

Dr Badcock & Partners

Quality Report

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Date of inspection visit: 17 December 2015

Date of publication: 18/02/2016

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

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 Dr Badcock & Partners on 17 December 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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.

- Patients said they were able to make an appointment with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.

There were areas of practice where the provider needs to make improvements.

Importantly the provider should;

- Ensure infection control leads are trained to the appropriate level. Ensure improvements are made to the management, monitoring and auditing of the prevention and control of infection.
- Ensure improvements are made to the monitoring and auditing of fridge temperatures.
- There was scope to improve and extend learning from significant events. The practice should also consider whether some complaints merit investigation as a significant event in order to maximise learning.

Summary of findings

Ensure that all waiting areas of the practice can be clearly seen by reception staff to ensure the safety and security of vulnerable patients.

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. However, there was scope to consider whether some patient complaints also warranted investigation as significant events.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- The practice had effective recruitment procedures in place to ensure all staff had the necessary skills and qualifications to perform their roles, and had received the appropriate pre-employment checks.
- Risks to patients and the public were assessed and well-managed including procedures for legionella, fire and health and safety matters. Risks to vulnerable patients with complex needs were monitored by multi-disciplinary team meetings to provide holistic care and regular review.
- However, there was scope to improve the management and staff training around infection control.
- Medicines, including vaccines and emergency drugs, were stored safely and appropriately with good systems to monitor and control stock levels.
- The practice had effective systems in place to deal with medical emergencies.
- The practice ensured staffing levels were sufficient at all times to respond effectively to patient need.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were in line for the locality. The practice had achieved an overall figure of .
- Staff assessed needs and delivered care in line with current evidence based guidance, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Clinical audits demonstrated quality improvement and we saw an example of a full cycle audits that had led to improvements in prescribing.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. GPs had specific areas of interest including sexual health and minor surgery and acted as a resource for their colleagues.
- Annual appraisals and personal development plans were in place for all staff.
- Staff worked with multidisciplinary teams to improve services for patients with complex needs. Social service staff, district nurses, community matrons and third sector organisations attended these meetings.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice in line with CCG and national averages. For example, 91% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- Patients we spoke with during the inspection and the majority of feedback on our comments cards indicated that patients were treated with compassion, dignity and respect, and felt involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We observed that staff treated patients with kindness and respect, and maintained confidentiality.
- GPs regularly visited patients in their own homes and in local residential care settings to ensure that they were provided with effective and convenient care.

Good



Are services responsive to people's needs?

The practice is rated good for providing responsive services. It reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to provide improvements to services where possible. Services were planned and delivered taking into account the needs of different patient groups. The practice was well equipped to assess and treat patients in meeting their needs. Information about how to complain was available in the practice leaflet. Records showed that senior staff responded appropriately and promptly to issues raised. Learning from the outcomes of complaints was shared with staff.

Good



Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership

Good



Summary of findings

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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Care plans were in place for older patients with complex needs.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients over 75 were able to attend the practice for annual health checks and were proactively supported to attend.
- The flu vaccination rate for over 65s which was comparable to national averages.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were in line with or above local and national averages.

Good



People with long term conditions

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

- All patients with a long-term condition had a named GP, and nursing staff had lead roles in chronic disease management. For those patients with the most complex needs and associated risk of hospital admission, the practice team worked with health and care professionals to deliver a multidisciplinary package of care.
- Nursing staff have received training to equip them to deliver both asthma and diabetic care appointments.
- Indicators to measure the impact of the management of diabetes were higher than local and national averages.
- QOF indicator results for asthma were higher than CCG and national averages at 100%.
- Patients on the practice long term condition register were invited to a structured annual review to check that their health and medicine needs were being met. Patients were followed up where they did not attend.

