

Woolpit Health Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to Woolpit Health Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	26

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Woolpit Health Centre on 5 December 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The most recent published results from the Quality and Outcomes Framework showed the practice scored 100% of the total number of points available. This was

2% above the Clinical Commissioning Group (CCG) average and 5% above the national average. The overall exception reporting rate was 6%, which was 4% below the CCG and national average.

- The practice could demonstrate improved outcomes for patients as a result of clinical audits, implementing research findings and participating in research. The practice held a weekly journal club, where clinicians and trainees presented and critically appraised articles. Checks were completed to ensure any learning from the research was being undertaken in practice.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had identified 384 patients as carers (3% of the practice list).

Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The majority of 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.
- There was a clear leadership structure, which was being further strengthened with the imminent appointment of a nurse manager. All the staff we spoke with felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. The practice had a weekly newsletter for all staff which helped staff keep up to date with important information.
- The provider was aware of and complied with the requirements of the duty of candour.
- Undertake repeat searches for historic patient safety alerts which may remain relevant.
- Agree and implement a policy for how to manage patients on high risk medicines who decline to attend for a review.
- Review the security arrangements and standard operating procedures for the dispensary on a regular basis. Ensure that all dispensing errors identified are discussed within the practice and audits are undertaken to ensure the quality of the dispensing service.
- Ensure that all staff receive infection control and prevention training.
- Ensure a system is in place for staff development, for example regular appraisals.

The area where the provider must make improvement is:

- Implement an effective process to ensure that medicines kept in GPs bags are checked routinely to ensure medicines are in date.

The areas where the provider should make improvement are:

We saw one area of outstanding practice:

- The practice subsidised a minibus service from each of the outlying villages to the practice to ensure that patients living in these villages could access the GP practice.

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. However, dispensing errors were not always raised higher within the practice. Lessons were shared to make sure action was taken to improve safety in the practice, although there was scope to improve the documentation of completed actions. The practice were aware of this and had a plan in place to address this.
- Systems were in place to review patients following any patient safety alerts being received by the practice. Repeat searches for historic patient safety alerts which may remain relevant were not undertaken, but the practice agreed to commence doing this.
- When things went wrong patients received reasonable support, detailed information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. There was scope to improve the documentation of the review of hospital correspondence when children had not attended for their appointment. The practice sent CQC a policy for 'under 16 year olds not attending a hospital appointment' which they had written since the inspection to ensure that all staff were aware of their role in relation to this area. Safeguarding information was available for patients in the waiting room.
- Medicines were managed safely within the practice, although we found that one of the medicines in one of the GPs bag had expired and some of the standard operating procedures in the dispensary had not been reviewed for over one year. Patients on repeat prescriptions were reviewed. The practice agreed to implement a policy for how they would manage patients on a high risk medicine who declined to attend for a review. The security arrangements to access the dispensary should be improved.
- Health and safety and fire risks to patients were assessed and well managed.

Summary of findings

Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the clinical commissioning group and national average.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. The practice held a weekly journal club where research findings were presented and learning applied to improve patient outcomes.
- Clinical audits demonstrated quality improvement and the practice participated in research which demonstrated improved outcomes for patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Dispensary staff had received annual appraisals, however these had not been completed for all staff at the practice for up to two years, due to changes in the management team and restructuring of the staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with and above other practices both locally and nationally for all aspects of care.
- Patients said they were treated with compassion, dignity and respect, were listened to and 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.
- The practice had identified 384 patients as carers (3% of the practice list). Suffolk Family Carers held a monthly surgery to support carers. There was a notice board in the practice which was specifically aimed at identifying carers and providing advice, information and support to them.
- GPs gave their mobile number to patients at the end of their life, to ensure GP continuity in the evenings and at weekends (patient information was also handed over to the out of hours service.)

