

# Haven Health

## Quality Report

Grange Farm Avenue  
Felixstowe  
Suffolk  
IP11 2XD  
Tel: 01394670107  
Website: [www.haven.health@nhs.net](http://www.haven.health@nhs.net)

Date of inspection visit: 20 June 2017  
Date of publication: 13/07/2017

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

## 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	12

### Detailed findings from this inspection

Our inspection team	13
Background to Haven Health	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Haven Health on 20 June 2017. Overall the practice is rated as good.

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

- The practice used innovative and proactive methods to improve patient outcomes, working with other providers to share best practice.
- There was a clear leadership structure, which was understood by the staff we spoke with. They told us the lead GP, and practice manager had involved them in developing their practice vision, and future development plans to offer greater services to their patients.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had systems to minimise risks to patient safety. A practice improvement plan was used to ensure improvements were made in a timely way and where delays occurred the risks were reviewed.
- Practice staff were aware of current evidence based guidance, and had been trained to provide the skills and knowledge to deliver effective care and treatment. The clinical staff discussed the guidance and patient cases at regular meetings.
- Results from the national GP patient survey, published in July 2016, showed patients were treated with compassion, dignity, and respect and were involved in their care and decisions about their treatment. The practice used social media to engage patients and gain feedback, and to inform patients of changes within the practice.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day. Extended hours appointments were available at the practice on Thursday mornings. The practice, in collaboration with two local practices, offered same day appointments at Felixstowe community hospital.

# Summary of findings

The practice was also part of a GP+ service. This meant patients were able to be seen for evening or weekend appointments at Felixstowe Community Hospital and a location in nearby Ipswich.

- The practice had identified 3.4% of the practice list as carers. This included older people and young carers.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice was proactive in the health education of young people. They recently engaged school children in an art competition to design posters for their smoking cessation campaign. The entries were displayed in the practice and the practice reported a positive effect on patients. Annually, the practice held an open day for medical students from the Cambridge

Medical School. This gave any young person who was aspiring to become a doctor the opportunity to learn more and the practice sent out the invitation to the local sixth form schools.

- The practice was proactive in health promotion and had won stop smoking awards in 2013 and 2016 for the work in promoting healthy lifestyles. They offered a C Card scheme to young people and had won two awards for the high quality of service given. C Card schemes enabled young people (including those not registered at the practice) to access free contraceptives.
- Continuous support was given to families who had suffered bereavement, and a card was sent on the anniversary of the bereavement.

**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



- We found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, and a written explanation and 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 to minimise risks to patient safety. Any risks identified as a result of delays in the completing of actions were reviewed. A practice wide calendar was used to ensure checks were made in a timely manner.
- The practice was proactive in risk management of the clinical systems protocols and patient alerts, for example regular reviews were taken of the patient's contact with the practice ensuring those that did not attend were reviewed.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The safe guarding lead for the practice was trained to safeguarding level four.
- The practice had arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework 2015/2016 showed patient outcomes were generally comparable to the national average. Where performance was lower than the CCG and national average, unverified data for 2016 to 2017 showed improvements.
- The practice monitored and reviewed patients' medicines, and where possible completed all health checks for the patient during a single appointment. The practice was implementing a new system to call patients in for a review within the month of their birth date.
- Staff were aware of current evidence based guidance and discussed this at the regular clinical meetings which were held weekly.

# Summary of findings

- The practice used a programme of clinical and non-clinical audits to demonstrate quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals, and personal development plans for all staff. Practice staff told us they had found this useful and felt they were listened to by the management team.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. End of life care was coordinated with the practice outreach team and other services were involved.

## Are services caring?

Good



## Are services responsive to people's needs?

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 CCG and national averages for several aspects of care. For example, 97% of patients usually got an appointment or spoke to someone last time they tried compared with the CCG average of 88% and national average of 85%.
- We reviewed 23 comment cards, 22 of which demonstrated that patients felt 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 accessible.
- We saw that practice staff worked together as a cohesive team and treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice was proactive in their awareness and care of carers. They had identified 3.4% of the practice populations as carers (including young carers), written information was available, and carers were sign posted to the local support group.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Practice staff were clear about the vision and their responsibilities in relation to it.