Good



Families, children and young people

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

Good



Summary of findings

- Urgent appointments were available every day to accommodate children.
- 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, or did not attend for planned hospital appointments on more than two occasions. Effective liaison was in place between the practice and the health visiting team.
- Immunisation rates were in line with local and national averages 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.
- The practice's uptake for the cervical screening programme was 80.42% which was comparable to the national average of 81.83%.
- The midwife held antenatal clinics twice a week at the surgery, the practice team liaised and met regularly with the health visitor.
- A practice provided long acting contraception and emergency contraception services

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included good access to appointments including telephone consultations.
- The practice participated in the Suffolk Federation access pilot called 'GP+' and made appointments available outside core hours.
- Health promotion and screening was provided that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Furthermore, homeless people could register with the practice.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and informed patients how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided good care and support for end of life patients. Patients were kept under close review by the practice in conjunction with the wider multi-disciplinary team.
- The practice had carried out annual health checks for patients with a learning disability, and 28% had attended so far in 2015/16. The remaining patients were being contacted to arrange a health check. The practice offered longer appointments for patients with a learning disability.

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).

75% of patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. We saw that 74% of patients with a diagnosis of dementia had received a health check in the previous year. A mental health link worker provided weekly clinics from the practice.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 111 responses and a response rate of 40%.

- 57% find it easy to get through to this surgery by phone compared with a CCG average of 81% and a national average of 73%.
- 87% find the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 53% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 60% and a national average of 60%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 90% and a national average of 85%.
- 95% say the last appointment they got was convenient compared with a CCG average of 94% and a national average of 92%.

- 66% describe their experience of making an appointment as good compared with a CCG average of 79% and a national average of 73%.
- 80% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65%.
- 62% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

We received 26 patient CQC comment cards. All 26 were positive about the care experienced, however three raised concerns regarding appointment and GP availability. Patients we spoke with told us they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We also spoke with eight members of the patient participation group (PPG) on the day of our inspection. 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.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure infection control leads are trained to the appropriate level. Ensure improvements are made to the management, monitoring and auditing of the prevention and control of infection.
- Ensure improvements are made to the monitoring and auditing of fridge temperatures.
- There was scope to improve and extend learning from significant events. The practice should also consider whether some complaints merit investigation as a significant event in order to maximise learning.
- Ensure that all waiting areas of the practice can be clearly seen by reception staff to ensure the safety and security of vulnerable patients.

Dr Badcock & Partners

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 Dr Badcock & Partners

Dr Badcock and Partners is located in central Ipswich, Suffolk. The practice serves a population of 10,801 registered patients. The practice employs 3 GP partners, 2 salaried GPs, 2 nurse practitioners, 3 nurses and 2 health care assistants, a practice manager and a management and administration team. Patients can see both male and female GPs at this practice.

The practice is open between 8am and 6.30pm Mondays to Friday. Appointments are from 8.30am to 12pm and 2pm to 5.30pm Tuesday to Friday, 2.30pm to 5.30pm Monday. Extended hours surgeries are offered from 6.30pm until 8.00pm Wednesdays and Thursdays.

Additional GP appointments are available on weekday evenings, weekends and bank holidays through 'GP +'. These appointments are at the Riverside Clinic in Ipswich, weekdays 6.30pm - 9pm, weekends & bank holidays 9am - 9pm. Outside of these hours, patients are asked to contact NHS 111 service for advice.

Dr Badcock and partners has just emerged from a prolonged period of clinical recruitment difficulties, following the retirement of two partners in the last two years. The practice has recently recruited two newly qualified GPs who joined the practice in the summer.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

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.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions

Detailed findings

- 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)

The inspection team :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC's intelligent monitoring systems.
- Carried out an announced inspection visit on 17 December 2015.
- Spoke with staff and patients.
- Spoke with members of the patient participation group.
- Reviewed patient survey information.

Are services safe?

Our findings

Safe track record and learning

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents, national patient safety alerts, comments and complaints received from patients.

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. We observed that recorded events were documented with a full account of what had happened. We saw that four significant events had been recorded by the practice in the previous 12 months. However, we found that not all clinical complaints had been reviewed and discussed as a significant event. We discussed this with the GPs and practice manager who agreed there was scope to improve the significant events procedures. We were told learning was shared with staff to ensure action was taken to improve safety where relevant to their role. We reviewed safety records, incident reports and minutes of meetings where these were discussed. There was also scope to improve the recording of meetings and lessons shared with staff to ensure action was taken to improve safety in the practice. The practice told us that they took this feedback on board.

