Oakfield 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?	Requires improvement
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 Oakfield Surgery on 2 June 2016. Overall the practice is rated as good.

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

- The appointment system was flexible and ensured that patients who requested to be seen on the same day were.
- The practice had good facilities including for those with reduced mobility.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service, including having a patient participation group (PPG).
- The practice proactively managed care plans for vulnerable patients and had effective management strategies for patients at the end of their life.
- The practice had a number of policies and procedures to govern activity; however, the oversight to ensure that they were reviewed timely needed to be improved.
- Systems to reduce risks to patient safety for example, ensuring that all devices and dressings are within their expiry date, needed to be improved.
- There was a leadership structure, staff felt supported by the management team and were an integral art of the running of the practice.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.

The areas where the provider must make improvements are:

- Ensure that all medical devices and dressings available for use are within the expiry dates.

In addition the provider should;

Summary of findings

- Improve and embed processes for reporting, recording, acting on and monitoring incidents and verbal complaints to ensure reflective and shared learning.
- Review the national screening programmes for bowel and breast cancer screening data and develop a strategy to encourage patients to attend.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

The practice had arrangements in place to safeguard patients from abuse, ensure enough staff were on duty to keep people safe, However, processes to report, record, and share learning from safety incidents needed to be improved. Staff were encouraged to identify areas for concern, however minor and to report them to the practice manager. However, these reports were not always written and minutes from meetings did not contain sufficient detail to ensure that learning had been shared and improvements would be monitored.

Appropriate recruitment checks had been carried out for the employed staff including Disclosure and Barring Service (DBS) checks for those who acted as chaperones.

There were systems and processes in place for the safe management of medicines and these were generally well managed. However, on the day of the inspection we found devices such as needles, syringes, and dressings that were not within their expiry date.

The practice had systems to identify and mitigate risks to staff and patients who used the service.

The practice had a business continuity plan in place to manage major incidents; emergency contact numbers had been included.

Are services effective?

Good

The practice is rated as good for providing effective services.

Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Data showed patient outcomes were higher when compared to other practices in the locality. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing patient's mental capacity and promoting good health.

Staff had received training appropriate to their role; additional training requests were identified, and usually provided. There was evidence of appraisals and personal development plans for all staff.

Summary of findings

Staff worked with multidisciplinary teams including community nurses, health visitors, care co-ordinator, and a health trainer. The practice had 152 patients who had been identified as vulnerable and as a result of joint working, a written care plan was held in 149 of those patient's medical records and had received an annual review.

There were 17 patients on the register for patients with a learning disability, 11 of these had received an annual review. To ensure that this improved the practice had introduced a system to call these patients in for a review in the month of the patient's birthday. The practice had reviewed the information that was available to these patients to ensure that it was in a format that the patient could understand.

Are services caring?

Good

The practice is rated as good for providing caring services.

The GP national patient survey data published in January 2016 showed that patients rated the practice above the national average in many aspects of care, for example 99% 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%.

The practice demonstrated that they prioritised patient centred care. The percentage of patients who usually had an appointment or spoke with their preferred GP was 92% compared with the CCG average of 64% and the national average of 59%. The GPs told us that they offered personalised list and covered each other for leave. On occasions, the practice used locum GPs, these GPs were known to patients, as they regularly worked at the practice.

Patients told us they were treated with compassion, dignity, and respect and they were involved in care and treatment decisions. We saw that staff treated patients with kindness and respect and in a way that was individual to those patients that needed extra support.

The practice had identified less than 1% of their patients as carers and provided them with a carer's pack which gave information including details of support groups.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

Practice staff described how they were aware of the needs of their practice population, and tailored their care and services accordingly.

The practice had reviewed the demand for appointments and had developed a sit and wait system using GPs and nurses to see patients on the day if requested. Telephone consultations and home visits were available for those that requested them.

Summary of findings

The practice, as a member of the Suffolk GP Federation, were able to book appointments for patients to be seen at the 'GP Hub' in Bury St Edmunds, this service was available in the evening and at weekends.

The premises were suitable for patients who had a disability or those with limited mobility, the practice provided wheelchairs for those that needed them.

There was a complaints system in place that was fit for purpose. The complaints received had been dealt with in a timely and appropriate manner.

Are services well-led?

Good

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

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

There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, however, the management oversight of these needed to be improved.

An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

The practice 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 focus on continuous learning and improvement at all levels.

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. Home visits were available for those unable to attend the practice. Continuity of care was maintained for older people through a stable GP workforce and personalised patient centred care. The practice provided visits to local care homes.

The practice regularly reviewed attendances at the accident and emergency department to ensure that those patients identified as vulnerable to admission were reviewed.

We saw evidence that the practice had worked to the Gold Standards Framework for those patients with end of life care needs.

