

Drs Lesser, Giblin & Piccaver

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Lesser, Giblin & Piccaver known as Glemsford Surgery on 1 November 2016. Overall the practice is rated as good.

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

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with practice staff and was regularly reviewed.
- The practice had strong and visible clinical, managerial leadership and governance arrangements.
- Practice staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice system to ensure patients taking high risk medicines were monitored was appropriate and effective.
- Patients said they found it easy to get an appointment at a time convenient for them and usually with their GP of choice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice demonstrated that they used a team approach that assessed patients' needs and delivered care in line with current evidence based guidance. Practice staff had been trained to provide them with the skills, knowledge, and experience to deliver effective care and treatment.
- The practice strived to maintain and provide additional services to benefit the patients. For example, the practice had campaigned to retain the phlebotomy, mental health worker, and physiotherapy services within the practice ensuring that patients could be seen timely in the practice and did not have to travel.

Summary of findings

- The patients had launched a campaign to protect the dispensary within the practice from being compromised by a pharmacy opening up in the village. With the patients' support the practice opened their own pharmacy, ensuring that all their patients were able to obtain their medicines within the practice. The team undertook deliveries to over 50 households each week.
- The practice did not have an active face to face patient participation group but had used social media and the local Women's Institute Group to ensure they engaged with and gained feedback from patients.

Areas of outstanding;

- The practice were instrumental in contacting and working with the Roald Dahl's' Marvellous Children's Charity to ensure that a patient was able to have an essential piece of equipment to manage their condition at home. Following a negative response from many health agencies, the GP contacted the charity and secured funding, and the purchase of the

equipment. The practice, staff, local school, and village residents have continued to support the charity. For example for Roald Dahl's 100th birthday celebrations the children aged around 5 years had a trail to follow, the practice allowed space in the waiting room for a sculpture to be positioned. The GPs and practice staff support other various fund raising events.

- The practice worked with charities, third sector, and voluntary agencies to maximise benefits for their patients. They had arranged for food parcels from the food bank to be delivered to those patients in need of them.

The areas where the provider should make improvements are:

Continue to find ways to engage a patient participation group.

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 good for providing safe services.

Good



- Practice staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice used every opportunity to learn from internal and external incidents to support improvement. Learning was based on a thorough analysis and investigation. The practice carried out two-cycle audits to measure the impact of changes made following significant events.
- Information about safety was highly valued and was used to promote learning and improvement. A pharmacist was employed to lead the management of medicines including the dispensary. The governance systems and process in place to manage medicines were robust and wide ranging.
- The practice had systems in place to cascade and learn from Medicines and Regulatory Authority (MHRA) and National Reporting and Learning System (NRLS) alerts.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- Annual infection control audits were undertaken. We saw evidence of recent audits and actions taken to address any improvements identified as a result.
- The practice had 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mixed when compared with the CCG and the national average. QOF is a system intended to improve the quality of general practice and reward good practice.
- Practice staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical and management audits were used to identify, monitor, and encourage improvement. The practice demonstrated changes as a result.

Summary of findings

- Staff had the skills, knowledge, and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice was proactive in their management of patients who were at the end of their lives.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice higher than average for several aspects of care. For example, 97% of patients found the receptionist at this practice helpful this was above the CCG average of 88% and above the national average of 87%.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients said they were treated with compassion, dignity, and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw many positive examples of care provided to patients. For example, to help patients who went out to work during the day and whose medicines were delivered by the suppliers directly, the practice dispensary accepted the delivery, stored them safely until the patient collected them.
- The practice worked with charities, third sector, and voluntary agencies to maximise benefits for their patients. They had arranged for food parcels from the food bank to be delivered to those patients in need of them.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The 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. For example, the practice had campaigned to retain the community phlebotomy services to be held in the practice each week.
- Travel advice was given to patients ensuring that patients had access to vaccinations that were covered under the NHS.

Summary of findings

- The practice recognised that during the summer months they had a population of tourists who often needed to be seen on a temporary basis. They also recognised a small transient group of patients who may become marginalised and ensured that they received appropriate health care.
- Patients said they found it easy to make an appointment with a named GP and urgent appointments were 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, easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with practice staff and other stakeholders.
- A full contraceptive service was offered including long-acting reversible contraceptives (LARC). The practice offered the C-Card scheme, giving free condoms to young people who requested them.
- The practice ran asthma clinics specifically for children outside of school hours.
- The dispensary operated a managed repeat prescription service. This enabled patients to collect their repeat medicines without having to order them. Patients told us that they valued this service.
- Patients who were housebound or living in remote rural areas were provided a twice weekly prescription delivery service.
- The practice booked evening or weekend appointments for their patients to be seen at the out of hours service provided by GP Plus Extended Hours Service in nearby Bury St Edmunds.