The practice had policies and procedures for reporting and responding to accidents, incidents and near misses. These were located on the practice electronic system and staff demonstrated how to access them.

Safety was monitored using information from a range of sources, including National Patient Safety Alerts (NPSAs) and NICE guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

Overview of safety systems and processes

- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe. Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were

accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room, advising patients that nurses and delegated staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Check (DBS). DBS
- 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. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella. However, not all waiting areas of the practice could be clearly seen by reception staff to ensure the safety and security of vulnerable patients. We discussed this with the GPs and practice manager who agreed there was scope to improve visibility of the waiting room from the reception area.
- We observed the premises to be clean and tidy. We found systems to maintain the appropriate standards of cleanliness and protect people from the risks of infection needed improvement. The practice had a lead for infection control, who was new to this post. Annual infection control audits were undertaken but we noted that the practice had not yet addressed all of the improvements identified as a result. The infection control lead was new to this role and had undertaken some basic training, but there was scope to bolster this in order to equip them to manage infection control procedures with greater efficacy. The infection control procedure was being developed and was not yet in place. Staff had received some training and further training had been identified as an on-going action following infection control audits. We looked at the

Are services safe?

practice cleaning schedules; they identified room specific tasks according to risk that should be carried out by the contracted cleaning firm. The practice nurses had a basic cleaning schedule which complemented the contract schedule. However, there were no systems in place to provide assurance that all tasks had been completed as scheduled. In addition, hepatitis B vaccination status and immunity had not been recorded for all clinical staff. This was acknowledged by the practice on the day of our inspection who confirmed systems would be put in place following the inspection; however all of the patients we spoke with during the inspection told us that the practice was always clean and tidy. Staff had access to supplies of protective equipment such as gloves and aprons, disposable bed roll and surface wipes and hand washing guidance was available above hand washing sinks. There were also wall mounted soap dispensers and hand towels at every sink throughout the practice. Staff told us they had supplies of gloves and other personal protective equipment and patients said that they saw the staff use personal protective equipment when they received treatment.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. However, we noted that where the temperatures of vaccine fridges were being recorded not all the staff we spoke with had a clear understanding of the protocol to

follow if the temperatures were out of range. This was acknowledged by the practice on the day of our inspection who confirmed systems would be put in place following the inspection.

- Recruitment checks were carried out. Staff files we reviewed showed that 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 (DBS).
- 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 to ensure that enough staff were on duty.

Arrangements to deal with 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. There was also a first aid kit and accident book 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 fit for use.

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 carried out assessments and treatment in line relevant and current evidence based guidance and standards, including NICE best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99.3% of the total number of points available, with 7.7% exception reporting, this was 0.5% below CCG average and 1.5% below national average. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was better in comparison to the CCG and national average. With the practice achieving 96.5%
- Performance for all other indicators including asthma, atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, dementia, depression, epilepsy, heart failure, hypertension, learning disabilities, mental health, osteoporosis, palliative care, peripheral arterial disease, rheumatoid arthritis, secondary prevention of coronary heart disease and stroke and transient ischaemic attack indicators were all 100%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 88.38% compared to the national average of 83.65%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was below the national averages with the practice achieving 81.48% compared

to the national average of 84.01%. However we saw the practice had reviewed their rationale for dementia read coding, the practice were mindful of accurate diagnosis of dementia and had a process of observation and review before a formal diagnosis was made. It was also noted there were a limited number of care homes in the practice area. Therefore when patients with a dementia diagnosis moved into care homes or supported living accommodation, they often reregistered with a practice local to their new home.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. A number of QOF based clinical audits had been completed in the last two years. These were completed audits where the improvements made were implemented and monitored. We also saw an example of full cycle audits that had led to improvements in prescribing.

