

# Framlingham Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Framlingham Surgery on 17 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Feedback from patients about their care was consistently positive. Patients said they were treated

with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Data from the National GP Patient Survey published in January 2016 showed that patients rated the practice higher than others for several aspects of care.

- 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 well supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

**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 an 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 there were unintended or unexpected safety incidents, patients received support and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Annual infection control audits had been undertaken and we saw evidence of audits and action plans to address any improvements identified as a result. Mini audits to check cleanliness were also undertaken.
- The practice had a Legionella policy and documented risk assessment in place.
- The practice ensured all medicines needing cold storage were kept in an appropriate fridge.
- Staff recruitment checks had been undertaken prior to employment including, photographic proof of identification and qualifications.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and utilities.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework 2014/2015 (QOF) showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed patients' 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.

# Summary of findings

- Staff worked with multidisciplinary teams, local practices and the clinical commissioning group to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP patient survey showed patients rated the practice higher than others for several aspects of care.
- The practice had identified 135 patients as carers (1.5% of the patient list size). Carers' forms were available on the practice website and also on the new patient registration form. One member of staff was the carers champion and ensured where carers were identified they were referred to various charities and support groups.
- 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 that where patients were identified with reduced hearing or vision, staff offered them support and guidance. Staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients said that urgent appointments with a GP were available on the same day.
- Practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group and local practices 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.
- 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, local practices and other stakeholders.

## Are services well-led?

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

Good



# Summary of findings

- 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.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice shared a business manager and practice manager with another local surgery.

# 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

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. All home visits were triaged by a clinician to prioritise visits and ensure appropriate clinical intervention.
- The practice would contact all patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.
- The practice offered health checks for patients aged over 75.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were above local and national averages.
- The practice facilitated monthly clinics with Age UK at the surgery. 45 minute appointments were provided for any patient or carer to attend where guidance on support and advice on services to aid care were provided.
- The practice worked in cooperation with local practices in providing care plans for vulnerable and/or with complex needs at risk of hospital admission.
- The practice in conjunction with the local Round Table group offered to all patients over 75 the message in a bottle system (a container held typically in a fridge or freezer in a patients home with all relevant personal and medical information in the event of an emergency), to help reduce hospital admission through better access to emergency information.
- The practice provided weekly and ad-hoc medical services by named GPs to nursing and residential homes.
- The practice provided a weekly GP surgery at Laxfield Guildhouse for those patients unable to travel to the main practice. In addition a member of the dispensary team attended these clinics to dispense repeat medicines already prepared for those patients unable, due to transport or mobility issues, to travel to the surgery to collect them. A member of the dispensary team also delivered repeat medicines to a local sheltered accommodation when necessary.

# Summary of findings

## People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. 30 minute appointments were provided for reviews. One nurse was undertaking a diploma in asthma to further support patient care. All patients with long term conditions were offered annual reviews, those with more complex needs were supported by their named GP. Nurses also provided domiciliary visits to housebound patients with long term conditions
- 79% of patients with diabetes listed on the practice register, had received a blood pressure reading that was 140/80 or less in the preceding 12 months. This was above the CCG and national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- One GP took part in Cardiology clinics in liaison with Ipswich hospital, (as did another GP in regards to Urology before the service was closed last year). Clinicians reported this was a good resource for all clinicians to seek advice on management of these conditions.
- The practice undertook monthly multi-disciplinary (MDT) meeting for those vulnerable patients, with complex medical or social needs, or at risk of hospital admission, in addition the practice held monthly MACGOLD meetings (for the review of patients with a diagnosis of cancer) involving doctors, practice nurses, district nursing team, social services and community matron.
- The practice was part of a primary care research network (PCRN). Currently research included a Norfolk Diabetes study to help improve early diagnosis and management of diabetes mellitus.