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The majority of patients we received comments from and spoke with 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.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The management team at the practice included GPs in lead roles and staff felt supported by management. The management team had been working to restructure teams within the practice to improve leadership and upskilling of staff. The practice recognised that leadership was needed in the nursing team and were in the process of recruiting to a nurse manager role.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The practice had a number of policies and procedures to govern activity, although some of the standard operating procedures in the dispensary were overdue for review. The practice 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The Patient Participation (PPG) Group was active and the practice were in the process of establishing a virtual PPG
- There was a focus on continuous learning and improvement.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- 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.
- Clinical staff provided home visits to patients living in the nursing home covered by the practice.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis, dementia and heart failure were above the local and national averages.

Good



People with long term conditions

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

- 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 2015/2016 showed that performance for diabetes related indicators was 100%, which was above the CCG average of 96% and national average of 90%. Exception reporting for diabetes related indicators was 5% which was below the local average of 12% and the national average of 11% (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).
- Longer appointments and home visits were available when needed.
- Patients with complex needs 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 nursing team held clinics to review patients with diabetes. These clinics were also attended by West Suffolk Hospital Diabetes Specialist Nurses, to provide intervention for those patients whose needs were more complex.

Good



Summary of findings

- The practice pharmacist offered support to patients with long term conditions. For example, explaining the use of medicines devices and ensuring that patients understood medicines regimes.
- The GPs gave their mobile telephone contact numbers to patients who were nearing the end of their life. This enabled patients and/or their family members to call the GP in the evening and at weekends.

Families, children and young people

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

- Immunisation rates were in line with the CCG and national average for all standard childhood immunisations. The practice had identified that immunisation rates for children from traveller families were low and had worked with the health visitor to improve this.
- A daily emergency surgery was available for patients if they felt their need was urgent. This included appointments for children and young people. We received positive feedback about the appointment system from two patients who we spoke with who attended with their children.
- 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.
- The practice offered a full range of contraception services.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had baby changing and breast feeding facilities available.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

- The 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. Early morning, early evening and Saturday appointments as well as telephone consultations were available.

Good



Summary of findings

- Patients were able to book evening and weekend appointments with a GP through Suffolk GP+ (Suffolk GP+ is for patients who urgently need a doctor's appointment, or are not able to attend their usual GP practice on a weekday.)
- 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.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 82%, which was the same as the local and national average. The exception rate was 2% which is lower than the CCG average of 5% and the national average of 7%.

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.
- The practice supported patients who were not able to read or write to complete necessary forms, for example when they registered at the practice.
- The practice had 37 patients on the learning disabilities register. Last year 28 out of the 37 patients had received a care review. The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 384 patients as carers (3% of the practice list).

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

- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is better than the local average of 85% and national average of 84%.
- 97% of patients experiencing poor mental health had a comprehensive care plan, which was above the local and national average of 89%.
- The practice had a primary mental health care link worker who undertook a weekly surgery at the practice and offered signposting to secondary care services and advocacy for patients to access the appropriate service.
- Staff from the Improving Access to Psychological Therapy (IAPT) service attend every week and accepts referrals from the GP and self referrals.
- The practice held monthly multidisciplinary meetings where patients with complex mental health needs were discussed and care plans agreed. The practice worked closely with the Consultant Psychiatrist who would attend the practice to discuss and agree care plans for those patients with the most complex mental health needs.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with or above the local and national averages. 220 survey forms were distributed and 140 were returned. This represented a 64% response rate.

- 82% of patients found it easy to get through to this practice by phone compared to the CCG average of 81% and the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 87% and the national average of 85%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were all positive about the standard of care they received. Many patients commented positively on the helpfulness and efficiency of all the staff. Three patients reported some difficulty with getting through to the practice to make an appointment.

We spoke with a representative from one nursing home where residents were registered at the practice. The feedback was positive, both when representatives had to visit the surgery on a patients behalf and when GPs visited patients at the nursing home. We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They reported being able to get an appointment easily. We also spoke with a member of the practice patient participation group.

Areas for improvement

Action the service **MUST** take to improve

- Implement an effective process to ensure that medicines kept in GPs bags are checked routinely to ensure medicines are in date.