# Summary of findings

- There was a clear leadership structure within the practice and the wider organisation, and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings weekly.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk, where there were delays in completing some actions, further assessments were undertaken, and risks reviewed.
- Practice staff had received inductions and annual performance reviews. Staff attended staff meetings and had access to training opportunities.
- The provider was aware of the requirements of the duty of candour. The management team encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and learning had been planned to ensure all staff had received training the practice deemed mandatory.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# 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



- Practice staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- There was a named GP for these patients and GPs and a practice nurse undertook weekly visits to ensure proactive health care to patients living in local care homes. The practice nurse supported any care home, where the community team did not attend, with their specialist skills in wound care.
- The practice identified older patients who may need palliative care as they were approaching the end of life. The practice involved older patients in planning and making decisions about their care, including their end of life care. The practice proactively used special notes to ensure other health providers were aware of the patient's wishes in relation to their preferred place of care.
- The practice followed up on older patients discharged from hospital and ensured their care plans were updated to reflect any additional needs.
- The practice worked with voluntary agencies such as the Citizen's Advice Bureau and Age Concern to offer additional support to older patients.

### People with long term conditions

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

Good



- A lead GP and a nurse with a special interest, supported by an administrator, managed the recall of patients with long term conditions. The practice were implementing a new system to further improve their service, ensuring patients received their annual checks in the month of their birth.
- All patients with a long term condition had a named GP and 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.
- Data from the quality and outcomes framework 2015-2016 showed that the practice performance in relation to diabetes

# Summary of findings

was 71%. This was 21% below the CCG and 19% below the national average. The practice exception reporting rate for all indicators relating to diabetes was in line with the CCG and the national average,

- The practice performance in relation to chronic obstructive pulmonary disease was 98%; this was comparable to the CCG average and national average.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured their care plans were updated to reflect any additional needs.
- There were emergency processes in place for patients with long-term conditions who experienced a sudden deterioration in health.
- To increase uptake of annual reviews, the practice staff telephoned patients to arrange their appointments. Flexibility of appointment times was given to ensure that patients could attend at times convenient to them.

## Families, children and young people

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

- We found there were systems 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 accident and emergency (A&E) attendances. All correspondence received regarding children was seen by the safeguarding nurse to ensure appropriate care and follow up was in place.
- The practice offered a C Card scheme to young people and had won two awards for the high quality of service. C Card scheme enables young people (including those not registered at the practice) to access free contraceptives.
- The practice were proactive in the health education of young people, they recently engaged school children in an art competition to design posters for their smoking cessation campaign. The entries were displayed in the practice and the practice reported a positive effect on patients. Annually, the practice held an open day for pupils from the local six form school and medical students from the Cambridge Medical School attended. This gave any young person who was aspiring to become a doctor the opportunity to learn more.
- The practice had identified young carers and ensured appropriate support was given at each contact with any health professional.

Good





# Summary of findings

- The practice had met the national target for the standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors, and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes in place for acutely ill children and young people and for acute pregnancy complications.

## 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 this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended hours appointments were available at the practice on Thursday mornings from 7am to 8am. The practice, in collaboration with two local practices, offered same day appointments at Felixstowe Community Hospital. The practice was also part of a GP+ service; patients were able to be seen for evening or weekend appointments at Felixstowe community hospital and a location in nearby Ipswich.
- Telephone consultations were available for those who wished to access advice this way. After three telephone consultations the practice would offer a face to face appointment to ensure safe care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.
- NHS health checks were available at times convenient to the patient.

Good



## People whose circumstances may make them vulnerable

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

Good



# Summary of findings

- The practice was proactive in ensuring vulnerable patients were able to register for health care. For example, homeless patients or those who were in the care of social services.
- The practice held regular weekly meetings to ensure that patients who may be vulnerable were managed in a holistic manner.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability. The practice undertook weekly visits at a local care home that was dedicated to people with a learning disability.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations. A member of the local Citizens Advice Bureau attended the practice each week to support patients with social or financial concerns.
- Practice staff we spoke with knew how to recognise signs of abuse in children, young people, and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies during normal working hours and out of hours.
- To ensure that patients who were deaf and used sign language were involved in discussions and decision making with the health professionals, the practice routinely used on-line signing services.
- The practice had a non-clinical member of staff who was the chaperone champion. This member of staff ensured that patients were aware of the availability of chaperones. The staff member had attended an additional course on female genital mutilation.