## Families, children and young people

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

Good



# Summary of findings

- 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.
- 88% of patients with asthma listed on the practice register had received an asthma review in the preceding 12 months (April 2014 to March 2015). This was higher than the CCG average of 74% and national average of 75%.
- The practice's uptake for the cervical screening programme was 88%, which was above the CCG average and the national average of 82%. The practice reported the uptake for the period April 2015 to March 2016 had been 91%. However at the time of the inspection this information had not been validated. 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice took part in the Suffolk Federation GP+ scheme which offered routine appointments outside of opening hours.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice provided medical cover for a local private boarding school during term time. Midwifery clinics were provided weekly at the practice. A private room was provided for breastfeeding mothers who wished to use it.
- The practice engaged with the Ipswich and East Suffolk Clinical Commissioning Group Youth Forum to encourage better support and engagement for medical services for young patients.
- The practice provided annual sexual health awareness talks to a local school. In addition one nurse prescriber held a Diploma in Faculty of Sexual Health and offered a full range of sexual health and contraceptive services to all age groups.

## 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).

Good





# Summary of findings

- 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 encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The bowel cancer screening rate for the past 30 months was 64% of the target population, which was above the CCG average of 63% and the national average of 58%. The breast cancer screening rate for the past 36 months was 82% of the target population, which was also above the CCG average of 80% and above the national average of 72%.
- Appointments were available before and after usual working hours as well as during the day. Telephone appointments were available in addition to on-line appointments and repeat prescription requests, on-line prescription enquiries and emails.
- Three GPs provided minor surgery and joint injections to reduce unnecessary travel to distant clinics.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability with a named GP for each patient. We saw that of the 27 patients on the learning disability register 20 had received a review in the previous twelve months, of the remaining seven, four had declined an annual review, one was scheduled an appointment and two were due to be invited for review.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



# Summary of findings

- A member of the dispensary team also delivered repeat medicines to a local sheltered accommodation when necessary.

## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



- 76% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months (01/04/2014 to 31/03/2015), which was below the CCG average of 85% and national average of 84%. We saw that 80% of patients diagnosed with dementia had been reviewed since 01/04/2015 to 31/03/2016.
- 97% of patients experiencing poor mental health had their care reviewed in the last twelve months (01/04/2014 to 31/03/2015). This was above the CCG average of 85% and national average of 88%. We saw that 90% of patients experiencing poor mental health had been reviewed since 01/04/2015 to 31/03/2016.
- 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.
- The practice provided weekly and ad hoc medical services by named GPs to patients with a diagnosis of dementia who lived in two local nursing homes.
- The practice facilitated weekly clinics held by the primary care mental health liaison worker. We were told this enabled the support of patients who needed step up/step down care, in addition this ensured support to patients whose diagnosis or referral pathway was unclear.
- The practice also facilitated the Suffolk Wellbeing counselling service as needed for those patients who were unable to travel to clinics.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on January 2015. The results showed the practice was performing in line with local and national averages. 234 survey forms were distributed and 124 were returned. This represented a 53% response rate.

- 86% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 96% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 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 30 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One card detailed how the practice had provided vaccinations to a young person with needle phobia rather than at school, enabling the parents to be present and avoiding worry and upset for the young person.

We spoke with six patients and four 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.

# Framlingham 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 pharmacy inspector.

## Background to Framlingham Surgery

Framlingham Surgery is located in Framlingham near Woodbridge in Suffolk. There is also a branch surgery at Earl Soham.

The practice is run by a partnership of five GPs (two female and three males). The practice employs one female salaried GP, three practice nurses including the team lead and three health care assistants. The clinical team is supported by a practice manager, a business manager and a finance manager. There is an audit officer and team of thirteen administrative, secretarial and reception staff. The practice dispenses to around 5,600 patients and employs eight dispensers including a dispensing team lead to provide this service.

The registered practice population of 9,200 are predominantly of white British background, and the practice deprivation score is low compared with the rest of the country. According to Public Health England information, the practice age profile has higher percentages of patients between ten to 19 years and over 45 years and over compared to the practice average across England. It has lower percentages of patients under the age of nine and between the ages of 20 to 39 years.

The practice is open between 8.30am and 6pm Monday to Friday. Appointments are from 9am to 11.20am every morning and 3pm to 5pm daily. Extended hours appointments are offered at the main surgery from 7am to 8.30am and 6pm to 7.30pm on Monday. The branch surgery is open from 8.30 am to 6pm on Monday and 8.30am to 1pm Tuesday to Friday. GPs are on call via the practice telephones between 8am and 8.30am and 6pm to 6.30pm Monday to Friday. In addition to pre-bookable appointments that can be booked up to eight weeks in advance, telephone and urgent appointments are also available for patients that need them. We were told rapid access appointments are available for those patients requiring urgent medical review for new acute conditions or deteriorating chronic conditions. The practice takes part in the Suffolk Federation GP+ scheme which offers routine appointments outside of opening hours. The practice is able to book appointments for patients with this service.