Action the service **SHOULD** take to improve

- The areas where the provider should make improvement are:
- Undertake repeat searches for historic patient safety alerts which may remain relevant.

- Agree and implement a policy for how to manage patients on high risk medicines who decline to attend for a review.
- Review the security arrangements and standard operating procedures for the dispensary on a regular basis. Ensure that all dispensing errors identified are discussed within the practice and audits are undertaken to ensure the quality of the dispensing service.
- Ensure that all staff receive infection control and prevention training.
- Ensure a system is in place for staff development, for example regular appraisals.

Outstanding practice

We saw one area of outstanding practice:

- The practice subsidised a minibus service from each of the outlying villages to the practice to ensure that patients living in these villages could access the GP practice.

Woolpit Health 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 nurse specialist adviser and a medicines inspector.

Background to Woolpit Health Centre

The practice area covers the village of Woolpit and extends into the outlying villages. The practice offers health care services to around 13,600 patients. Dispensing services were integrated with a pharmacy located within the practice which is registered with the General Pharmaceutical Council. The practice dispenses to approximately 52% of its patient population. The local team of district nurses are based in the building and a number of other health and social care professionals see patients at the practice. The practice holds a Personal Medical Service (PMS) contract, a locally agreed contract with NHS England. In addition, the practice also offers a range of enhanced services commissioned by their local CCG.

The practice has five male and one female GP partners, and three salaried GPs (two female and one male). The practice is a training practice and has three GP registrars and two Foundation Year 2 doctors (a GP registrar or GP is a qualified doctor who is training to become a GP. The foundation programme is a two year training programme for doctors who have just graduated from medical school). The team also includes three practice nurses and two health care assistants. Six receptionists are led by two head receptionists and there are five secretaries and two

housekeepers. The practice manager is supported by a practice manager's assistant. The dispensing service was provided from a pharmacy within the practice, which was staffed by pharmacists, technicians, counter staff and dispensers.

The practice was open between 7am and 7pm on Mondays, from 8am to 6.30pm Tuesdays to Fridays and from 8am to 11am on Saturdays. On weekdays, appointments were from 8.30am to 11.30am and 2pm to 5.40pm. On Mondays early appointments were available from 7am and evening appointments until 7.30pm. Appointments for an emergency surgery were held between 9am to 12noon and from 2pm to 6pm Monday to Friday. An emergency walk in surgery operates from 8am to 11am on Saturdays. A named GP was on duty for emergencies between 7am and 7pm Monday, from 8am to 6.30pm Tuesday to Friday and from 8am to 11am Saturday. Telephone appointments are available throughout the week which includes early morning telephone appointments from 7.30am on a Monday and from 8am Tuesday to Friday. Patients were able to book evening and weekend appointments with a GP through Suffolk GP+ (Suffolk GP+ is for patients who urgently need a doctor's appointment, or are not able to attend their usual GP practice on a weekday.)

We reviewed the most recent data available to us from Public Health England which showed that the practice demography is similar to the national average, but with less patients between the ages of 20 to 39 compared with the England average and an above average number of patients aged over 50. Income deprivation affecting children is 9%, which is lower than the CCG average of 13% and national average of 20%. Income deprivation affecting older people is 8%, which is lower than the CCG average of 12% and national average of 16%. Male and female life expectancy

Detailed findings

at the practice is 82 years for males and 85 years for females. This is slightly above the CCG expectancy (81 years and 84 years) and the England expectancy (79 years and 83 years) respectively.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 December 2016. During our visit we:

- Spoke with a range of staff, including GPs, nursing staff, dispensary staff, administration and reception staff and cleaning staff. We spoke with four 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 36 comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with a representative from a nursing home where residents were registered at the practice.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Dispensing errors that were identified via checking processes were logged and then regularly reviewed. However some errors where medicines had been dispensed to patients and had put patients at risk, were not always raised within the practice to help make sure appropriate actions were taken to minimise the chance of similar errors occurring again.
- The practice took necessary action immediately following a significant event. These were discussed at the weekly partners business meetings and any actions and learning was also shared with the practice team at the monthly departmental team meeting. A significant event meeting was held quarterly where learning points discussed were collated according to staff team. There was scope to improve the documentation of completed actions, however the practice had identified this and had already implemented a process for other meetings. They planned to start this process for documenting the significant event meetings too.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, detailed information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an annual analysis of the significant events in order to identify trends and to note improvements which had been made at the practice based on the significant events raised.