## 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).

- The practice carried out advance care planning for patients living with dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Data for the quality and outcome framework from 2015 to 2016 showed the practice performance for mental health was 68%.

Good



# Summary of findings

This was 28% below the CCG average and 25% below the national average. We review unverified data for 2016 to 2017, and saw their performance had improved significantly. The practice exception reporting rate for all indicators relating to mental health was below the CCG and national averages.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia. A mental health link worker attended the practice regularly to support the GPs and ensure the patients with complex needs were well supported.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice staff, including nurses and non-clinical staff, had received training and 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 in July 2016. The results showed the practice results were higher when compared with local and national averages. 253 survey forms were distributed and 125 were returned. This represented a 49% response rate.

- 93% of patients described the overall experience of this GP practice as good compared with the CCG average of 87% and the national average of 85%.
- 91% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 80% 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 23 comment cards, 22 of which were all positive about the standard of care received. One negative comment was received regarding care given by the practice; we discussed this with the lead GP, who reviewed the patient. Comments received included that staff were helpful and caring, appointments were easy to access, and many patients reflected they were very satisfied with the care received from the practice.

We spoke with two patients during the inspection and with five patients who were members of the patient participation group prior to the inspection. All seven patients said they were very satisfied with the care they received and thought staff were approachable, committed, and caring.

# Haven Health

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector and accompanied by a GP specialist adviser.

### Background to Haven Health

Haven Health is situated in the seaside town of Felixstowe. The practice provides services for approximately 7500 patients. In November 2016, the registered provider of Haven Health changed and the lead GP is now the registered provider. Haven Health holds a personal medical services contract with NHS England and is a training practice for GP registrars. GP registrars are qualified doctors who are training to be GPs.

There are three GPs (one male and two female) and two male locums who regularly provide services at the practice. There are three female nurses, three health care assistants/technicians, and two domiciliary care practitioners. The practice manager is supported a team of seven receptionists, four administrators and two medical secretaries.

We reviewed the most recent data available to us from Public Health England which showed that the practice population has a higher number of patients aged 25 to 55 and lower number of patients aged 75 and over years compared to the national averages. The practice has areas of deprivation that are higher than the national average.

Haven Health is open from Monday to Friday. The practice offers appointments from 8.30am to 6.30pm daily. Appointments can be booked six weeks in advance with urgent appointments available on the same day. Extended hours appointments for GPs and nurses are available at the

practice on Thursday mornings from 7am to 8am. The practice, in collaboration with two local practices, offered same day appointments at Felixstowe Community Hospital. The practice was also part of a GP+ service; patients were able to be seen for evening or weekend appointments at Felixstowe community hospital and a location in nearby Ipswich. Out of hours care is provided by Integrated Care 24 via the NHS 111 service.

### 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 20 June 2017. During our visit we:

- Spoke with a range of practice staff including GPs, the nursing team, practice manager, receptionists, administrator/secretary, and a domiciliary care practitioner. We spoke with patients who used the service.
- Spoke with the managers of a local care homes.

# Detailed findings

- Observed how patients were being cared for in the reception area.
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 a system for reporting and recording significant events.

- Practice 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).
- Three documented examples we reviewed, we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable. They received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts, and minutes of meetings where significant events were discussed.

- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, minutes from a meeting held 20 January 2017 demonstrated discussions and actions identified in relation to events including that of an injury to a staff member and that of a patient receiving a delayed test result.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes, and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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 GP and nurse for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where

necessary for other agencies. All the letters received relating to children were seen by the nurse safeguarding lead to ensure appropriate management and follow up was in place.

- Practice staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The lead GP was trained to level four and other GPs and nurses were trained to child protection or child safeguarding level three.
- The practice had a non-clinical member of staff who was the chaperone champion. This member of staff ensured that patients were aware of the availability of chaperones. The staff member had attended an additional course on female genital mutilation. 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 a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). An audit had been completed to ensure that members of staff recorded appropriately in the clinical records.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- A clinical staff member who had received appropriate training was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Regular IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. In addition, further actions such as replacement sinks appeared on the practice improvement plan to be addressed with the planned refurbishment.

## Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security, and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group medicines management teams, to ensure prescribing was in line with evidence based guidelines for safe prescribing. We received some comments that patients occasionally encountered delays in receiving their prescriptions; the practice were aware of this and working to make improvements.
- Ipswich and East Suffolk Clinical Commissioning Group expressed their thanks to Haven Health in their newsletter. Haven Health had alerted the CCG to a substantial financial change in a particular medicine and therefore helped to make a financial saving.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient Group Directions (PGDs) are written directions allowing nurses to administer medicines without a prescription. The Health Care Assistants used patient Specific Directions (PSDs).

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring, and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had a shared calendar; this enabled them to be alerted to the review dates of assessments and checks in a timely manner. For example, there were annual dates for checking the registration of GPs and nurse with their appropriate professional bodies.

- The practice had an up to date fire risk assessment and carried out regular fire drills.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. The fixed wire testing was overdue; however, the practice had undertaken a risk assessment that showed the reason for the delay and the steps taken to mitigate any risks.
- The practice had a variety of other risk assessments 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). We noted that there had been delays in some actions being completed from the assessment which deemed the practice low risk, for example the installation of individual water heaters. The practice had risked assessed this further and showed a date for completion in September 2017.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.
- 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of this plan was stored at an alternative location.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant, current evidence based guidance, and standards, including National Institute for Health and Care Excellence (NICE) evidence based guidelines.

- The practice had systems to keep all clinical staff up to date. Practice 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 with 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). In the most recent published results, from 2015 to 2016, the practice achieved 86% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. Unverified data the practice shared with us for 2016 to 2017 showed this had improved to 92%. The practice exception reporting rate was 9%, this was in line with 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 2015-2016 showed:

- The practice performance in relation to diabetes was 71%. This was 21% below the CCG and 19% below the national average. The practice exception reporting rate for all indicators relating to diabetes was in line with the CCG 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). The practice shared with us the improvements they had made to their diabetes service; for example, specialist nurses were supporting the

practice in managing patients with complex needs and with mentoring and supporting further education for the practice team. We saw unverified data for 2016/2017 which showed the practice performance was 80% which demonstrated improvements had been made. The practice was aware the results needed to improve further and had changed the recall system to encourage patients to attend in the month of their birth.

- The practice performance in relation to chronic obstructive pulmonary disease was 98%; this was comparable to the CCG average and 2% above the national average.
- The practice performance for mental health was 68%. This was 28% below the CCG average and 25% below the national average. We review unverified data for 2016 to 2017, and saw that their performance had improved significantly to 85%. The practice exception reporting rate for all indicators relating to mental health was below the CCG and national averages. The practice was aware the results needed to improve further and had changed the recall system to encourage patients to attend in the month of their birth.
- Performance for asthma related indicators was 99%; this was in line with the CCG and national average. Exception reporting for all related indicators was in line with the CCG and national average.
- Performance for dementia was 94%. This was in line with the CCG average the national average. Exception reporting for all related indicators was in line with the CCG and national average.

There was evidence of quality improvement including non-clinical and clinical audit which was well established. There had been a comprehensive programme of audits and searches conducted. As well as audits to ensure safe management of high risk drugs we viewed others including, how many patients died in their preferred place of death, had special notes been in place and was the patient's wishes to relation to resuscitation in place. Improvements had been made with a 15% increase in the number of patients who had died at home as per their wishes. The practice had completed an audit to monitor the benefits to patients who had received a soft tissue injection. The audit showed an increase of 7% of patients who felt 'cured' after they had received their treatment at the practice and an increase of 15% of patients who 'felt a lot better'.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- 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.
- Practice 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 practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- The learning needs of staff were identified through a system of appraisals, including 360 degree, (360 degree is a method of receiving feedback from their colleagues), meetings, and reviews of practice development needs. Practice 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, and facilitation and support for revalidating GPs and nurses.
- Practice 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. The practice was in the process of improving the electronic system used to collate the training data.