The practice holds a General Medical Service (GMS) contract to provide GP services which is commissioned by NHS England. A GMS contract is a nationally negotiated contract to provide care to patients. In addition, the practice also offers a range of enhanced services commissioned by their local CCG: including minor surgery, facilitating timely diagnosis and support for people with dementia and extended hours access. The practice is a teaching practice and an accredited research practice working in cooperation with other practice from the Deben Health Group.

Out-of-hours care is provided by CareUK via the NHS111 service.

# Detailed findings

## 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 17 May 2016.. During our visit we:

- Spoke with a range of staff including GPs, healthcare assistants, practice nurses, reception, administration and management staff, other visiting health care professionals 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.

- 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 a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and shared the outcomes with staff, local practices and other stakeholders.

We reviewed safety records, incident reports, patient safety alerts, including those from the Medicines and Regulatory Authority (MHRA) and National Reporting and Learning System (NRLS), and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following patients reporting identified migraines were missed during reviews for prescribed oral contraceptives, the practice had made additions to the oral contraceptive template to include migraine with aura. This would then act as an aide memoir to all clinicians when reviewing patients for an oral contraception repeat prescription.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a named

lead member of staff and a deputy member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- We noted a notice in the waiting room and one consultation room advised patients that chaperones were available if required. Clinical staff 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the 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. Annual and regular ad hoc infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. 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 procedure poster displayed in all clinical rooms. Clinical waste was stored and disposed in line with guidance. All practice staff had undertaken infection control e-learning and regular hand washing training. Infection control was discussed in practice meetings.

### Medicines management.

- We checked how medicines were ordered, stored and dispensed at Framlingham Surgery. Medicines were stored securely, in a clean and tidy manner and were only accessible to authorised staff. Medicines were purchased from approved suppliers and all medicines were within their expiry date. There was no room temperature monitoring in the dispensary area of the practice to ensure medicines were kept within the recommended temperature range, although there was an air conditioning unit available for use if required. Systems were in place to action any medicine recalls.

## Are services safe?

We saw that medicines requiring cold storage were kept in refrigerators both in the dispensary, treatment room and in a corridor. The refrigerators were secure and records assured us that the refrigerators were maintained at the required temperatures. We saw that appropriate actions and investigations had been taken when the temperature was recorded outside the recommended range. There were medicines available for use in an emergency which were stored securely. All staff knew of their location.

- The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. Members of staff involved in the dispensing process had received appropriate training and received annual appraisals. There were regular meetings of the dispensary team and the team leader also met with other practices in the area to share learning and good practice. Dispensing staff ensured that repeat prescriptions were signed before medicines were handed to patients. Safe systems of dispensing were in operation. People were kept informed about changes that affected the supply of one or more of their medicines. The dispensary team informed people in writing if there were changes in their prescription in particular if a medicine was no longer a repeat item and had to be purchased the item from a pharmacy or supermarket. There were systems in place to ensure that any change of medication on discharge from hospital, or following a review from other services, was reviewed by a GP and the appropriate action taken in a timely manner. Medicines prescribed by other providers or bought over the counter from a pharmacy were clearly marked on patient records. There was a comprehensive programme of audit of medicines at the practice and there were systems in place to ensure people received the appropriate monitoring required with high risk medicines. The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. Prescription forms for use in printers were safely stored and handled in accordance with national guidance. The practice offered a medicine delivery service for people living in a rural location who found it difficult to collect their medicines from the practice. They could collect their medicines from a member of the dispensary team who attended the weekly outreach clinic with a GP in Laxfield.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice business and

## Are services safe?

practice manager were shared with another GP surgery and were forming close working relationships with the Deben Health Group to share resources, knowledge and skills.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However, one medicine that was located within the emergency box required storage in a refrigerator or should be used within a shorter period of time once it was removed from cold storage. The product had not had this shorter expiry recorded. This meant that it may not be as effective when used. We discussed this with the practice who took action to remove this medicine, we were assured this would in future have the date of removal from cold storage recorded.
- 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 (2014 to 2015) were 99% of the total number of points available, with 7% exception reporting this was 1% below the CCG average and .2% below 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. We saw the practice had achieved 541 of the 545 points available for the QOF year 2015 to 2016; however this information had not been validated at the time of the inspection.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015 to 2016 showed:

- Performance for diabetes related indicators was better in comparison to the national average. With the practice achieving 97% of the points available, this was seven percentage points above the CCG average and eight percentage points above the national average. Exception reporting was in line with CCG and national averages.