We reviewed safety records, incident reports, Medicines and Healthcare Products Regulatory Agency (MHRA) alerts

and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. Patient safety alerts were logged, shared and initial necessary searches were completed and the changes effected. The practice planned to further improve how they documented and monitored alerts. There was scope to improve by undertaking repeat searches for historic patient safety alerts which may remain relevant.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and safeguarding information guidance packs were also available. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The GPs reviewed hospital correspondence informing them of when children had not attended for their hospital appointment. There was scope to improve the documentation of the GPs response in the patient's record. Following our inspection, the practice sent CQC a policy for 'under 16 year olds not attending a hospital appointment' to ensure that all staff were aware of their role in relation to documentation in this area. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level to manage child protection or child safeguarding (level three). The nursing staff were trained to both level two and level three. Information on safeguarding was available for patients in the waiting room.
- Notices in the clinical, consultation and waiting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a

Are services safe?

person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice employed their own cleaners and staff reported being supported in their role and they felt able to report any issues to the management team. We were sent certificates to demonstrate that the cleaners had attended a cleaning in health care premises course. Effective cleaning schedules were in place which detailed cleaning to be undertaken and the frequency for all areas of the practice. One of the GPs and a health care assistant (HCA) were the infection control clinical leads. The HCA had completed an infection prevention and control course and the GP and the HCA liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place. An infection control audit had been undertaken in May 2016. A hand washing audit had also been completed. We saw evidence that action had been taken to address improvements in infection prevention and control. For example, appropriate flooring had been laid in clinical areas and purple sharps bins had been obtained. The practice used disposable curtains which were changed every six months. Bodily fluid spillage kits were available in the practice. There was a sharps injury policy and procedure available. Clinical waste was stored and disposed of in line with guidance. The practice manager advised that infection control training had been undertaken, but we did not see certificates for this for all staff. However, staff we spoke to understood infection control management and processes. Reminders about infection prevention and control measures were shared with staff in the weekly staff newsletter. For example the waste management policy was circulated with the staff newsletter dated 18 November 2016. The practice advised that infection control training would be added to future induction training.
- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained. Dispensing services were integrated with a pharmacy located within the practice that was registered with the General Pharmaceutical Council.

Dispensing staff were appropriately qualified, received regular training and had their competency annually reviewed. We reviewed the practice dispensary patient survey, where 44 surveys had been returned since November 2015. A full analysis of the results had not yet been undertaken as the practice was waiting until more surveys had been completed, however actions were taken with respect to feedback that had been received. The practice should also undertake quality assurance of its dispensing processes to show the outcomes for patients.

- The practice had written procedures in place for the production of prescriptions and dispensing of medicines, however, some of these had not recently been reviewed. There were a variety of ways available to patients to order their repeat prescriptions. Dispensing patients had access to the automated dispensing unit which the practice had recently installed. This allowed them to collect their medicines 24 hours a day. Patients who were housebound or living in remote rural areas were provided a daily prescription delivery service.
- Prescriptions were reviewed and signed by GPs before they were given to the patient to ensure patient safety. The practice involved patients in regular reviews of their medicines. There was a consultation room adjacent to the dispensary for staff to discuss medicines with patients confidentially.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We looked at four high risk medicines such as lithium, warfarin, methotrexate and other disease modifying drugs and found that patients were monitored and blood results checked prior to issuing repeat prescriptions. However the practice did not have a process in place for patients on a high risk medicine who declined to attend for a review. Following our inspection, the practice advised that they would agree a policy for how they would manage these patients.
- Records showed room temperatures and medicine refrigerator temperature checks were carried out which ensured medicines and vaccines requiring refrigeration were stored at appropriate temperatures. Processes were in place to check that medicines were within their expiry date and suitable for use, however, the practice should undertake more frequent checks in the dispensary. Medicines were kept in GP's bags and there was a checklist which detailed the medicines kept in the bags. However there was not an effective process in

