

Market Cross Surgery

Quality Report

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Date of inspection visit: 10 November 2016

Date of publication: 23/12/2016

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

Ratings

Overall rating for this service

Outstanding



Are services safe?

Good



Are services effective?

Good



Are services caring?

Outstanding



Are services responsive to people's needs?

Outstanding



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 Market Cross Surgery on 10 November 2016. Overall the practice is rated as outstanding. The practice is rated as good for providing safe, effective and well led services and outstanding for providing caring and responsive services.

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

- There was an open and transparent approach to safety and the practice had systems in place for reporting and recording significant events.
- The practice was proactive and responsive to patient's needs.
- Data from the national GP patient survey showed patients rated the practice higher than the CCG and national averages for several aspects of care.
- The practice had identified 216 patients as carers (2% of the practice list).
- Patient safety alerts were logged, shared and searches were completed to ensure reviews of patient care took place where necessary.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However some e-learning training was overdue.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.
- Due circumstances beyond their control and to IT problems during a change to their computer system, the practice performance in some areas of the quality and outcome framework were below the CCG and national averages.

The areas where the provider should make improvements are:

- Monitor printer prescription form logs to ensure they are tracked throughout the practice and improve the measures for the security of controlled drugs.
- Monitor the fridge temperature logs to ensure that dispensary staff have understood the cold chain training given to them.
- Ensure the practice has an up to date fire risk assessment and any identified actions are completed.
- Review staff training ensuring all staff are up to date with training appropriate to their role and needs.

Outstanding elements;

- A young people's guide to the Market Cross surgery was written and available to patients which included advice on managing stress, healthy weight, contraception, smoking cessation, sexual health and

travel advice. It included links to websites and various schemes, the guide was written in a clear colourful leaflet. The leaflet also included information on confidentiality to help young people to have confidence to speak with clinicians at the practice.

- The practice recognised that they served a hard to reach population of patients who may be marginalised. They engaged with the local travelling community and had achieved positive outcomes. They recognised that this group of patients often respond better to verbal and pictorial information and with the community helped develop a health education DVD, including health promotion subjects. The practice were proactive in undertaking data searches for this group of patients to identify gaps in public health measures, such as childhood immunisation and men's health. Furthermore, to increase engagement with health outcomes for men and women of all ages of the travelling community, there was a plan in place to house an on-site fixed cabin where outreach services could be supplied. A member of the patient participation group who was from the travelling community supported this.

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



- There was a robust and effective system in place 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 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 had effective arrangements in place to respond to emergencies and major incidents.
- We reviewed six personnel files and found that all of the appropriate recruitment checks had been undertaken for all staff prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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 a Legionella policy and documented risk assessment in place.
- Patient safety alerts were logged, shared and searches were completed to ensure reviews of patient care took place where necessary.
- The practice held stocks of controlled drugs (CDs) (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. We noted that CDs were correctly stored in a locked cupboard however the key for the locked cupboard was stored in an easily accessible area of the dispensary. The inspection team identified the issue to the practice manager who ordered a key lock safe on the day of the inspection.
- The practice had four medicines fridges, three fridges were stocked and monitored by the nursing staff and one fridge was stocked and monitored by dispensing staff. We found the dispensary staff had not been recording the temperatures correctly. A second thermometer, a data logger, was in place

Summary of findings

and we saw the fridge had remained within the correct temperature ranges. The practice manager told us she would arrange extra training for the dispensary staff to ensure that the correct processes were followed.

- 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.

- The practice was awarded the Royal College of General Practitioners Gold Standard Framework Quality Hallmark Award (for end of life care) in 2012 and was one of only three practices to be reaccredited with it when assessed in 2015.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had two dedicated childhood immunisation clinics on Tuesday and Thursday afternoons.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 489 points out of 559 which was 87% of the total number of points available which was below the Clinical Commissioning Group (CCG) average by 10% and the England average by 8% with an exception reporting of 6% which was better than the CCG and England average of 10%. (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).

Good



Are services caring?

The practice is rated as outstanding for providing caring services.

