cannot be prescribed due to a contraindication or side-effect). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 which was published in October 2015 showed;

- Performance for diabetes related indicators were above both the CCG and national average. With the practice achieving 100%, this was 9.6% above the CCG average and 10.8% above national average.
- Performance for asthma, atrial fibrillation, cancer, chronic obstructive pulmonary disease, dementia, epilepsy, heart failure, hypertension, learning disabilities, osteoporosis, palliative care, peripheral arterial disease, rheumatoid arthritis and secondary prevention of coronary heart disease were also better or the same in comparison to the CCG and national averages with the practice achieving 100% across each indicator.
- The dementia diagnosis rate was in-line with the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient outcomes. Clinical audits completed in the last two years included an audit of antibiotic prescribing, prescribing of medicines that should only be prescribed by a hospital consultant and an audit of patients with coeliac disease who have received appropriate advice and where required, pneumococcal vaccination. These were completed audits where the improvements made were implemented and monitored.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

Effective staffing

- 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.
- Nurses we spoke with told us that they did not have formal clinical supervision sessions. However they said the GPs were visible and approachable and they could discuss their clinical practice at any time with the GPs.
- All clinical staff were appraised annually and undertook continuing professional development in order to fulfil the revalidation requirements of their professional bodies such as the General Medical Council and the Nursing and Midwifery Council. All non-clinical staff received an annual appraisal, with the exception of five reception staff who had not been appraised in the past 12 months due to the long term absence of the staff lead GP. We saw that these had been scheduled to be completed at the next practice half day closing in January 2016. Those staff involved had been notified. However some staff we spoke with felt their training needs were not always identified from their appraisals, some staff told us they would like the opportunity to train in other areas within the practice.
- Staff files we reviewed evidenced that staff were up to date with essential training, for example health and safety and safeguarding adults and children. We saw staff had access to e-learning training modules. Staff we spoke with could not confirm what training they had undertaken, however they were able to demonstrate a

Are services effective?

(for example, treatment is effective)

clear understanding of safeguarding for adults and children, equality and diversity and infection control and they demonstrated a clear understanding of the Mental Capacity Act 2005.

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 are 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, however we found staff training around the Mental Capacity Act 2005 was inconsistent.

Staff were able to describe how when providing care and treatment for children and young people, assessments of capacity to consent were 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.

We found that patients who were being treated for minor surgical procedures completed an informed consent process that included the risks and benefits of the treatment.

When we spoke with staff they described the process used for gaining verbal consent from patients to ensure that they were informed and aware of the agreed procedure.

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 smoking cessation advice or weight management support were signposted to local support groups.

The practice's uptake for the cervical screening programme was 77.9% which was below the national average of 81.9%. There was no policy to offer reminders for patients who did not attend for their cervical screening test or to encourage patients to attend national screening programmes such as 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 96.3% to 100% and five year olds from 97.7% to 99.3%. Flu vaccination rates for the over 65s were 73.9%, and at risk groups 45.5%. These were comparable to national averages. We saw that of the 32 patients on the practice learning disability register, 14 had received a health check and their care plans had been reviewed since April 2015, the remaining patients had an appointment scheduled for their review. We saw that 70% of patients on the practice mental health register had received a health check and their care plans had been reviewed.

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

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained 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. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There were 'confidentiality slips' available at reception for patients who preferred not to discuss their requirements with the reception team. However we saw that where patients had made use of these forms, there was scope to improve staff understanding and training in the further management of this confidential information.

All of the 15 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good 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.

Results from the July 2015 national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was in line for its satisfaction scores on consultations with doctors and nurses. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 87% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 85% 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%.

- 87% 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%.
- 77% 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 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:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 81% 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. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice also had a number of services available within the practice. An example included the midwifery services. The practice referred patients using the choose and book service, offering patients a choice of secondary care. We saw that over 90% of patients were referred from the practice through the choose and book service.

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 alerted GPs if a patient was also a carer. Some patients who had a caring responsibility

Are services caring?

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.

Staff told us the GPs ran personal lists and where families had suffered bereavement, their usual GP contacted them. This call was either followed by a 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. Information on bereavement was available on the practice website.