Are services safe?

place to ensure medicines were in date. We looked in one GP bag and found one medicine which had expired in February 2016. Following the inspection the practice submitted a 'Policy for Stock Check of Drugs in Doctors Bags', which detailed that monthly checks would be undertaken to ensure that the correct medicines were held and that all medicines were within their expiry date.

- Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. We discussed the security of access to the dispensary at the practice. The practice assured us they would take action to address this to ensure medicines were only accessible to authorised staff. Following our inspection we spoke to the Registered Manager who confirmed that this had been undertaken.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. HCAs were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had a fire risk assessment and had completed actions from a recent fire safety audit. The practice had scheduled fire drills to

occur annually and had identified learning from a recent fire drill which had been shared with staff. 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). 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 enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely, with the exception of the medicine in the GPs bag.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were kept off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. The practice held a weekly journal club, where clinicians and trainees presented and critically appraised articles. Checks were completed to ensure any learning from the research was being undertaken in practice.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice scored 100% of the total number of points available. This was 2% above the CCG average and 5% above the national average. The overall exception reporting rate was 6% which was 4% below the 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 2015/16 showed:

- Performance for diabetes related indicators in 2015/2016 was 100%, which was 4% above the CCG average and 10% above the national average. The prevalence of diabetes was 8% which was higher than the CCG average of 6% and national average of 7%. The exception reporting rate was 5%, which was lower than the CCG (12%) and national (11%) exception reporting rates.
- Performance for hypertension related indicators was 100% which was comparable to the CCG average and national average. The prevalence of hypertension in the

patient population was 19%, which is higher than the CCG average of 15% and the national average of 14%. The exception reporting rate was 2%, which was lower than the CCG and national rates of 4%.

- Performance for mental health related indicators was 100%. This was 7% above the CCG and national average. The prevalence of mental health was 1% and was comparable to the CGC and national average. The exception reporting rate was 8% which was lower than the CCG average of 12% and national average of 11%.
- Performance for dementia related indicators was 100% which was 1% above the CCG average and 3% above the national average. The prevalence of dementia was 1% which was comparable to the CCG and national average. The exception reporting rate was 6% which was lower than the CCG and national average of 8%.

There was evidence of quality improvement including clinical audit.

- There had been 5 clinical audits undertaken in previous years, all of these were completed audits where the improvements made were implemented and monitored. We looked at three clinical audits. One of these was in response to an article raised at the weekly journal club. The audit identified six patients who had an increased ferritin (iron) level in the blood. These patients were diagnosed with Hemochromatosis (a condition that causes excess absorption of iron) and given appropriate treatment and were able to manage improvement with their condition. This was repeated a year later, in August 2016 and 22 patients were diagnosed with hemochromatosis. This improvement was as a result of better recognition and management of the condition through GP education.
- The practice participated in local audits, national benchmarking, peer review and research. Findings were used by the practice to improve services. For example, one research study involved screening around 80 patients for *Helicobacter pylori* (a type of bacteria which can live in the digestive tract and can cause ulcers). Seven patients were identified and subsequently treated so the bacteria was eradicated. Another research study resulted in the earlier identification and treatment of patients with diabetes.

Are services effective?