Outstanding



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than the CCG and national averages for several aspects of care. For example; 99% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%, 99% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%, 100 % 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%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 216 patients as carers (2% of the practice list).
- The practice recognised that they served a hard to reach population of patients who may be marginalised. They engaged with the local travelling community and had achieved positive outcomes. They recognised that this group of patients often respond better to verbal and pictorial information and with the community helped with the development of a health education DVD, including health promotion subjects. The practice were proactive in undertaking data searches for this group of patients to identify gaps in public health measures, such as childhood immunisation and men's health. Furthermore, to increase engagement with health outcomes for men and women of all ages of the travelling community, there was a plan in place to house an on-site fixed cabin where outreach services could be supplied. A member of the patient participation group who was from the travelling community supported this.
- A young people's guide to the Market Cross surgery was written and available to patients which included advice on stress, weight, contraception, smoking cessation, sexual health and travel advice. It included links to websites and various schemes all written in a clear colourful leaflet. The leaflet also included information on confidentiality to help with the fear young people may have of speaking to clinicians at the practice.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

Outstanding



Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice was sited on a busy market street; there was a high risk of a member of the public becoming seriously unwell outside the practice. The practice had recognised this, written a protocol and trained staff to respond immediately in the event of an emergency.
- The practice had a well-established flexible telephone triage system to ensure ease of access to patients.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The national GP patient survey results were published on 7 July 2016. The results showed that generally patients scored the practice higher than the CCG and national averages for ability to access care and treatment.
- The practice recognised that they served a hard to reach population of patients who may be marginalised. They engaged with the local travelling community and had achieved positive outcomes. They recognised that this group of patients often respond better to verbal and pictorial information and with the community helped with the development of a health education DVD, including health promotion subjects. The practice were proactive in undertaking data searches for this group of patients to identify gaps in public health measures, such as childhood immunisation and men's health. Furthermore, to increase engagement with health outcomes for men and women of all ages of the travelling community, there was a plan in place to house an on-site fixed cabin where outreach services could be supplied. A member of the patient participation group who was from the travelling community supported this.
- A young people's guide to the Market Cross surgery was written and available to patients which included advice on stress, weight, contraception, smoking cessation, sexual health and travel advice. It included links to websites and various schemes all written in a clear colourful leaflet. The leaflet also included information on confidentiality to help with the fear young people may have of speaking to clinicians at the practice.
- Three GPs ran a long-acting reversible contraceptives (LARC) clinic.

Summary of findings

- The GPs were part of the Teledermatology Service (Teledermatology is the ability to photograph skin lesions and send the images securely to a consultant dermatologist to diagnose whether further treatment is necessary or not. This, in most cases, saves patients a journey to hospital to see a Consultant Dermatologist).
- The practice ran asthma clinics specifically for children outside of school hours.
- The practice completed in-house mental capacity education including the Mental Capacity Act.
- The practice had in-house psychiatric clinic where patients could see a consultant from the local hospital or a mental health link-worker.
- The practice had in-house counselling sessions supplied by the Well Being Suffolk Service.
- The practice had regular engagement with the community geriatrician.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. The PPG had a diverse background and age range within the group which included a young member and a member from the travelling community who were both heavily involved with projects. For example, A young people's guide to the Market Cross surgery was written and available to patients which included advice on managing stress, healthy weight,

Good



Summary of findings

contraception, smoking cessation, sexual health and travel advice. It included links to websites and various schemes, the guide was written in a clear colourful leaflet. The leaflet also included information on confidentiality to help young people to have confidence to speak with clinicians at the practice. The practice were in discussions with the PPG to offer an outreach clinic for travellers and an open day to encourage travellers to attend the practice when needed.

- There was a strong focus on continuous learning and improvement at all levels.
- The practice was awarded the Royal College of General Practitioners Gold Standard Framework Quality Hallmark Award (for end of life care) in 2012 and was one of only three practices to be reaccredited with it when assessed in 2015.