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with practice staff and was regularly reviewed.
- High standards were promoted and owned by all practice staff and teams worked together across all roles. There was a high level of constructive engagement with practice staff and a high level of staff satisfaction.
- We saw evidence that practice staff were open and transparent went things had gone wrong however minor. Learning from these events was shared with the whole practice.
- Governance and performance management arrangements had been proactively reviewed.

Good



Summary of findings

- The practice had some key staff members on long term leave; they had invested in additional key staff to ensure that patient care was not compromised. A business manager had been employed to ensure standards were maintained and to facilitate a merger with 13 other practices to form a super partnership.
- The practice worked closely with other organisations in planning how services were provided to ensure that they not only met but enhanced patients' needs. For example, they had retained their link mental health worker, phlebotomy, and physiotherapist services.
- The practice gathered feedback from patients using social media and traditional community groups. For example, the local Women's Institute Group.
- The practice was engaged with the local community, maximising the benefits to patients through third sector and voluntary agencies.
- There was a strong focus on continuous learning and improvement at all levels. One GP had been active in promoting health education to patients via social media, TV and radio presentations, and newspaper articles.
- The practice was engaged with their local federation and plans had been agreed to merge with other practices. The practice told us that this would ensure that they retained services that their patients needed but maximise the opportunity for new shared initiatives to further enhance patient choice of services.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice recognised that some of the older patients were carers not only for their spouse/partner but for their parents and were aware that these families were highly vulnerable if any one member became unwell.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Appointments were available at the branch site for those that preferred to be seen there.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including hypertension, dementia, and heart failure were above or in line with the local and national averages.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Due to long term absence of key staff some appointments had been delayed, the practice undertook a risk assessment and decided to employ an additional qualified nurse to solve the capacity issue.
- Longer appointments and home visits were available, including for long term condition reviews when needed for all patients unable to attend the practice or with a learning disability.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice undertook six monthly medicine reviews to ensure that their medicines and health needs were well managed.
- For patients that required specialist medicines direct from the suppliers, the practice accepted the delivery and ensured appropriate storage and refrigeration until the patient could collect them.

Summary of findings

- The dispensary offered a managed repeat prescription service. This enabled patients to collect their regular medicines each month without having to re-order first.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances. Immunisation rates were above the national average for the 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 positive examples of joint working with midwives, health visitors, and school nurses.
- The practice was signed up to the C-Card scheme. The scheme offered free contraceptives to young people.
- The practice offered full contraceptive services including long-acting reversible contraceptives (LARC).
- The practice found that the use of social media was a positive way to engage with the younger population of the practice.

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. The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered telephone consultations for those patients that wished to seek advice in this way. The GP stayed beyond practice closing time to see patients if there was a clinical need following a telephone call.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



Summary of findings

- The practice offered early appointments with nurses and GPs. Flu clinics were held on Saturdays enabling patients who were at risk to obtain their immunisation without having to take time off work.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including transiently homeless and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The practice worked closely with the Dementia Intensive Support Team.
- Practice 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 was proactive in their management of patients who were at the end of their lives. The GPs ensured patients had continuity of care at all times during this difficult time by arranging another named GP to cover in the event of their leave. The GPs rarely used locums and therefore the patients were known to all the GPs in the practice. Patients we spoke with who had suffered a recent bereavement told us they valued this greatly and commented that they never felt isolated or alone.

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



- The practice had 63 patients diagnosed with dementia on the register. Only 15 of these patients had received a coded annual review. The practice explained to us that they do not always undertake formal reviews annually but assessed and reviewed patients throughout the year. The practice undertook six monthly medicines reviews and addressed the patient and their carer's needs at this time.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Practice staff had a good understanding of how to support patients with mental health needs and dementia.
- A mental health worker attended the practice regularly; face to face reviews were used in the early days of a patient experiencing poor mental health. We saw that medicines were reviewed frequently for efficacy and safety.