(for example, treatment is effective)

The practice undertook post death audits in order to identify any learning and also reviewed these to identify any trends.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality. The induction included values of the practice and the practice and patients charter. Following our inspection, the practice planned to include infection control training to the induction programme.
- The GPs undertook the majority of the management of patients with chronic diseases. The practice was in the process of restructuring the nursing team but made effective use of the practice nurses and health care assistants. For example one of the nurses was a diabetes educator, so worked with the health care assistant to support them to undertake routine diabetes checks. The work of the health care assistant was supervised by the nurse. The health care assistant was undertaking routine spirometry work appropriate to their role. The results were passed on to the GP for review.
- Staff administering vaccines and taking samples for the cervical screening programme had received training. The practice viewed training certificates for staff when they joined the practice but did not keep a copy of all certificates. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and attending updates. In relation to cervical screening, we reviewed an audit which demonstrated competence in the appropriate technique.
- Staff received training deemed mandatory by the practice that included: safeguarding, fire safety awareness, basic life support and equality and diversity. Mental capacity and consent was also completed by clinical staff and GPs had completed Deprivation of Liberty training. The practice kept an electronic record of mandatory training.
- The learning needs of staff were identified through meetings and reviews of practice development needs. Newly appointed staff received a three month review which identified how they had performed in their role and whether they had any additional learning needs.

The practice had a study leave and training policy, which detailed that all clinical staff were entitled to study leave equivalent to one working week. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. One of the HCAs were being supported by the practice to complete their nurse training. The practice held a range of in house weekly educational meetings which included outside speakers. The areas covered included for example, older patients, obesity management and writing better referral letters. Outside speakers included for example surgeons, the community pain clinic team and a Paediatric Dietician.

- Dispensary staff had received an appraisal within the last 12 months. However appraisals for other staff at the practice were last completed at the end of 2014. Staff were due to have their annual appraisal at a time when the practice manager commenced in post, late 2015. The practice has since been developing the strategic business plan which included the restructuring of some departments to develop leadership capacity. They planned for those staff in the lead roles to undertake meaningful appraisals with staff. As the restructuring had not been completed in all departments, this had meant that appraisals had not been undertaken. Staff told us they felt supported and could raise any issues during team meetings or would discuss their needs with the management 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 investigation and test results. Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Monthly multidisciplinary meetings took place when vulnerable patients and those with complex needs were discussed, reviewed and care plans updated. This included patients with complex mental health needs. The practice worked closely with the Consultant Psychiatrist who would also attend the practice to develop a mutually agreed plan of care for patients with mental

Are services effective?

(for example, treatment is effective)

health needs. Patients with palliative care needs were also reviewed at these meetings and a nurse specialist from the hospice attended. Patient records were updated at the time of the multidisciplinary team meeting. The practice held quarterly meetings where children with safeguarding needs were discussed and reviewed. Great Ormond Street held an outreach clinic at the practice annually.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the services offered by the practice or by other organisations. For example physiotherapy and chiropody, both of which were available at the practice.

The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 82%, which was the same as the local and national average. The exception rate was 2% which is lower than the CCG average of 5% and the national

average of 7%. The practice demonstrated how they encouraged uptake of the screening programme. The practice sent reminders letters for patients who did not attend for their cervical screening test and discussed this with patients when they attended the practice for another need. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- Patients aged 60-69 screened for bowel cancer in the last 30 months was 68% with a CCG average of 62% and an England average of 58%.
- Females aged 50-70 screened for breast cancer in the last 36 months was 84% with a CCG average of 78% and an England average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 96%. This was comparable to the CCG range of 67% to 96% and national range of 73% to 95%. Immunisation rates for the vaccinations given to five year olds ranged from 74% to 96% which was comparable to the CCG range of 71% to 96% and national range of 83% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74, both of which were undertaken by a GP. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Responding to and meeting people's needs

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The practice had redesigned the waiting area to minimise patients being overheard and had placed a sign away from the reception desk which asked patients to wait in order to give the patient in front some privacy. Patients were also informed that they could discuss the reason for their visit in private, if this was requested.