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. We found the practice to be outstanding for caring for this population group.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had 48 patients on their palliative care register and the practice worked closely with the multi-disciplinary team, out-of-hours and the nursing team to ensure proactive palliative care planning. The practice was awarded the Royal College of General Practitioners Gold Standard Framework Quality Hallmark Award (for end of life care) in 2012 and was one of only three practices to be reaccredited with it when assessed in 2015.
- 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.
- The practice looked after patients living in two local care homes. Named GPs were allocated to each care home and the GP visited patients as and when required.
- The practice had regular engagement with the community geriatrician.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions. We found the practice to be outstanding for caring for this population group.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice completed co-ordinated long term conditions clinics so that patients did not have to attend for multiple reviews for different conditions.
- The practice had a joint diabetes clinic with the secondary specialist care nurse.
- Longer appointments and home visits were available when needed.

Summary of findings

- 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 used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Due to circumstances beyond their control and to IT problems during a change to their computer system, the practice performance in some areas of the quality and outcome framework were below the CCG and national averages. Data from 2015/2016 showed that performance for diabetes related indicators was 73%, which was 22% below the CCG average and 16% below the England average. The practice exception reporting was significantly better than the CCG and England averages in all 11 indicators for diabetes.

Families, children and young people

The practice is rated as outstanding for the care of families, children and young people. We found the practice to be outstanding for caring and responsive and good for safe, effective and well led in this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice ran asthma clinics specifically for children outside of school hours.
- The practice and the PPG had compiled a young people's guide to the Market Cross surgery which was available to patients and included advice on stress, weight, contraception, smoking cessation, sexual health and travel advice. It included links to

Outstanding



Summary of findings

websites and various schemes all written in a clear colourful leaflet. The leaflet also included information on confidentiality to help with the fear young people may have of speaking to clinicians at the practice

- The practice worked closely with the CAMHS primary care link-worker service (child and adolescent mental health services (CAMHS) are for children aged 0-18 and their families who are experiencing mental health problems).
- Three GPs ran a long-acting reversible contraceptives (LARC) clinic. Appointments were available within school hours making access more convenient for patients with children.

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). We found the practice to be outstanding for caring for this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice's uptake for the cervical screening programme was 81% which compared to the CCG and England average of 82% with an exception reporting of 3% which was better than the CCG average by 2% and the England average of 3%.
- Three GPs ran a long-acting reversible contraceptives (LARC) clinic, this enable patients who could not attend during business hours to access appointments at a time that suited them.

Good



People whose circumstances may make them vulnerable

We found the practice to be outstanding for effective, caring, responsive and well led and good for safe in this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had 62 patients on the learning disabilities register and had invited all of them in for a review. 45 patients had attended. The practice offered longer appointments for patients with a learning disability.
- The practice had a lead GP for learning disability patients.

Outstanding



Summary of findings

- The practice looked after patients living in a learning disability assisted living accommodation and two National Autistic Society homes.
- The practice engaged with the PPG regarding the traveller community and had input into a health education information DVD.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and during out-of-hours. The practice had adult and child safeguarding leads and all members of staff we spoke with knew who to speak with and were able to demonstrate that appropriate measures would be taken.

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). We found the practice to be outstanding for caring for this population group.

- The practice had an in-house psychiatric clinic where patients could see a consultant or a link-worker.
- The practice had an in-house counselling sessions supplied by the Well Being Suffolk Service.
- The practice worked closely with the CAMHS primary care link-worker service (child and adolescent mental health services (CAMHS) are for children aged 0-18 and their families who are experiencing mental health problems).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients 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 accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

- The practice completed in-house mental capacity education including the Mental Capacity Act.

Due circumstances beyond their control and to IT problems during a change to their computer system the practice performance in some areas of the quality and outcome framework were below the CCG and national averages. The practice achieved 62% for mental health related indicators in QOF, which was below the CCG and England averages by 31%. The rate of exception reporting for these indicators was significantly better than the CCG and England averages in six out of seven indicators in mental health and one indicator showed similar exception reporting. 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was below than the CCG average by 11% and the England average by 10% with a 7% exception reporting which was the same as the CCG and England averages of 7%.

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 generally performing better than the local and national averages. 214 survey forms were distributed and 125 were returned. This represented a 58% completion rate.

- 99% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the national average of 73%.
- 93% 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 86% and the national average of 85%.
- 62% of patients usually get to see or speak to their preferred GP compared to the CCG average of 60% and the national average of 59%.
- 98% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.