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 ensure flexibility, choice and continuity of care. For example;

- The practice offered late appointments on Monday evenings for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice reviewed patient admissions data monthly.
- The practice worked with the local learning disabilities team to ensure patients on its learning disability register had been correctly identified and received the correct support.
- There were nurse led chronic disease and wound care appointments available.
- There were disabled facilities, hearing loop and translation services available.
- The practice worked closely with multidisciplinary teams to improve the quality of service provided to vulnerable and palliative care patients. Meetings were minuted and audited and data was referred to the local CCG.
- The practice worked with the medicines management team towards a prescribing incentive scheme (a scheme to support practices in the safe reduction of prescribing costs).
- Online appointment booking, prescription ordering and access to basic medical records was available for patients.
- Chlamydia test kits were available at the practice.
- The practice dispensary provided a prescription collection and delivery service.
- Emergency contraception was available at the practice.
- Community midwives, mental health link workers and support workers provided services from the main surgery premises. An age concern adviser provided monthly support services to patients with dementia and their families.

- The practice provided general medical services to three nursing homes and one residential home providing weekly ward rounds. In addition the practice provided medical support to four residential homes providing support in the community for adults with a learning disability.

Access to the service

The main practice at Needham Market was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30 to 10.30 every morning and 3.30pm to 5.30pm daily. Extended hours or evening surgery pre-bookable appointments were offered from 7pm to 8pm Monday evenings and Saturday mornings. In addition appointments were available Monday and Friday mornings at branch surgeries in Claydon and Tuesday mornings at Somersham. Appointments for these surgeries were booked through the main surgery. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

GPs ran personal lists and saw their patients and families. However patients were able to see a GP of choice when available, for example patients could choose to see a GP of their preferred gender. GPs undertook pro-active weekly 'ward rounds' at local care homes. Home visits were available for patients who required them. The practice worked closely with the palliative care team and actively encouraged and helped patients to remain at home should they wish to in their last weeks and days. The palliative care team meetings helped ensure this happened.

Results from the July 2015 national GP patient survey, undertaken before March 2015 showed that patient's satisfaction with how they could access care and treatment was lower when compared to local and national averages. For example:

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 53% patients said they could get through easily to the surgery by phone compared to the CCG average of 81% and national average of 73%. The practice recognised the issues highlighted from the results of the survey and had upgraded the telephone system with a new system and additional telephone lines. The practice were in the process of auditing the effectiveness of the new system.

Are services responsive to people's needs?

(for example, to feedback?)

- 55% patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 59% 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%.

However patients we spoke with on the day were able to get appointments when they needed them and results from the most recent Friends and Family tests, showed 100% of those who responded would recommend the practice.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. 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, however they told us that they would feel confident to report any concerns should they arise.

The practice had received nine 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, improved communications with the out of hours services.

Are services well-led?

Requires improvement 

(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 personal primary health care and to seek continuous improvement on the health status of the practice population overall. 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 achieve this by providing a happy and sound practice which is responsive to patients' needs and expectations. The practice aims and objectives were set out in detail in its statement of purpose.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- There was a GP buddy system in place to ensure clinical peer review, oversight and governance. There were weekly minuted management meetings and weekly clinical governance meetings.
- GPs had a comprehensive understanding of the clinical performance of the practice.
- There was programme of clinical audit which was used to monitor quality of care and to safely make improvements.
- There were clear policies and protocols for the management and dispensing of medicines from the practice.
- The practice closed one afternoon per month to provide protected learning and training time for all staff.

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

- The practice does not have clear, current and practice specific policies to underpin its requirements around infection control, legionella management, clinical governance, health and safety and fire safety among

others. This meant that staff were not able not follow clear guidance to ensure that they were acting in line with both best practice and the requirements of the practice leadership team.

- There was scope to extend local internal audit work in order to monitor the quality of the service provided and to make improvements. For example health and safety and fire risk assessment.
- There was scope to extend learning and shared decision making through regular departmental and full practice meetings. The partners agreed this was an area that required improvement.
- There was scope to strengthen governance arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, particularly in relation to infection control, health and safety, fire and legionella.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality 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. The partners encouraged a culture of openness and honesty. Staff told us they were able to raise any issues with the partners and felt confident in doing so and were supported if they did. However we found there was a lack of regular departmental and full team meetings providing staff the opportunity to do so.