People with long term conditions

Good

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

Nursing staff had roles in chronic disease management; data showed that patient outcomes were similar when compared with other practices in the locality. Patients that had attended appointments had a structured annual review to check that their health and medication needs were being met. The practice held monthly meetings attended by GP, and nurses to ensure that patients received appropriate re-calls and follow up.

Home visits were available to those patients who could not attend the surgery.

Longer appointments were available and could be booked by patients if required. Practice staff followed up patients who did not attend their appointments by telephone to encourage attendance.

Families, children and young people

Good

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

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high

number of A&E attendances. Immunisation rates were in line with local averages for all standard childhood immunisations. Young children were given priority appointments for urgent needs.

Appointments were available outside of school hours and the premises were suitable for children and babies. We saw examples of joint working with midwives, health visitors, and school nurses.

Working age people (including those recently retired and students)

Good

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, including 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 reflected the needs for this age group. The practice did not restrict patients to certain appointment times to attend for their annual reviews; patients who worked were able to book at times that were convenient to them.

Telephone consultations were available for those patients who wished to seek advice from a GP. NHS health checks were available.

People whose circumstances may make them vulnerable

Good

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. It offered longer appointments and carried out annual health checks.

The practice told us that 65% of patients with a learning disability had received an annual review.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. We saw the practice provided vulnerable patients with information about how to access various support groups and voluntary organisations.

Summary of findings

Staff knew how to recognise signs of abuse or neglect 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.

Practice staff were intuitive to the needs of this group of patients and demonstrated that they had a personalised approach to helping them. Phlebotomy appointments were available at the practice.

The practice told us that 82% of the patients on the Gold Standards Framework died in their preferred place of care.

People experiencing poor mental health (including people with dementia)

Good

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

The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Staff told us that 68% of patients with dementia had received advance care planning and had received appropriate reviews. These patients had a named GP and continuity of care was prioritised for them.

Same day appointments and telephone triage with a GP was offered to ensure that any health needs were quickly assessed for this group of patients.

The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Staff had knowledge on how to care for patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 272 survey forms were distributed and 98 were returned. This represented a 36% completion rate.

- 66% of patients found it easy to get through to this practice by phone compared to the CCG average of 83% and the national average of 73%.
- 97% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were all positive about the standard of care received.

We spoke with ten patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed, and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure that all medical devices and dressings available for use are within the expiry dates.

Action the service SHOULD take to improve

- Improve and embed processes for reporting, recording, acting on and monitoring incidents and verbal complaints to ensure reflective and shared learning.
- Review the national screening programmes for bowel and breast cancer screening data and develop a strategy to encourage patients to attend.

Oakfield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector**.** The team included a GP specialist adviser, and a practice manager specialist adviser.

Background to Oakfield Surgery

Oakfield Surgery provides a range of medical services to approximately 7000 patients and provided these services to patients living in 24 nearby villages.

The practice is in the NHS West Suffolk CCG (Clinical Commissioning Group).

The practice holds a General Medical Services (GMS) contract to provide GP services.The practice dispenses medicines to some patients.

Data from Public Health England shows the practice serves an area where income deprivation affecting children and older patient's people is lower than the England average. The practice has a lower number of older patients and a higher number of patients aged 30 to 50 years.

The practice has a team of four GPs meeting patients' needs. These GPs (two male and two female) are partners and they hold managerial and financial responsibility for the practice. There are two female advance nurse practitioners, three female practice nurses, and a female phlebotomist. There is a practice manager, a dispensary manager and a dispenser. A team of six reception/ administration staff and an office manager support the practice manager.

Patients using the practice have access to a range of services and visiting healthcare professionals. These included midwives, a diabetic specialist nurse, and a community mental health nurse.

Appointments are available Monday to Friday from 8.30am to 6.30pm. With extended hours offered on Wednesday evening between 6.30pm to 8.30pm.

Outside of practice opening hours the patients contact 111 for an emergency service. Details of how to access emergency and non-emergency treatment and advice is available within the practice and on its website.

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

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?

Detailed findings

- 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.

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 2 June 2016. During our inspection we spoke with a range of staff including the practice manager, three GPs, nursing, dispensary, reception and administration team staff. We spoke with ten patients who used the service and one member of the patient participation group. We observed how patients were being cared for and reviewed 43 comment cards where patients shared their views and experiences of the service.

Requires improvement

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, comments, and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. However we were concerned that this was not embedded into the culture of the practice and that shared learning was not cascaded to all members of the team.

Specifically designed forms, were available to staff to report incidents and near misses. These were reported to the practice manager or GP partners.

Significant events were discussed at monthly meetings, not all staff members attended these meetings. The minutes shown to us did not show sufficient detail of the discussion, agreed actions and lessons learnt to assure us that learning was shared to encourage improvement.