### 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 practice and notes that the patient had in their homes (yellow folders), medical records, and investigation and test results. The practice were proactive in the use of special notes to ensure all health professional including out of hours had accurate and up to date information on the patients.

- We saw the practice shared relevant information with other services in a timely way, for example urgent referrals for suspected cancer.

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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice data showed that 59% of patients died at home, as per their wishes.

### 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.-The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.
- Smoking cessation and weight management advice was available from the practice nurses. The practice had won awards for their work in this area.

# Are services effective?

(for example, treatment is effective)

- Appointments were flexible allowing patients to attend the practice at times convenient to them.

The practice's uptake for the cervical screening programme was 81%, which was above the CCG and the national average of 76%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by contacting patients by telephone. There were failsafe systems 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.

Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice had met the national standard for providing the immunisations.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. Data from Public Health England showed:

- The percentage of patients screened for breast cancer in the last 36 months was 74%; this was below the CCG average of 79% and above the national average of 73%.
- The percentage of patients aged 60-69 screened for bowel cancer in the last 30 months was 62%, this was in line with the CCG average of 62% and above the national average of 58%.

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

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains or screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations, and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by male or female clinicians.

We received 23 patient Care Quality Commission comment cards and 22 were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We received one negative comment which we discussed with the lead GP who reviewed the patient.

We spoke with seven patients including five members of the patient participation group (PPG). They told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey, published in July 2016, showed patients felt they were treated with compassion, dignity, and respect. The practice was in line or above others for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average and the national average of 89%.
- 93% of patients said the GP gave them enough time the same as the CCG and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% national average of 85%.
- 96% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 92% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and the national average of 97%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- -91% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

We spoke with the managers of local care homes. They were generally positive about the service provided by the practice. They told us that patients and staff found the practice to be responsive, helpful, and kind. The GPs and nurse attended the home on a regular day each week to ensure proactive health care was available to the patients. The GPs were easily accessible and visited when requested.

### 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. We saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey, published in July 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average and the national average of 86%.

## Are services caring?

- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and the national average of 82%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG and national average of 90%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

Staff told us that interpretation 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. Longer appointments were available for these patients.

Information leaflets were available in easy read format.

- The electronic referral service was used with patients as appropriate (a national electronic referral service which gives patients a choice of place, date, and time for their first outpatient appointment in a hospital).

### **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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice team were proactive and had identified 248 patients as carers (3.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older and younger carers were offered timely and appropriate support.

Practice staff told us that if families had experienced bereavement, their usual GP contacted them. 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. A card was sent to the families on the anniversary of the bereavement. Information was recorded on family members to ensure that appropriate support was offered during this difficult time.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours for GPs and nurses on Thursday mornings 7am to 8am for working patients who could not attend during normal opening hours. In collaboration with two other local practices, they offered appointments from 3pm at the local community hospital. The practice was part of a GP+ service, the practice was able to book evening and weekend appointments for patients to be seen either at the community hospital or at a location in nearby Ipswich.
- Longer appointments were available for patients with a learning disability or complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. These were often undertaken by the domiciliary care practitioners ensuring a rapid assessment for those patients that maybe vulnerable. The domiciliary care practitioners reported to the GPs and were able to discuss any concerns they had.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, online sign language, and interpretation services available.
- We saw evidence that practice staff were flexible when considering patients' needs and adjusted appointments accordingly. The practice has considered and implemented the NHS England Accessible Information

Standard to ensure that disabled patients received information in formats that they could understand and received appropriate support to help them to communicate.

### Access to the service

The practice was open and appointments were available between 8.30am and 6.30pm Monday to Friday. Extended hours appointments were offered on Thursday mornings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey, published in July 2016, showed that patient's satisfaction with how they could access care and treatment was above local and national averages:

- 86% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.-92% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 73%.-97% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 88% and the national average of 85%.
- 98% of patients said their last appointment was convenient compared with the CCG average of 94% and the national average of 92%.
- 91% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.
- 74% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 64% and the national average of 58%.
- Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice demonstrated they had a system to assess the clinical priority of those requesting home visits or urgent medical attention in a timely way. Where appropriate the domiciliary care practitioners undertook the visit ensuring an assessment in a timely manner. The domiciliary care practitioners reported to the GPs and discussed any concerns they had.