- Performance for mental health related indicators at 100% was also nine percentage points above the CCG average and seven percentage points above the national average. Exception reporting was in line with CCG and national averages.
- The practice had also achieved 100% across other indicators including asthma, atrial fibrillation, cancer, chronic obstructive pulmonary disease, dementia, depression, epilepsy, heart failure, hypertension, learning disability, osteoporosis, palliative care, rheumatoid arthritis and secondary prevention of coronary heart disease. Where patients had been excepted from these indicators, the practice had done this for a justified reason.

Clinical audits demonstrated quality improvement.

- The practice had a robust system in place for clinical and non-clinical audits in order to ensure that improvements were implemented and monitored. There was a practice audit officer who undertook a wide range of clinical and non-clinical audits, we saw that a range of audit cycles that were either completed or ongoing at the time of our inspection. For example, the practice had completed full cycle audits on patients prescribed high risk medicines such as methotrexate (a medicine used in the treatment of, among others autoimmune diseases) in line with local and national guidance. Recommendations were used to ensure that patients were being safely treated in the way that would benefit them most. The practice had also undertaken audits of patients who had undergone minor surgery at the practice to identify any post-operative complications and audits from 2012 to 2015 of inadequate smears undertaken by the practice to identify any training requirements for smear takers. We saw that where learning needs were addressed by the practice from audits, these were shared with staff and any training needs addressed. Any patients who were identified from these audits as requiring improved treatments were reviewed and improved treatment plans put in place.
- Prescribing of medicines including non-steroidal anti-inflammatory medicines and specified broad spectrum antibiotics were in-line with national and CCG averages and in line with NICE guidance. The practice audit officer worked closely with the GPs and with the CCG management technician to ensure cost effective prescribing.

# Are services effective?

## (for example, treatment is effective)

- The practice reviewed all deaths to ensure care had been delivered appropriately and to consider any learning points. This included: if the patient had remained in their preferred place of care;; if medicines had been prescribed to anticipate coping with pain at short notice; and checking if follow-up bereavement support been offered. This information was shared with other healthcare professionals who had delivered the care package for each patient.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### 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. It covered such topics as safeguarding, infection prevention and control, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training. Staff who administered vaccinations 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 their practice development. Staff had access to appropriate training to meet their needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated with district nurses and community matrons. The meetings reviewed the needs of complex patients including those at risk of hospital admission, end of life patients, vulnerable patients and care home patients, to provide optimal care for them. The practice ensured that patients in need of support were referred into the single point of access (SPA) to access a range of voluntary services to support them to live in their homes. However we were told that due to a lack of funding these meetings would shortly be stopping with community staff no longer available to attend the practice meetings. The practice team expressed concerns at the impact this would have on admissions avoidance for vulnerable patients.

The practice provided primary care medical services to two local nursing and residential care homes which incorporated specialist dementia units. We received testimonies from managers at both homes who informed us that the practice were responsive to requests for visits. The managers stated the services received from the practice were excellent and the GPs showed an extensive level of care and empathy towards the residents; with GPs having an extensive clinical knowledge of older people's conditions and dementia.

### 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.

# Are services effective?

## (for example, treatment is effective)

- 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 and those requiring physiotherapy services. Patients were signposted to the relevant service.
- Suffolk Wellbeing counselling services and the Mental Health liaison worker were available on the premises, smoking cessation advice was available from the nurses and a local support group.

The practice's uptake for the cervical screening programme was 88%, which was above the CCG average and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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. The bowel cancer screening rate for the past 30 months was 64% of the target population, which was above the CCG average of 63% and the national average of 58%. The breast cancer screening rate for the past 36 months was 82% of the target population, which was also above the CCG average of 80% and above the national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% and five year olds from 91% to 96% compared to the CCG average of 95% to 97% across both age ranges.