For example,the practice hosted a variety of students who worked within the clinical field, this included trainee counsellors. Following a significant event, we noted that the practice needed to improve the record keeping of supervision that had been undertaken. Within one week of the inspection, the practice shared with us information that assured us that new processes had been introduced which would ensure improvements had been made and that learning was shared.

Overview of safety systems and processes

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

- Arrangements reflected relevant legislation and local requirements. The practice policies that were accessible to all staff outlined who to contact for further guidance if staff had concerns about a patient's welfare. Posters were displayed in the consulting rooms giving the contact details. The policies that we were shown did not reflect the date that they had been reviewed.

There was a lead GP for safeguarding and multi-disciplinary team meetings were held at the practice each month, minutes were available for staff. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Practice staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurse practitioners were trained to child protection or child safeguarding level three.

Vulnerable patients were highlighted on the practice electronic system. This included children subject to child protection plans and patients with a diagnosis of dementia.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS
- We observed the premises to be clean and tidy. The practice employed a contract cleaner Monday to Friday. The cleaning schedule had not been reviewed since 2012 and the practice did not have a checklist to monitor and manage the cleaning programme. The practice told us that the practice manager and cleaner met each morning at 7.20am and discussed any issues. The practice manager conducted a six monthly health and safety inspection of the practice which included checking the standard of cleaning.

The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place, not all staff had received up to date training including hand washing training.

An infection control audit was undertaken in February 2016, it was noted on this report that eye and face protection was not available. Staff we spoke with told us that an eye mask was available for use when dealing with liquid nitrogen but that they did not have eye or face protection for invasive procedures. The staff member we spoke with told us that these would be ordered, as the nurses had recognised that it would be good practice to have this personal protective equipment to keep them safe.

On the day of the inspection we found that some syringes, needles, and dressings that were available for use were not within their expiry date. The practice took immediate action and removed these.

Requires improvement

Are services safe?

A sharps injury policy was in place and staff were aware of the actions to take. All clinical waste was well managed.

The practice held records of staff immunisation status.

Medicines management

We visited the practice dispensary and reviewed medicines that were stored and available for use within the practice treatment rooms. There was a lead GP and a dispensary manager for the management of the dispensary within the practice. All members of staff involved in dispensing medicines had received appropriate training.

The arrangements for managing medicines, including emergency medicines and vaccines in the practice, kept patients safe (including obtaining, prescribing, recording, handling, storing, security, and disposal).

Processes were in place for handling repeat prescriptions for patients who were taking high risk medicines. The practice performed monthly searches for patients on medicines such as methotrexate, and contacted them for a blood test if needed.

Medicines were stored safely and records of fridge temperatures were monitored appropriately and reviewed. We noted that the practice did not have a second thermometer or undertake regularly calibration of the thermometer in the three fridges that contained medicines. The practice took immediate action and ordered additional thermometers (data loggers).

Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).These were well presented and had been reviewed in February 2016.

Stock levels and expiry dates of medicines were checked every three months. The staff told us that they also checked stock when cleaning or re-stocking. Controlled drugs were stored correctly and the dispensary staff demonstrated a consistent approach towards the storage, recording, and destruction of controlled medicines. All medicines we checked were within their expiry date.

Significant events or near misses within the dispensary were well managed. Any reported incident was sent to the dispensary manager to be logged and was discussed with the GP lead and dispenser. The dispensary manager produced a monthly report detailing any 'near misses' or errors. This report contained comments to reflect if any trends had been identified. Using this report, it was noted that there had been a number of near misses by staff when they were selecting the medicines to be bagged for patients. The practice purchased a bar scanner which had significantly reduced the risk of harm to patients.

Regular medicines 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.

There was a repeat prescription policy for dispensary staff to follow. Uncollected prescriptions were highlighted to the GPs to ensure patient safety. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patients collecting controlled drugs were asked for identification and to sign for collection.

- Two nurse practitioners had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions.The GPs gave support for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that these were signed and dated.
- The recruitment process that was in place needed to be improved. We reviewed four personnel files, not all appropriate recruitment checks had been undertaken prior to employment. For example, the practice did not follow their recruitment policy and had not obtained written references, or retained interview information. All clinical staff had received a Disclosure and Barring Service (DBS) check.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There was a health and safety policy available with a poster in the office. The practice commissioned a specialist organisation to provide health and safety advice, to conduct an annual review of the practice and systems such as fire procedures.

A full fire risk assessment had been carried out in 2012 and this had been annually reviewed. An action from the review August 2015 was to replace a door seal and this had been completed.