- 97% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% 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 40 Care Quality Commission comment cards, 37 were all 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 however two cards which were positive in general also included some negative comments, one regarding appointment availability and GPs running late and one detailed a lack of eye contact from GPs. One additional card expressed all negative comments stating unhelpful reception staff and inability to gain appointments. The four patients we spoke with on the day of the inspection and the recent patient survey results did not align with these views.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Monitor printer prescription form logs to ensure they are tracked throughout the practice and improve the measures for the security of controlled drugs.

- Monitor the fridge temperature logs to ensure that dispensary staff have understood the cold chain training given to them.
- Ensure the practice has an up to date fire risk assessment and any identified actions are completed.
- Review staff training ensuring all staff are up to date with training appropriate to their role and needs.

Outstanding practice

Outstanding elements;

- A young people's guide to the Market Cross surgery was written and available to patients which included advice on managing stress, healthy weight, contraception, smoking cessation, sexual health and travel advice. It included links to websites and various schemes, the guide was written in a clear colourful leaflet. The leaflet also included information on confidentiality to help young people to have confidence to speak with clinicians at the practice.

- The practice recognised that they served a hard to reach population of patients who may be marginalised. They engaged with the local travelling community and had achieved positive outcomes. They recognised that this group of patients often respond better to verbal and pictorial information and with the community helped develop a health education DVD, including health promotion subjects. The practice were proactive in undertaking data searches for this group of patients to identify gaps in public health measures, such as childhood immunisation and men's

Summary of findings

health. Furthermore, to increase engagement with health outcomes for men and women of all ages of the travelling community, there was a plan in place to

house an on-site fixed cabin where outreach services could be supplied. A member of the patient participation group who was from the travelling community supported this.

Market Cross Surgery

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 practice manager specialist adviser.

Background to Market Cross Surgery

Market Cross Surgery is situated in Mildenhall, Suffolk. The practice provides services for approximately 11000 patients within 50 square miles. It holds a General Medical Services contract and is a dispensing practice. The practice is a member of the West Suffolk CCG (Clinical Commissioning Group). The practice has two female and four male GP partners and three female salaried GPs which equates to six whole time equivalent GPs as some work part time. The team also includes five female practice nurses, one female health care assistant and five dispensers. They also employ a practice manager, an assistant practice manager and a team of secretarial, administration and reception staff. The practice started teaching medical students in 1993 and became a training practice for doctors becoming GPs in 2000. The practice employs 32 members of staff and has the 5th highest clinical staffing level out of the 21 practices in their CCG.

The practice is open between 8am and 6.30pm Monday to Friday with extended hours on Monday and Tuesday evenings from 18:30 to 20:30 and Wednesday morning from 7am to 8am. During out-of-hours GP services are provided by Care UK via the 111 service.

We reviewed the most recent data available to us from Public Health England which showed that the practice had

an average practice population aged between 0-59 and a slightly higher than average practice population between 60-85+ compared with the national England average. The deprivation score was lower than the average across England.

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 held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 November 2016.

During our visit we:

- Spoke with a range of staff including GPs, nursing staff, the practice manager, reception and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- 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.

- Staff told us they would inform the practice manager of any incidents and there was an effective and in-depth recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support and a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Patient safety alerts were logged, shared and searches were completed to ensure reviews of patient care took place where necessary.

Overview of safety systems and processes

Risks to patients who used services were assessed and the systems and processes to address these risks were robust enough to ensure patients were kept safe.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was a practice nurse as infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The practice completed regular infection control audits. We saw evidence of staff cleaning checks, monitoring of the cleaners and staff reported any issues raised. We saw evidence that actions were planned or taken to address any improvements identified in the audit. The practice used disposable curtains which were changed every six months. Bodily fluid spillage kits were available in the practice and a log card was filled in when used. There were hand washing signs next to all sinks and alcohol

hand gel was available for use. There was a sharps' injury policy, a risk assessment and a sharps injury procedure available. Clinical waste was stored and disposed in line with guidance. All practice staff had completed infection control e-learning and hand washing training.