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 included safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff, for example those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online 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 had an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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.
- Following our inspection the practice was able to provide evidence to show the process for seeking consent was monitored through records audits.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Smoking cessation advice was available from a local support group. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80.42% which was comparable to the national average of 81.83%. Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.2% to 100% and five year olds from 90.5% to 93.1%. Flu vaccination rates for the over 65s were 72.05%, and at risk groups 47.69%. These were also comparable to national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We saw that members of staff were polite and helpful to patients both attending at the reception desk and on the telephone and people were treated with dignity and respect. If the reception team noticed patients were struggling with basic tasks, for example with reduced visibility, they ensured that clinicians were made aware so that individuals were appropriately assessed. We saw staff provided support to patients when required. Staff were able to move patients who wanted to talk about sensitive matters, or if they appeared distressed, into an area where they could maintain their confidentiality. There was a sign on the reception desk alerting patients to this.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We received 26 patient CQC comment cards, all 26 were positive about the care experienced. However, three raised concerns regarding appointment and GP availability. Patients we spoke with told us they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We also spoke with eight members of the patient participation group (PPG) on the day of our inspection. 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 were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.

- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 87% patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

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

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%.

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 saw staff providing support to patients and their families when using this service.

Through speaking with staff, patients and other health providers we found there was very strong focus on the care

Are services caring?

of patients within the practice. Patient care was an overriding factor in all management decisions and the practice utilised every opportunity to improve the service they offered for the patients who used them.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system sometimes alerted GPs if a patient was also a carer. Patients who had a caring responsibility had been identified by the practice. Where

carers were known to the practice, they were being supported, for example, by offering health checks and referral for social care support. Written information was available for carers to ensure they understood the various avenues of support available to them.

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.

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 a 'Commuter's Clinic' on a Wednesday and Thursday evening from 6.30 pm until 8.30pm for working patients who could not attend during normal opening hours.
- Online appointment booking, prescription ordering and access to basic medical records was available for patients.
- The practice provided a duty doctor appointment system which involved an initial conversation with reception who signposted the patient to a nurse, nurse practitioner and/or GP appointment or alternatively a telephone consultation with the duty GP.
- There were longer appointments available for carers, patients with a learning disability or patients who needed a translation service; or for any other patient that required this.
- Home visits were available for older patients or patients who would benefit from these.
- Urgent access appointments were available for children.
- Telephone consultations were available for patients.
- Same day appointments were available; the practice also hosted a variety of clinics, for example for long term conditions, baby vaccinations and rheumatoid shared care clinics. One nurse had a special interest in respiratory disease, specifically chronic obstructive pulmonary disease monitoring.
- One GP had a special interest and training in female genitourinary medicine and provided a ring pessary fitting service.
- The practice reviewed patient admissions data on a quarterly basis. All GPs we spoke with used national standards for the referral of patients with suspected cancers referred and to ensure they were seen within two weeks. We saw minutes from meetings where regular reviews of elective and urgent referrals were made, and that improvements to practice were shared with all clinical staff. We saw that the practice had a tracking system in place which ensured patients' referrals were actioned.
- The practice worked closely with multidisciplinary teams to improve the quality of service provided to vulnerable and palliative care patients. Meetings were minuted and audited and data was referred to the local CCG.
- The practice worked closely with the medicines management team towards a prescribing incentive scheme (a scheme to support practices in the safe reduction of prescribing costs).
- Online appointment booking, prescription ordering and access to basic medical records were available for patients.
- Chlamydia test kits were available at the practice.
- Emergency contraception was available at the practice. In addition long acting contraception such as implant and intrauterine coil fitting was also available.
- The practice worked closely with community midwives, social services and mental health link workers, and promoted provision of these services from the surgery premises where possible. For example local midwives provided clinics twice weekly at the practice and the mental health link worker provided weekly clinics.
- The practice liaised closely with the community diabetic nurse specialist to maintain quality care for their diabetic patients.
- The practice participates in the Suffolk Federation access pilot called 'GP+' and makes appointments available outside core hours.
- The practice offered a dedicated visiting GP three mornings per week who was able to undertake urgent home visits throughout the earlier morning surgery. In addition this GP would undertake follow up and routine home visits.
- There were disabled facilities, a hearing loop and translation services available. Staff told us that translation services were available for patients who did not have English as a first language. The receptionist and the website informed patients this service was available. Information on the practice's website and login screen in reception was available in different languages.