Patients told us they were very satisfied with the care provided by the practice and staff were helpful, caring and treated them with dignity and respect. 35 of the 36 Care Quality Commission patient comment cards we received were positive about the caring nature of the service experienced. We spoke with one member of the patient participation group (PPG). They also highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published July 2016 showed the practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average 91% and national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 100% of patients said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and the national average of 97%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 91% of patients 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%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 93% and national average of 90%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

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

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

Are services caring?

- A chaperone service was offered to patients and clearly advertised in the waiting area and in the clinical and consultation rooms.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 384 patients as carers (3% of the practice list). Suffolk Family Carers held a monthly surgery to support carers. There was a notice

board in the practice which was specifically aimed at identifying carers and providing advice, information and support to them. Written information was available to direct carers to the various avenues of support available to them, both in the practice and on the practice website.

GPs gave their mobile phone numbers to patients who were at the end of their life, to maintain continuity of GP during the evenings and at weekends. Patient information was also handed over to the out of hours service. Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours appointments on Mondays for those patients who could not attend during normal opening hours. These appointments were available from 7.00am and in the evening until 7.30pm. An emergency walk in surgery operated from 8am to 11am on Saturday. Evening and weekend appointments were available through Suffolk GP+. (Suffolk GP+ is for patients who urgently need a doctor's appointment, or are not able to attend their usual GP practice on a weekday.)
- Telephone appointments were available for patients if required. These were available from 7.30am on a Monday.
- The practice had 37 patients on the learning disabilities register. In the past 12 months, 28 out of the 37 patients had received a care review. The practice offered longer appointments for patients with a learning disability.
- The practice subsidised a minibus service from each of the outlying villages to the practice to ensure that patients living in these villages could access the GP practice.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were disabled facilities which included parking, a hearing loop and translation services available. Baby changing facilities and a breast feeding area was provided.
- The practice had in house phlebotomy appointments with the health care assistants and the phlebotomy service attended three half days per week.
- The practice had equipment in the entrance area which enabled patients to measure their own weight and blood pressure. This could be reported to staff at the practice who documented this in the patient's record.

- Leg ulcer clinics were held by the nursing team. Ambulatory blood pressure monitoring and 24 hour electrocardiogram (a test that can be used to check your heart's rhythm and electrical activity) monitoring was also available to enable more rapid diagnosis.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered Yellow Fever Vaccination Centre.
- Following feedback from patients the practice had for example, installed automatic doors at the entrance to the practice for easier access and a TV screen in the waiting room to provide more information on the services available.

Access to the service

The practice was open between 7am and 7pm on Mondays, from 8am to 6.30pm Tuesdays to Fridays and from 8am to 11am on Saturdays. On weekdays, appointments were from 8.30am to 11.30am and 2pm to 5.40pm. On Mondays early appointments were available from 7am and evening appointments until 7.30pm. Appointments for an emergency surgery were held between 9am to 12noon and from 2pm to 6pm Monday to Friday. An emergency walk in surgery operated from 8am to 11am on Saturday. A named GP was on duty for emergencies between 7am and 7pm Monday, from 8am to 6.30pm Tuesday to Friday and from 8am to 11am Saturday. Telephone appointments were available throughout the week which included early morning telephone appointments from 7.30am on a Monday and from 8am Tuesday to Friday. Patients were able to book evening and weekend appointments with a GP through Suffolk GP+. Appointments could be booked in person, by telephone or online. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice offered online prescription ordering and access to the patient's own medical record.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line with or higher when compared to local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 76%.

Are services responsive to people's needs? (for example, to feedback?)

- 82% of patients said they could get through easily to the practice by phone compared to the CCG average of 81% and the national average of 73%.

We spoke with four patients during our inspection, all of whom commented positively on appointment availability. One patient reported being able to get an urgent appointment easily for their child. We received 36 comments cards, the majority of which aligned with this view. Three patients expressed difficulty in getting through on the phone line to make an appointment. The practice was aware of the issue regarding the telephone and had a plan in place to upgrade the telephone system.