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 above the local and national averages. 215 survey forms were distributed and 131 were returned. This represented a 61% completion rate.

- 100% 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%.
- 97% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 78% and the national average of 85%.

- 93% of patients said they would recommend this GP practice to someone who had 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 did not receive any completed cards however we reviewed a letter that had been sent to the practice prior to our inspection. We spoke with four patients during the inspection who said they were very satisfied with the care they received and thought staff were approachable, committed, and caring.

We reviewed the information held on NHS choices, the practice was rated with five stars, 93% of patients who completed the Family and Friends test would recommend the practice.

Outstanding practice

Areas of outstanding;

- The practice were instrumental in contacting and working with the Roald Dahl's' Marvellous Children's Charity to ensure that a patient was able to have an essential piece of equipment to manage their condition at home. Following a negative response from many health agencies, the GP contacted the charity and secured funding, and the purchase of the equipment. The practice, staff, local school, and village residents have continued to support the charity. For example for Roald Dahl's 100th birthday

celebrations the children aged around 5 years had a trail to follow, the practice allowed space in the waiting room for a sculpture to be positioned. The GPs and practice staff support other various fund raising events.

- The practice worked with charities, third sector, and voluntary agencies to maximise benefits for their patients. They had arranged for food parcels from the food bank to be delivered to those patients in need of them.

Drs Lesser, Giblin & Piccaver

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a member of the CQC medicines management team.

Background to Drs Lesser, Giblin & Piccaver

The practice is situated in the village of Glemsford with a branch site in the village of Hartest. The practice area extends into the outlying villages. The practice offers health care services to approximately 4900 patients and consultation space for GPs and nurses as well as extended attached professionals including phlebotomists, a mental health worker, and a physiotherapist.

The practice holds a General Medical Service (GMS) contract and dispenses medicines to those patients who live in the surrounding villages. We visited the dispensary as part of our inspection. We did not visit the branch site at Hartest.

- There are three (two male and one female) GP partners who holds managerial responsibilities for the practice and three female practice nurses. A pharmacist is employed to lead the management of the medicines services in the practice and is supported by a team of seven dispensary staff.
- A team of nine administration and reception staff support the practice manager, assistant practice manager and business manager.
- The practice is open between 8am and 6.30pm Monday to Friday.

- If the practice is closed, patients are asked to call the NHS111 service or to dial 999 in the event of a life threatening emergency. The practice is part of the GP Plus service and is able to book appointments for patients who wish to be seen in nearby Bury St Edmunds.
- The practice has a lower number of patients aged 0 to 50 years and a higher number of patients aged over 60 years than the practice average across England. The deprivation score is above the England average.
- Male and female life expectancy in this area is 81 years for males and 86 years for females compared with the England average at 82 years for men and 87 years for women.

Why we carried out this inspection

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

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 1 November 2016. During our visit we:

Detailed findings

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- We reviewed safety records, incident reports, patient safety 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. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology, and were told about any actions to improve processes to prevent the same thing happening again.
- Staff told us they would inform the manager of any incidents either verbally or via an incident form. We saw that incidents were investigated timely and were shared at practice meetings. The incident recording supported the recording of notifiable incidents under the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed an incident that had been reported by a staff member. The hospital clinic contacted them and said that they had used an incorrect email address when sending a letter; this email address did not meet the information governance (IG) requirements. The staff member reported this to the practice manager, they investigated, spoke with the patient and reviewed the practice information IG governance policy and undertook refresher training for all staff.
- Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The information was monitored by a designated member of staff for relevance and shared with other staff, as guided by the content of the alert. Any actions required as a result were brought to the attention of the relevant clinician(s) to ensure issues were dealt with. Clinicians we spoke with confirmed that this took place.

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. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received either a Disclosure and Barring Service (DBS) check or the practice had undertaken a risk assessment. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Whilst the nurse was on long term leave the assistant practice manager and a GP undertook the role to ensure that standards were maintained. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We noted that the business plan reflected that new chairs for the waiting room were needed and was on the partners meeting agenda to agree purchase.
- 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

Are services safe?

appropriate checks through the Disclosure and Barring Service. We saw that appropriate checks had been undertaken for a locum GP who was providing clinical cover for a GP on sabbatical.

- 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. The practice had conducted quality assurance of their dispensing service to show good outcomes for patients and a patient survey showed high levels of patient satisfaction with the dispensing service. Patients who were housebound or living in remote rural areas were provided a twice weekly prescription delivery service.