- We reviewed six personnel files and found that all of the appropriate recruitment checks had been undertaken for all staff prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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. 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 safeguarding level three.
- A notice in the waiting room and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. All staff who acted as chaperones 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).
- Arrangements were in place for managing medicines, including emergency medicines and vaccines in the practice (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place 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 CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription pads were securely stored and there were systems in place to monitor their use however due to some confusion over sequencing the practice had recently stopped tracking the prescription printer forms. Once the inspection team

Are services safe?

rectified this confusion the practice instigated tracking them again. Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training, or were fully supervised in training roles. The dispensers told us that they always had access to a GP for advice and guidance. Records showed that all members of staff involved in the dispensing process had annual appraisal and competency checks. We noted that the practice had an effective and clear process for the management of information about changes to patient medication received from other services. All such changes were reviewed and authorised by a GP and communicated to the dispensers as necessary. We observed systems in place to ensure that repeat prescriptions were monitored effectively and that patients were able to request repeat prescriptions by a number of means including online. We noted that all repeat prescriptions including controlled drugs had been signed by a GP before being given to patients. The dispensers monitored prescriptions that had not been collected and informed the GPs of this. We observed that the dispensers counselled patients on their medicines, including possible side effects and appropriate timing of medicines. Repeat prescriptions were collected by patients or carers from the surgery or the prescriptions were transferred electronically to a pharmacy of the patient's choice. We observed that the dispensing process was safe and made use of a second person check by a member of the dispensary team and a bar-code check. The practice held stocks of controlled drugs (CDs) (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. We noted that CDs were correctly stored in a locked cupboard however the key for the locked cupboard was stored in an easily accessible area of the dispensary. This was rectified on the day of the inspection. We examined the CD record book and noted that it was accurately completed. We checked a sample of CD medicines against stock levels in the record book and found them to be correct. We observed that CDs were checked at regular intervals by the dispenser. We saw that staff were aware of how to report any concerns with CDs to the practice manager

and lead GP. There were arrangements in place for the recording of stock and the destruction of CDs. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines) which were reviewed annually. We observed records showing that regular audits of medicines usage were carried out and that drug recall alerts from the MHRA (Medicines and Healthcare products Regulatory Agency) were actioned promptly by the dispensary supervisor. Medicines were stored securely within the practice. Thermometers used to record refrigerator temperatures were validated and calibrated annually to ensure their accuracy. Fridge temperatures were checked daily and a data logger was installed inside the fridges. If temperatures were recorded which fell outside the required range, an explanation was recorded (re-stocking medicines in the fridge) or else staff followed the cold chain guidance. The practice had four medicines fridges, three fridges were stocked and monitored by the nursing staff and one fridge was stocked and monitored by dispensing staff. We found the dispensary staff had not been recording the temperatures accurately. A second thermometer, the data logger, was in place and data from this assured us that the fridge had remained within the correct temperature ranges. The practice manager told us she would arrange extra training for the dispensary staff to ensure that the correct processes were followed. We observed that processes were in place to check on a regular basis that medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations. The practice had a system in place to assess the quality of the dispensing process and had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary.

Monitoring risks to patients

Risks to patients were assessed.

- There was a health and safety policy available which identified local health and safety representatives. The practice did not have an up to date fire risk assessments due to an oversight. On the day of the inspection we saw that the practice had one arranged for the end of November 2016. We saw evidence of a long standing

Are services safe?

history of annual fire risk assessments which were completed on time. The practice carried out regular fire alarm checks and had completed 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. The practice had a variety of other risk assessments in place to monitor safety of the premises such as the control of substances hazardous to health and infection control. The practice had a legionella policy and risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Water temperatures were checked regularly and taps were run when they were in limited use.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- All staff had received up to date basic life support training and there were emergency medicines available in the treatment room. 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 defibrillator available on the premises with adult and children's pads. Oxygen was available with adult and children's masks and a first aid kit and accident book were available.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- 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 showed the practice achieved 489 points out of 559 which was 87% of the total number of points available which was below the CCG average by 10% and the England average by 8% with an exception reporting of 6% which was better than the CCG and England average by 4%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed that the practice performance was lower in certain indicators than the CCG and England averages:

- Performance for asthma related indicators was 100% which was 1% above the CCG average and 3% above the England average.
- Performance for mental health related indicators was 62% which was 31% below the CCG and England averages.
- Performance for depression related indicators was 100% which was above the CCG average by 3% and the England average by 8%.
- Performance for diabetes related indicators was 73% which was below the CCG average by 22% and England average by 16%.