### Listening and learning from concerns and complaints



# Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system for handling complaints and concerns.

- The 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.
- We saw that information was available to help patients understand the complaints system. There were posters in the waiting area, information in the practice leaflet and on the practice web site.

We looked at six complaints received in the past 12 months and found these had been satisfactorily managed. Lessons

were learned from individual concerns and complaints and from analysis of trends and action were taken to as a result to improve the quality of care. For example, in May 2017 a complaint was received in relating to the communication between a GP and the patient. A letter of apology was sent to the patient and a discussion about best consultation communication was held between the GPs. We noted that the practice discussed verbal complaints as well as those received in writing, for example minutes from a meeting held in January 2017, recorded that a patient had given some verbal feedback with concerns about test that had been arranged.

# 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 that had been written with the involvement of all staff to deliver high quality care and promote good outcomes for patients.

- The practice used innovative and proactive methods to improve patient outcomes, working with other providers to share best practice. For example, the employment of domiciliary care practitioners to undertake home visits to patients who cannot attend the practice. The practice was designing new ways to manage the administration work flow of correspondence they received and the management of pathology results.
- There was a clear leadership structure, practice staff we spoke with told us that the lead GP and practice manager had involved them in developing their improvement plan to encourage future developments and offer greater services to their patients.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas such as.
- Practice specific policies were implemented and were available to all staff. Practice staff we spoke with knew where to access them.
- A comprehensive understanding of the performance of the practice was maintained.
- Practice clinical meetings were held regularly. Each day the GPs and nurses had the opportunity to discuss cases and share information. Meetings were held every Friday, including meetings for clinical teams, reception and nursing staff. Minutes were available for those staff that

had been unable to attend. The minutes of meetings we viewed demonstrated there was a structure to the agendas that allowed lessons to be learned and shared following significant events and complaints.

- A programme of continuous clinical and internal audit was in place to monitor quality and to make improvements.
- There were arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions.
- Staff training was provided; the practice was improving the electronic system to record these.
- The practice was developing new models to manage some back ground functions such as pathology results and correspondence work flow. Practice staff we spoke with told us they felt positive about these new developments and were receiving comprehensive training and support. We found there were sufficient governance processes in place to ensure safe care although these could have been recorded more cohesively.

### Leadership and culture

On the day of our inspection 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. Practice staff told us the management team were approachable and always took the time to listen to all members of staff.

In the previous 12 months, the practice had managed several major changes including GP retirement from the partnership, joining the Suffolk Primary Care partnership, and changing the electronic computer system. The staff we spoke with told us these had been challenging times but with the lead GP and practice manager, they were proud that they had worked together as a cohesive team, provided high quality, caring and safe care to their patients.

The provider was aware of and had systems 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 and training for all staff on communicating with patients about notifiable safety incidents. The organisation and practice



# Are services well-led?

Good 

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

encouraged a culture of openness and honesty. From the sample of three documented examples we reviewed we found the practice had systems 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 feedback to monitor trends and encourage improvements.

There was a clear leadership structure and staff felt supported by management.

- The practice held and kept minutes of a range of multi-disciplinary meetings including meetings with district nurses, school nurses, and social workers to monitor vulnerable patients.
- Practice staff told us the practice held regular team meetings which they found very useful.
- Practice 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. Minutes were available for practice staff to view.
- Practice staff said they felt respected, valued and supported, particularly by the management team in the practice. All staff were involved in discussions about how to run and develop the practice. The management team 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 and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The practice used social media to encourage feedback from patients.
- Results from the family and friends survey data for 2016 showed 95% of patients reported they were extremely likely or likely to recommend the practice to family and friends.
- Practice 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 focus on continuous learning and improvement at all levels within the practice. The practice demonstrated their commitment to continue to improve the services offered at Haven Health and other practices. The practice was actively involved in the primary care community through the Suffolk GP Federation of which they were members and the lead GP is the chair of this organisation. The practice manager and a GP were actively involved in the Ipswich and East Suffolk CCG practice manager forum and on the board of the Suffolk Primary Care partnership. The practice is proactive in designing and piloting new systems and processes which were then shared with other practices.