The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed. There was a variety of ways available to patients to order their repeat prescriptions. Prescriptions were reviewed and signed by GPs before they were given to the patient to ensure safety. The practice regularly reviewed patient's medicines with them. There was a purpose-built consultation room adjacent to the dispensary for staff to discuss medicines with patients confidentially. The practice had developed an innovative system providing good oversight for the management of high risk medicines such as lithium, warfarin, methotrexate, and other disease modifying drugs, which included regular monitoring in accordance with national guidance. This ensured these medicines were dispensed only following appropriate monitoring tests.

Medicines were stored securely in a recently re-built dispensary which was only accessible to authorised staff. 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 medicines stored within the dispensary area and emergency medicines were within their expiry date and suitable for use. Robust processes were also in place to check medicines following alerts

and recalls of medicines. Blank prescription forms were handled in accordance with national guidance, as these were tracked through the practice and kept securely at all times. 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, then regularly reviewed, and robustly audited to help make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

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 with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We noted that the five year electrical circuit check was overdue, the practice were in contact with the electrician to undertake this. 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 mix of staff needed to meet patients' needs. The practice had identified a shortage of nursing capacity; the practice employed a further nurse to meet demand.

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.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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.
- 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.

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.

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 2015/2016 were 97% of the total number of points available. The overall exception reporting rate was 10% which was in line with the CCG average and the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data showed: The practice performance was mixed when compared with the CCG and National averages. For example;

- Performance for asthma related indicators was 92% this was in line with the CCG and national average. The exception reporting for these indicators was in line with the CCG and national average.
- Performance for diabetes related indicators was 96% and this was similar to the CCG average and 7% above the CCG and national average for. Exception reporting for this indicator was in line when compared with the CCG and national average.
- Performance for mental health related indicators was 77% this was 16% below the CCG and national averages. Exception reporting for this indicator was above the CCG

and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a record of blood pressure in the preceding 12 months was 27% this was 13% above the CCG average and 17% above the national average.

- Performance for chronic obstructive pulmonary disease was 90% this was 9% below the CCG average and 6% below the national average. The exception reporting for this indicator was below the CCG and national averages.

We discussed these results with the practice; they explained that a capacity shortfall in nursing staff resource had occurred over that period due to long term leave. Some recall systems that were in place relied on the nursing team recalling the patients. The practice identified the problem, employed an additional nurse, and reviewed the recall system, they were confident that all the patients would be reviewed and the performance figures would reflect this.

- There was evidence of quality improvement including clinical and management audit. The practice had undertaken over 15 audits in the past 10 months. We reviewed an audit undertaken on the management of Gout (Gout is a form of arthritis). The audit was undertaken in October 2015 and reaudited in October 2016. The second audit showed a significant improvement in the number of patients treated in line with the guidelines produced by the National Institute for Health and Care Excellence (NICE). The practice also recognised that some patients needed further encouragement to attend appointments. A further audit was planned.
- An audit of adherence to the Splenectomy guidelines was undertaken in October 2015 and repeated in October 2016. This audit showed that all patients had the appropriate codes and alerts on their medical records and had received appropriate vaccinations. The audit identified that further work should be done in terms of antibiotic use and patient education. It was agreed to write to the patients inviting them in to discuss this with their GP.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings, and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Most staff had received an appraisal within the last 12 months and those overdue had dates planned.
- Staff received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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 investigations and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients

moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Practice staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. We reviewed an audit to confirm written consent had been obtained from patients receiving minor surgery at the practice, the audit showed that not all patients had given written consent. This was discussed at a meeting and a review and update to the practice policy was undertaken in March 2016. A further audit was planned. The practice told us that due to a low number of procedures, the practice was only undertaking soft tissue injections and patients were referred as appropriate.

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 cessation, and advice on safe levels of alcohol consumption were signposted to the relevant service.
- Nurses offered support for healthy lifestyle choices including smoking cessation.
- The practice's uptake for the cervical screening programme was 83% which was above the CCG average of 82% and the national average of 78%. The practice exception reporting rate was 2% this was 4% below the

Are services effective?

(for example, treatment is effective)

CCG average and 5% below the national average. There was a policy and the nursing staff telephoned reminders for patients who did not attend for their cervical screening test. 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 demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice performance for patients who were screened for breast cancer in the last 36 months was 79% this was above the CCG average of

78% and the national average of 72%. From the same data set, the number of patients who had been screened for bowel cancer was 64% this was above the CCG average of 62% and the national average of 58%.