The practice had a 'prioritising home visits policy' to ensure that home visits were effectively triaged in a timely manner. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system on the practice's website, in the waiting room and in the practices 'patient complaints leaflet'. This was available at reception. There was a notice on the friends and family feedback box advising that complaints and suggestions could be posted there. Reception staff showed a good understanding of the complaints' procedure.

The practice had recorded 13 complaints, both written and verbal in the previous 12 months. These were logged onto a spreadsheet, with learning identified and recorded. We looked at documentation relating to four complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner. The practice responded to complaints in the same format in which the complaint had been received. For example, if the complaint was made by email, an email response was given. Complaints were discussed at the weekly partners' business meetings and then shared with staff through team meetings to encourage learning and development. Complaints were then reviewed on a quarterly basis. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care.

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 aim 'to provide high standard, personal, holistic care to patients, their families and carers. The type of care that we would expect for ourselves and our own families.' This was displayed on the practice website and in the waiting areas, as the Practice and Patient Charter and staff knew and understood the values. The vision of the practice was 'Practising with the values of traditional general practice but in a modern way.' The practice had a strategic development plan 2016 to 2019, which had been developed when the practice manager commenced in post, late 2015. The practice had clearly identified potential and actual changes to practice, and made in depth consideration to how they would be managed. For example, the restructuring of staff teams, with the need to develop leadership within those teams. Job descriptions had been updated or written according to what the practice required. This had been completed in the dispensary team and was currently being undertaken in the nursing team.

Governance arrangements

On the day of inspection the partners and management staff in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and management staff were approachable, supportive and took the time to listen and they felt supported by management.

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

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:

- Staff were aware of their own roles and responsibilities and felt supported by management. However, with the exception of dispensing staff, appraisals had not been undertaken due to staff restructuring.
- Practice specific policies were implemented and were available to all staff, although some of the standard operating procedures in the dispensary had not been reviewed recently.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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

- The practice gave affected people reasonable support, detailed information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through the Patient Participation Group (PPG), and through surveys and complaints received.

The practice identified key actions in response to the National GP patient survey published in July 2016. We saw evidence that actions had been completed in response to the patient feedback from this survey. For example, telephone appointments had been utilised to ensure improved access. We reviewed the practice dispensary patient survey, where 44 surveys had been returned since November 2015. A full analysis of the results had not yet been undertaken as the practice was waiting until more surveys had been completed. However initial patient feedback included the need to reduce patient's waiting

Are services well-led?

Good 

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

time and patients not being aware of the private consultation area. Actions were identified and completed in order to improve these areas. The practice engaged with the Friends and Family Test. The most recent data which was published in September 2016, showed that from 19 responses, 79% of patients would recommend the practice.

The practice PPG met every six months to discuss practice news, review the results of patient surveys and make suggestions for change. We spoke with a member of the PPG who felt that the practice were responsive to suggestions to improve the practice. For example, a hearing aid battery replacement service was now provided at the surgery and the practice had longer opening hours on a Monday and also opened Saturday mornings. The practice was planning to have a virtual PPG in order to obtain the views of a larger number of patients.

The practice had also gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff were aware of the whistleblowing policy. Staff told us that they felt

empowered by management to make suggestions or recommendations for practice. The partners also fed back to the CCG on areas of commissioning which they felt needed to be improved. For example, the quality of mental health care.

Continuous improvement

There was a focus on continuous learning and improvement within the practice, although this was more limited within the nursing team, as the nursing structure was being redesigned. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice took part in NHS supported research studies and they trained medical students and doctors who were training to become GPs. The practice also delivered training to the community first responder group, on areas which they requested. Previous training had included the use of oxygen, stroke and heart attacks. The practice achieved a practice accreditation award from the Royal College of General Practitioners in October 2014, in recognition for an outstanding contribution to primary care.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none">The practice did not have an effective process in place to ensure that medicines kept in GPs bags were checked routinely to ensure medicines were in date. We checked the medicines in one GP bag and found one medicine which had expired in February 2016.