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. A total of 336 eligible patients had received a NHS health check in the previous twelve months. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. We saw signs which advised patients a room was available for breastfeeding mothers if required.

All of the 30 patient Care Quality Commission comment cards we received were 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. One card detailed how the practice had provided vaccinations to a young person with needle phobia rather than they receive their vaccinations at school, enabling the parents to be present and avoiding worry and upset for the young person.

We spoke with six patients and four 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 published January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 87%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 94% and the national average of 92%.

- 97% 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%.
- 88% 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 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 to the CCG average of 89% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 94% 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 national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 135 patients as carers (1.5% of the practice list). Carers' forms were available on the practice website and also on the new

patient registration form. A member of the nursing team was the carers champion and ensured where carers were identified they were referred to various charities and support groups.

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. We saw there was clear advice on support and guidance for people who had suffered bereavement in the practice waiting area. Staff were provided with stage by stage guidance on the support services available for patients on end of life care plans.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered extended hours appointments on a Monday mornings from 7am to 8.30am and Monday evenings until 7.30pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. A telephone appointment was available to patients if required.
- The practice participated in the Suffolk Federation's access 'GP+' and made appointments available outside core hours.
- Services for children and young people included medical cover for a local boarding school, annual sexual health presentations by clinical staff at a local secondary school, Meningitis C vaccinations for university students, chlamydia testing kits for young people and access to the C Card scheme. This is a free condom scheme available to young people 24 years or younger who register, which provided free condoms from the practice or any other outlet which is part of the scheme.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately. The practice was registered to provide Yellow Fever vaccinations.
- There were disabled facilities, a hearing loop and translation services available.
- The practice oversaw the care of patients in two nursing/residential homes. There was a lead GP for each home who undertook weekly ward rounds at each location to oversee patients' chronic needs. GPs also attended when requested.
- The practice provided a range of nurse-led services including minor illness clinics, leg ulcer treatment and dressings, phlebotomy services, audiology services, immunisations, shingles, flu and pneumococcal vaccinations, sexual health and family planning services.
- The midwife provided antenatal clinics once a week from the practice.
- The practice offered minor surgery on site including joint injections to reduce unnecessary travel for patients.
- The practice facilitated a room twice a week for physiotherapy services at the practice.
- The practice provided a weekly GP surgery at Laxfield Guildhouse for those patients unable to travel to the main practice. In addition a member of the dispensary team attended these clinics to dispense repeat medicines already prepared for those patients unable, due to transport or mobility issues, to travel to the surgery to collect them. A member of the dispensary team also delivered repeat medicines to a local sheltered accommodation when required.
- The dispensary provided medicines in weekly blister packs on an individual patient basis as appropriate for both dispensary and non-dispensary patients.
- The practice worked closely with community midwives, mental health link workers, substance abuse and alcohol support workers and diabetic specialist nurses and promoted provision of these services from the surgery premises where possible.
- The practice provided a room for a private hearing care service. Patients were able to access this service for hearing assessments, hearing aids and accessories.

### Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments were from 9am to 11.20am every morning and 3pm to 5pm daily. Extended hours appointments were offered at the main surgery from 7am to 8.30am and 6pm to 7.30pm on Monday. The branch surgery was open from 8.30 am to 6pm on Monday and 8.30am to 1pm Tuesday to Friday. GPs were on call via the practice telephones between 8am and 8.30am and 6pm to 6.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, telephone and urgent appointments were also available for patients that needed them. We were told rapid access appointments were available during every appointment session, for those patients requiring urgent



# Are services responsive to people's needs?

(for example, to feedback?)

medical review for new acute conditions or deteriorating chronic conditions. The practice took part in the Suffolk Federation GP+ scheme which offered routine appointments outside of opening hours. The practice could book appointments for patients with this service.

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

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 78%.
- 86% of patients said they could get through easily to the practice by phone compared to the CCG average of 81% and national average of 73%.

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

## 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 on the practice's website and in their information leaflet. Reception staff showed a good understanding of the complaints' procedure.

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner. For example, we saw where an incorrect dose of medicine had been dispensed to a patient this had been fully investigated and a significant event was raised and discussed at practice meetings to ensure systems were in place to prevent the same error happening again.