Staff told us they felt respected, valued and supported by the partners in the practice. Staff described an open culture within the practice. However they told us they were not always involved in discussions about how to run and develop the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback in the past from patients through the patient participation group (PPG) and through surveys, compliments, complaints and feedback form local services received. The PPG is a group of patients registered with the practice who have an interest in the service provided by the practice. The practice had previously recruited over 500 patients to a virtual patient participation group (VPPG).

Are services well-led?

Requires improvement 

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

However subsequent problems with the virtual system resulted in the practice having to initiate new recruitment procedures for a new VPPG. The previous three surveys undertaken by the practice utilised over 1300 virtual members. The practice received between 300 and 530 responses and the practice received praise from the local clinical commissioning group for their sample size, variety of patient demographics and methodology. Two major problems were highlighted from the surveys from 2012 – 2014;

1. Difficulty in telephone access especially in the morning for appointment bookings.
2. Difficulty in parking, with 60% of respondents finding it difficult or impossible to park.

Following these findings the practice was in the process of installing a new telephone system with additional lines which will ensure patients calls are answered promptly and placed in a queue, rather than a busy signal. The practice will then survey the effectiveness of this new service once it is fully operational. The practice was also in the process of exploring expanding their car parking and building facilities and had met with the town and district council, with a view to having adjoining land converted to a car park as part of a potential future housing development. These talks were on-going. In addition the practice had looked at appointment scheduling for high impact surgeries such as Saturday morning flu clinics, to investigate any reduction in traffic through the car park during these periods. The practice recognised the need to renew patient interest in the VPPG and was in the process of gathering current email addresses and other contact information through the practice website and posters in the practice waiting room. The latter hoped to encourage patients without an email address to participate.

The practice also gathered feedback from staff through appraisals and discussion. Staff told us they would not

hesitate to give feedback and discuss any concerns or issues with colleagues and GPs. Good work was acknowledged by the partners. Staff spoke positively about their experience of working for the GPs and there was a low turnover of staff. Staff told us they felt involved and engaged to improve how the practice was run. Staff had an annual review of their performance during an appraisal meeting. Clinicians also received appraisal through the revalidation process. Revalidation is where licensed GPs are required to demonstrate on a regular basis that they are up to date and fit to practise.

Innovation

- The practice provided support to patients to remain in their own home. A team of patient volunteers ran a free delivery service from the practice dispensary. Delivering patients repeat medicines to elderly or vulnerable patients living in rural and isolated areas who were unable to attend the surgery. Staff told us they were often alerted to vulnerable patients concerns by the team of volunteers.
- The practice provided written admission avoidance plans for patients at risk of admission to hospital, these included home rescue treatments for patients who suffered from asthma or chronic obstructive pulmonary disease. In addition the practice provided pre-emptive antibiotics for patients with recurring urinary tract infections and encourages patient self-care and independence.
- GPs ran personalised lists which, we were told, ensured GPs were aware of their patients' chronic diseases and were able to offer realistic and achievable management plans to each patient agreed in partnership with the patients, encouraging them to understand and take ownership of their health and conditions.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ol style="list-style-type: none">1. Care and treatment must be provided in a safe way for service users.2. Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include – <p>(h) assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated.</p> <p>We found that the registered person had not protected service users, or others who may be at risk against the risks of inappropriate or unsafe care and treatment because they did not assess, monitor and mitigate the risks relating to the health, safety and welfare of people and others, who may be at risk which arise from the carrying on of the regulated activity. For example we found that the registered person did not have a robust system in place to ensure that legionella checks were carried out.</p> <p>The registered person did not have a system in place to assess the risk of, and prevent, detect and control the spread of infection by means of adequate general cleaning and infection control.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <ol style="list-style-type: none">1. All premises and equipment used by the service provided must be – <p>(e) properly maintained.</p>

Requirement notices

We found that the registered person was not protecting service users against the risks associated with the need for having equipment maintained, we found the automated external defibrillator (used to attempt to restart a patient's heart in an emergency) had not been safety checked since 2012.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

1. Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.
2. Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to –

(b) assess, monitor and mitigate the risks relating to health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

(d) maintain securely such other records as are necessary to be kept in relation to-

(ii) the management of the regulated activity.

We found that the registered person was not protecting service users against the risks associated with the lack of availability of information in relation to the protocols and policies required in the governance of the practice.