Are services responsive to people's needs?

(for example, to feedback?)

- All three of the GP partners undertook out of hours sessions to ensure continuity of care to the practice patient population.
- Members of Suffolk Carers attended the practice flu clinics to offer information and advice to carers and their families.

Access to the service

The practice was open between 08.00 and 18.30 Monday to Friday with extended opening until 20.00 on Wednesday and Thursday. Patients could also attend a service run by Suffolk GP + in Ipswich where appointments were available from 09.00 to 21.00 on weekends and bank holidays. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 57% patients said they could get through easily to the surgery by phone compared to the CCG average of 81% and national average of 73%.
- 66% patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 80% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

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; there were posters displayed in the waiting room, information was available on the practice website, in the practice leaflet and from the reception staff.

We looked at 13 complaints received since April 2015 and found that these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints, and action was taken as a result to improve the quality of care. For example, we saw a complaint received regarding difficulties in obtaining a prescription. The complaint was discussed at a partners meeting. A response letter was sent apologising for the inconvenience and staff learning needs were identified and actioned. However, we noted that not all clinical complaints had been recorded and discussed as a significant event. We discussed this with the practice manager and GP partners who agreed there was scope to improve the complaints and significant events procedures.

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 with an ethos for care for the community.

- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Staff we spoke with were aware of the vision and values for the practice and told us that they were supported to deliver these. The practice focused on improving outcomes in primary care. We saw that the practice had recognised where they could improve outcomes for patients and had made changes accordingly through reviews and listening to staff and patients. The practice had business plans which reflected the vision and values.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice carried out proactive succession planning.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice patients who had been affected reasonable support, truthful information and a verbal and written apology
- They 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 in doing so and felt supported if they did.
- 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG), the friends and family test and through surveys, compliments and complaints received. The friends and family tests evidenced that 90% of those patients who responded to the test would recommend the practice to friends and family.

The practice had identified that the main issues for dissatisfaction were telephone access and appointment availability.

Are services well-led?

Good 

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

The practice had initiated an action plan in response to patient feedback. The practice had recently upgraded the telephone system in order to improve response times and increasing demand. Staff were in the process of familiarising themselves with the new system during our inspection. The practice continued to continually review its appointment system. The practice had recently recruited to its clinical team and continued to further recruit to its nursing team. The practice had a plan to develop the clinical skills of nursing staff in order to maximise GP appointment availability. Additionally, the introduction of the duty GP and supporting nurse practitioner was hoped to improve access.

There was an active PPG which met on a regular basis. We spoke with eight members of the PPG. We received comments from some members that they were concerned their involvement in the practice development was limited and that PPG meetings were not productive, with limited involvement from the GP partners. However all the members we spoke with emphasised their satisfaction with the care and treatment they received from the clinical teams. In addition we were told the clinical teams and reception staff were kind and supportive. We were given examples of action the practice had taken following concerns raised by the PPG. For example; a concern was raised regarding fabric chairs in the waiting room, the practice took action to replace these, repairs were also

made to holes in the car park following PPG feedback. The PPG members we spoke with expressed their enthusiasm to help the practice improve, however they were unsure whether they had full support from the practice. We discussed this with the practice manager and GP partners who noted these concerns.

The practice had also 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.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff we spoke with provided us numerous examples of where the practice had supported them to improve their professional practice, for example; nursing staff attended requested courses for instance; chronic disease management such as diabetes. The practice is a training practice, one GP partner was the lead GP trainer and a second GP partner was the out of hours (OOH) training supervisor where GP registrars could attend supervised OOH sessions. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.