- Performance for dementia related indicators was 100% which was above the CCG average by 1% and the England average by 3%.
- Performance for chronic kidney disease related indicators was 100% which was the same as the CCG and England averages.
- The practice had a better than average overall exception reporting rate at 6% compared to the CCG and England average of 10%.

The practice had recognised that their mental health related indicators were significantly lower than the CCG and England averages and had constructed a plan to ensure the correct figures were produced. The Mental Health QOF lead would review the list and remove inappropriate patients and for those that had not attended despite repeated letters and telephone calls, the practice would exception report them as appropriate. Each GP would review their own patients and ensure the correct coding of information was on the patient record and these actions would be followed up with patient record searches to ensure actions had been taken.

In 2014-15, the practice performance reduced as a direct result of a change to their IT system carried out by an IT department working on behalf of the CCG. The practice computer system was unable to carry out searches of patient groups and a number of the administrators were denied access to the system for three months. Accordingly, the practice's QOF achievement was significantly adversely affected. We saw evidence of correspondence with the CCG regarding the issue. The computer system recovered by the summer of 2015.

In November 2015, as a result of the Carter Review (A review of NHS operational productivity and performance), the local hospital enacted significant changes to the pathology services (as part of the Transforming Pathology Partnership, commissioned by the local CCG and brought in for West Suffolk). The new system resulted in the practice having significant problems in accessing, ordering and filing any pathology results from November 2015 to March 2016. Not only did this result in difficulties achieving the best possible QOF performance but also accumulated many hours of clinical time for GPs in sorting through numerous inaccurate, delayed and inappropriate results. Consequently, the QOF performance for 2015-16 was also significantly adversely affected.

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit.

- We looked at two clinical audits completed in the last 24 months which were both completed audits where the improvements made were implemented and monitored. For example, an audit of patients who had received a vaginal ring pessary over a 24 month period from 2013 to 2015 (42 patients) showed that 74% of patients had the ring pessary replaced within the six to eight months guideline. The audit also included whether the record had the appropriate computer read code (26%) and follow up documented (49%). The practice gathered information for the second cycle of the audit from August 2015 to August 2016 (30 patients) which showed that 100% of patients records had all the relevant information and that they had ring pessary replaced within the set guidelines.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- High risk medications were monitored regularly on the clinical computer system. The practice described and showed us how their recall system worked for various drug monitoring. The recall system in place was robust and the sample we checked were all correct. The practice actively encouraged patients to attend for their blood tests.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered topics such 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, the nursing staff had completed their various updates including immunisations, vaccinations and cervical screening.
- 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.
- Staff received regular training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to, and made use of, e-learning training modules and in-house training however some e-learning was overdue. The practice manager explained that there had been an issue with the e-learning provider and for a period of approximately three months the individual staff members' log in details had not worked. The issue was resolved recently and a plan to ensure the training was completed had been implemented.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice completed co-ordinated chronic long term conditions clinics so that patients did not have to attend for multiple reviews for different conditions.
- The practice had a joint diabetes clinic with the secondary specialist care nurse.
- The GPs were part of the Teledermatology Service (Teledermatology is the ability to photograph skin lesions and send the images securely to a consultant dermatologist to diagnose whether further treatment is necessary or not. This, in most cases, saves patients a journey to hospital to see a Consultant Dermatologist).

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.

Are services effective?

(for example, treatment is effective)

Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. The GPs had weekly meetings where clinical matters were discussed and monthly business meetings. The GPs met daily for informal meetings to discuss concerns and referrals.

The practice was awarded the Royal College of General Practitioners Gold Standard Framework Quality Hallmark Award (for end of life care) in 2012 and was one of only three practices to be reaccruited with it when assessed in 2015.

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. 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.
- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, end of life care. The practice had 48 patients on their palliative care register and they worked closely with the multi-disciplinary team, out-of-hours service and the nursing team to ensure proactive end of life planning.