# 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 its patients. There was a robust strategy with supporting business plans in place which were monitored and reflected the vision and values of the practice. The practice objectives included the provision of the highest standard of care to patients. To ensure staff were trained and competent, that equipment and building maintenance was carried out and accessible for patients and to ensure the practice identified and acted on opportunities for improvement.

There was a proactive approach to succession planning in the practice and consideration of the future growth of the patient list size, for example the implication of a new housing development of 500 homes.

The practice was part of a local group of GP practices, the Deben Health Group. A group of six practices brought together to work together on financial, educational and clinical matters and to share learning and development. GP partners representatives and managers met every one to two months, practice and business manager met each month to develop various projects and share workload and staff representatives from each practice met as part of working groups including QOF and dispensary leads. For example, the adoption of best practice and common policies where relevant and the submission of a plan to standardise and upgrade the telecommunication systems across all six practices in the group.

### 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. Staff were multi-skilled and able to cover each other's roles. Staff were also able to transfer from and to other practices within the Deben Health Group in case of need.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were clear methods of communication

to disseminate best practice guidelines and other information that involved the whole staff team, other practices within Deben Health Group and other healthcare professionals

- 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. Outcomes of these were shared with practices within Deben Health Group to increase learning and understanding.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information 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



# Are services well-led?

Good 

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

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.

GPs had special interests, one GP had an interest in sports medicine and provided medical cover to a local football club, and another GP had a special interest in Cardiology and provided support to a local hospital trust. Another GP partner with the full support of the partners and staff travelled to Sierra Leone for ten weeks to provide medical support during the Ebola outbreak in 2014/2015.

## 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 annual surveys, compliments and complaints received. The PPG met every six months and submitted proposals for improvements to the practice management team. For example the refurbishment of the practice waiting room and the decluttering of the practice notice boards. The most recent practice patient survey conducted in March 2016 collected 247 responses over a two week period. The results and action plan were discussed with staff and the PPG and were published on the practice website, with the new housing development identified as an area of major concern for patients from the survey.
- The practice had also gathered feedback from staff through staff meetings, appraisals, discussion and annual staff surveys. The most recent survey was undertaken in February 2016. We saw that of 37 staff, 24 had participated in the survey. The survey was benchmarked against the 2015 national NHS staff survey with results in most areas above or in-line with national NHS staff averages. Overall feedback was positive showing staff were confident and well-motivated. We were told this survey was repeatedly annually to develop through analysis staff satisfaction. Staff we spoke with told us they would not hesitate to

give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt empowered by management to make suggestions or recommendations for practice.

- There was a strong culture of charity work within the staff at the practice. For example, one GP was a trustee for the Mills Foundation, a charitable organisation that provided funds for local elderly people and educational resources. Another GP had undertaken a London to Paris sponsored cycle ride and one nurse had completed the London marathon raising £2,454 from patients and staff for Asthma UK.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and were mindful of the potential ways that primary care services may need to adapt to meet future demand and the availability of resources. They were considering how this might impact on their practice and were working with local practices as part of the Deben Health Group and their CCG to prepare for this, to ensure they could address challenges and maximise opportunities to develop. The Deben Health Group worked together on financial, educational and clinical matters and to share learning and development. GP partners representatives and managers met every one to two months, practice and business manager met each month to develop various projects and share workload and staff representatives from each practice met as part of working groups including QOF and dispensary leads. For example, the adoption of best practice and common policies where relevant and the submission of a plan to standardise and upgrade the telecommunication systems across all six practices in the group.

The business and practice manager were employed jointly by Framlingham surgery and one other practice within the Deben Health Group. Whilst all other staff were employed solely by either one practice or the other, the management team continued to encourage close working relationships between the two practices. For example, department leads had met their counterparts and visited the other practice to explore working practices, two GP partners undertook a role swap for a day to explore and compare clinical workload. As part of an apprentice scheme project within the Deben Health Group, Framlingham had adopted the system and recruited an apprentice.

## Are services well-led?

Good 

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

The practice was part of a primary care research network (PCRN). Currently research included a Norfolk Diabetes study to help improve early diagnosis and management of diabetes mellitus.

The practice was a training practice for medical students and was overseen by the GP School, Health Education East of England. The practice looked to improve and encourage a skill mix within primary care and supported training for pharmacy students and student nurses within the practice.