- Childhood immunisation rates for the vaccinations given were above the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 100% compared to the national average of 70% to 96% and five year olds from 84% to 100% compared with the national average of 81% 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. 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

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations, and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We did not receive any completed patient Care Quality Commission comment cards however we saw a letter that had been sent into the practice. The letter and the patients we spoke with said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.
- The practice did not have a patient participation group (PPG) but the local Women's Institute (WI) supported them to gain feedback and encouraged a group to form. We did not speak with any members of the WI group.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity, and respect. 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 of 91% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 99% 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%.
- 91% 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%.

- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and national average of 92%.
- 97% 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 we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 92% 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 the national average of 82%.
- 98% 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 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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

- Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice population as carers and worked with the Suffolk Family Carers. Written information was available to direct carers to the various avenues of support available to them.
- Staff told us that if families had suffered bereavement, their usual GP contacted them. We spoke with patients who had suffered bereavement; they told us that they had been fully supported during their difficult time. 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.

- There were longer appointments available for patients with a learning disability or those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required a same day consultation.
- The practice worked closely with community midwives, mental health link workers, and promoted provision of these services from the surgery premises where possible.
- The practice were instrumental in contacting and working with the Roald Dahl's Marvellous Children's Charity to ensure that a patient was able to have an essential piece of equipment to manage their condition at home. Following a negative response from many health agencies, the GP contacted the charity and secured funding, and the purchase of the equipment.
- The practice dispensed weekly packs and delivered medicines for people who needed support.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

- The Glemsford practice was open between 8.30am and 6.00pm Monday to Friday. The branch site at Hartest was closed on Mondays and open from 8.15am to 10.30am and 2pm to 4.30pm on Tuesdays, Wednesdays and Thursdays and Fridays from 8.15am to 10.30am.
- Appointments were offered from 8.30am to 11.30am and from 4.30pm to 6pm each day (on Mondays from 2.30pm to 6pm) at the Glemsford practice; at Hartest the

practice was closed on a Monday, and offered appointments from 8.30am to 9.30am and 2pm to 3pm on Tuesdays and Thursdays 2pm to 3pm on Wednesdays and 8.30 to 9.30 on Fridays.

- The practice did not offer extended hours appointments but the practice was able to book appointments at the GP Plus Service in nearby Bury St. Edmunds for patients who wished them. A GP at the practice undertook regular shifts at the GP Plus service and arranged appointments for patients that wished to see him during those times. Pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG and the national averages of 76%.
- 100% 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%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

The practice had 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 responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available in the waiting room, website and practice leaflet to help patients understand the complaints system

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency with dealing with the complaint. Lessons were learnt from individual

concerns, complaints and from analysis of trends and action was taken as a result to improve the quality of care. For example, the practice recognised that complaints made by the patient's relatives were more complex as they needed to balance the wishes of the patient but understand the concerns of the relative.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which practice staff had been involved in writing and understood the values.
- The practice had a robust strategy and supporting business plans that reflected the vision and values and these were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- 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 robust arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners 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 were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure in place and staff felt supported by management. This leadership was demonstrated when the partners campaigned and were successful in retaining community services to be held in the practice, such as the mental health worker, phlebotomy and physiotherapists.

- The partners had identified that a shortage of nursing staff had affected the management of patients with long term conditions. They undertook a risk assessment against the possibility of being over resourced and employed additional nursing staff.
- Staff told us the practice held regular team meetings; minutes were available to all staff.
- 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.

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

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

- Although the practice had tried to form a patient participation group by advertising, including in the local newspaper, they had failed. However, the practice used various other ways to ensure they understood their patient's views. For example the practice used social media and community groups such as the Women's Institute.

Are services well-led?

Good 

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

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

Continuous improvement

There was a strong focus of improvement in the practice. The GPs actively worked within the local federation and were merging with other practices to form one large

partnership. The practice told us that this would secure existing health services for their patients and opportunities to develop further services to enhance the care of their patients would be possible.

The practice told us that further population growth was planned for the area; the GPs recognised that resourcing this would be necessary.

Patient education was a priority and the GPs would continue their work both nationally and in the community to help patients to self-manage where appropriate.