The practice's uptake for the cervical screening programme was 81% which was comparable to the CCG and England average of 82% with an exception reporting of 3% which was better than the CCG average by 2% and the England

average by 3%. There was a policy to offer three reminder letters and a telephone reminder for patients who did not attend their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available and using clear information for those with a learning disability. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Patients aged 60-69 screened for bowel cancer in the last 30 months was 62% with a CCG average of 62% and an England average of 58%. Females aged 50-70 screened for breast cancer in the last 36 months was 76% with a CCG average of 78% and an England average of 72%.

Childhood immunisation rates for the vaccinations given were similar to the CCG and England averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 68% to 99%, with the CCG averages of 67% to 96% and the England averages of 73% to 95%. Five year olds ranged from 64% to 98%, with the CCG averages of 70% to 96% and the England averages of 81% to 95%.

The practice had two dedicated childhood immunisation clinics on Tuesday and Thursday afternoons. The receptionists kept a list of patients who did not attend and the child immunisation lead nurse flagged up to the GP's any children who have not attended three times for their immunisation. The practice also had a list of children whose parents had declined the immunisation. The practice used the Child Health Information Service list of patients who had not attended for immunisations against their own lists to monitor their schedules and ensure patients were booked in appropriately.

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. The practice had completed 312 NHS health checks in 2015/16. 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.

From the 40 Care Quality Commission comment cards we received, 37 were all 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 however two cards which were positive in general also included some negative comments, one regarding appointment availability and GPs running late and one detailed a lack of eye contact from GPs. One additional card expressed all negative comments stating unhelpful reception staff and inability to gain appointments. The four patients we spoke with on the day of the inspection and the recent patient survey results did not align with these views.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice scored higher than the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 99% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 99% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.

- 100% 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%.
- 99% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.
- 99% of patients said the nurse was good at listening to them compared to the CCG average of 93% and the national average of 91%.
- 97% of patients said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.

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 clinical 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 regarding the GPs and nursing staff we received was also positive and aligned with these views. We 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 higher than the local and national averages. For example:

- 99% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 94% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 99% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.



Are services caring?

- 96% 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 to be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available and reception staff made patients aware when they registered.
- Information leaflets were available in easy read format.
- A chaperone service was offered to patients and clearly advertised in the waiting area and in the clinical rooms.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets, notices and an information screen were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice had identified 216 patients as carers (2% of the practice list). A form was given to patients during registration to state whether they were a carer or cared for. Written information was available to direct carers to the various avenues of support available to them and the practice housed the Suffolk Family Carers charity regularly to enable patients to gain easy access to support and advice.

Staff told us that if families had suffered 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. The practice worked closely with the charity Cruse Bereavement Care Suffolk and the practice had a bereavement protocol and relatives pack.

The practice was awarded the Royal College of General Practitioners Gold Standard Framework Quality Hallmark Award (for end of life care) in 2012 and was one of only three practices to be reaccredited with it when assessed in 2015.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice had a well-established flexible telephone triage system to ensure ease of access to patients.
- Telephone appointments were available for patients if required. The practice used a text message appointment reminder service for those patients who had given their mobile telephone numbers.
- The practice waiting area had an electronic information screen where service information was displayed and a message to notify patients when the clinician was available and which room to attend was shown.
- The practice had 62 patients on the learning disabilities register and had invited all of them in for a review. 45 patients had attended. The practice offered longer appointments for patients with a learning disability.
- The practice was a dementia friendly practice.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had regular engagement with the community geriatrician.
- Same day appointments were available for children and those patients with medical needs that required same day consultation.
- The practice was sited on a busy market street; there was a high risk of a member of the public becoming seriously unwell outside the practice. The practice had recognised this, written a protocol and trained staff to respond immediately in the event of an emergency.
- A young people's guide to the Market Cross surgery was written and available to patients which included advice on managing stress, healthy weight, contraception, smoking cessation, sexual health and travel advice. It included links to websites and various schemes, the guide was written in a clear colourful leaflet. The leaflet also included information on confidentiality to help young people to have confidence to speak with clinicians at the practice.
- The practice recognised that they served a hard to reach population of patients who may be marginalised. They engaged with the local travelling community and had

achieved positive outcomes. They recognised that this group of patients often respond better to verbal and pictorial information and with the community helped with the development of a health education DVD, including health promotion subjects. The practice were proactive in undertaking data searches for this group of patients to identify gaps in public health measures, such as childhood immunisation and men's health.

Furthermore, to increase engagement with health outcomes for men and women of all ages of the travelling community, there was a plan in place to house an on-site fixed cabin where outreach services could be supplied. A member of the patient participation group who was from the travelling community supported this.

- The practice was awarded the Royal College of General Practitioners Gold Standard Framework Quality Hallmark Award (for end of life care) in 2012 and was one of only three practices to be reaccruited with it when assessed in 2015.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice did not have an in house phlebotomy service.
- The practice offered minor surgery and had completed 302 procedures in the last 12 months.
- The practice ran asthma clinics specifically for children outside of school hours.
- The practice worked closely with the CAMHS primary care link-worker service (child and adolescent mental health services (CAMHS) are for children aged 0-18 and their families who are experiencing mental health problems).

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday with extending opening hours on Monday and Tuesday evenings from 6:30pm to 8:30pm and on Wednesday morning from 7am to 8am. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them. The practice had telephone triage where patients were called back and where necessary, appointments were offered on the same day. The practice offered online appointment booking and prescription ordering.



Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were generally above the local and national averages with the exception of waiting 15 minutes or less after the appointment time.

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 99% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.
- 93% 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 86% and the national average of 85%.
- 96% of patients said the last appointment they got was convenient compared to the CCG average of 94% and the national average of 92%.
- 91% of patients described their experience of making an appointment as good compared to the CCG average of 75% and the national average of 73%.
- 62% of patients usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 67% and the national average of 65%.
- 59% of patients said they don't normally have to wait too long to be seen compared to the CCG average of 59% and the national average of 58%.
- 62% of patients who responded said they could usually get to see or speak to their preferred GP compared to the CCG average of 60% and the national average of 59%.

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.
- We saw that information was available to help patients understand the complaints system. For example, a poster in the waiting room, information in the practice leaflet and on the practice website.
- We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from an analysis of trends. Actions were taken as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust 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 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.
- 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 with the exception of the fire risk assessment.

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.

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

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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had eight members and met regularly. The PPG had a close working partnership with the practice and submitted proposals for improvements to the management team. The PPG had previously sent out questionnaires regarding patient satisfaction with the reception and dispensary aspect of the practice. The PPG encouraged the completion of the NHS friends and family test by putting notices in the waiting area and on the TV screen. The PPG communicated with the practice regularly about updating the information on the electronic screens and on the information boards in the waiting areas and expressed that their views were always considered, valued and generally actioned. The Practice and the PPG formed "The Friends of the Market Cross Surgery". This group helped to raise funds and

Are services well-led?

Good 

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

organised the provision of practical help to improve equipment and services for patients of the surgery. The practice received donations enabling them to buy a wide range of equipment and services. For example; a couch suitable for minor operations, resuscitation equipment and nebulisers. The PPG had a diverse background and age range within the group which included a young member and a member from the travelling community who were both heavily involved with projects. For example, A young people's guide to the Market Cross surgery was written and available to patients which included advice on managing stress, healthy weight, contraception, smoking cessation, sexual health and travel advice. It included links to websites and various schemes, the guide was written in a clear colourful leaflet. The leaflet also included information on confidentiality to help young people to have confidence to speak with clinicians at the practice. The practice were in discussions with the PPG to offer an outreach clinic for travellers and an open day to encourage travellers to attend the practice when needed.

- The practice had gathered feedback from staff 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. 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 team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example; the practice took part in NHS supported research studies and was a teaching and training practice. The practice supported the nursing staff with ongoing training and nurse revalidation. The practice had a nurse who was being supported to train as an independent prescriber. The practice was awarded the Royal College of General Practitioners Gold Standard Framework Quality Hallmark Award (for end of life care) in 2012 and was one of only three practices to be reaccruited with it when assessed in 2015.