The fire extinguishers were checked in May 2016. A fire evacuation took place in January 2016. The practice

recognised that the time to evacuate the building was too long; they conducted a second drill on the following day and reduced the evacuation time to four minutes. The practice told us that they had included the time it took to reach the meeting point some distance away and across a road rather than the time for the last person to leave the building. They told us that they will improve on this further.

The practice used risk assessments to monitor the safety of the premises. For example, for the control of substances hazardous to health and infection control. Testing for legionella (a bacterium that can grow in contaminated water and can be potentially fatal) had been undertaken.

All electrical equipment was checked in March 2016 to ensure that it was fit for purpose. All clinical equipment was calibrated in March 2016 to ensure it was working properly.

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. The practice told us that they had undertaken scenario drills using this system to ensure that staff responded appropriately and timely.
- 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 was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Medicines we checked were within their expiry dates, we found some needles, syringes, and airways that were past their expiry date. We highlighted these to the practice who took immediate action and replaced them.

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. Copies of this were held in the GP partner's homes.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff were familiar with best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and locally produced quality standards. The practice held a monthly clinical meeting where guidelines were reviewed and best practice shared.

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 were 99.9% of the total number of points available, with 9.4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from QOF 2014-2015 showed

- Performance for diabetes related indicators was 100% this was 8.2% above the CCG average and 10.8% above the national average. The practice exception reporting rate was 15.2% this was above the CCG average of 12.2% and the national percentage of 10.8%.

We discussed the exception reporting of this indicator with the practice, we reviewed medical records which assured us that the practice had followed appropriate guidelines. They told us that they had reviewed the structure of their recall system and had put improvements in place. A GP lead and a nurse practitioner, who both had undertaken additional qualifications (such as the Warwick course for the management of patients with diabetes) who planned to improve the exception reporting.

- Performance for mental health related indicators was 100% this was 13.1% above the CCG average and 10.3% above than the national average. The practice exception reporting rate was 12.5% this was above the CCG average of 11.7% and above the national percentage of 11.1%.

We discussed these results with the practice; they told us that they had identified a higher proportion of patients who may experience poor mental health than some other areas. The practice had robust systems in place to manage patients who maybe experiencing depression or going through difficult times. The GPs reviewed each patient before issuing any medication (including repeat prescriptions) and worked closely with other support agencies such as staff from the citizen advice bureau, and the racing welfare association.

- The practice had 17 patients with learning disabilities on the practice register, 65% of patients had received an annual review in the past 12 months.

The practice told us they recognised that this needed to be improved. They had developed a system to review all patients with a learning disability in their birthday month.

Data showed that the practice performance for prescribing was generally better when compared with other practices locally and nationally.

The practice had completed a programme of audits; we reviewed one completed audit on aspects of minor surgery undertaken at the practice. This included infection rates and appropriate referral to secondary care. The results showed that the practice had a very low incident rate of infection and that the GP had appropriately diagnosed more complex or urgent cases and referred to secondary care appropriately. For example in the period between August 2013 and July 2015 the audit showed that zero cases, where surgery was completed at the practice, were cases that a referral to secondary should have been made or was subsequently made.

The dispensary undertook regular audits including managing patients on high risk drugs and near misses.

Data from the CCG showed that the practice was not an outlier for secondary care activity; data showed that the hospital had a lower rate of admission for vulnerable patients when compared with other local practices.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings, and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Not all the staff had received an appraisal within the last 12 months; the practice recognised this and had a programme to ensure all appraisals were undertaken this year. Staff we spoke with told us that they had protected time for training and requests for additional training were usually granted. Staff received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Staff meetings were held for all staff, staff we spoke with thought these were useful and that they would benefit if they were held more frequently. For example minutes from a meeting held on 19 May 2016 detailed a discussion on a programme of regular meetings. At this meeting, the staff told us they were encouraged to discuss the challenges of managing confidentiality in the open reception area and to put forward any ideas that would improve the situation.

Coordinating patient care and information sharing

- Referrals for patients to secondary care or other agencies were well managed. Routine referrals were sent within three days and urgent referrals within 24 hours.
- The practice staff worked with other services to meet patients' needs and manage those patients with more complex needs. This included community nursing teams and health visitors. The practice worked to the Gold Standards Framework when co-ordinating end of life care. Regular meetings with the wider health team were held to manage and plan patients care. A document we were shown detailed that 82% of the patients on the Gold Standards Framework died in their preferred place of care.
- Special patient notes and comprehensive care plans were completed by the practice on the electronic system and this ensured that emergency services staff had up to date information of vulnerable patients. We reviewed care plans and found them to be comprehensive. The practice had 152 patients on their unplanned admissions register. 149 of these patients had an up to date care plan in place. These care plans were readily available for any GP visiting the patient at home, on return to the practice the care plan was up dated with any new, relevant information.

Patients' individual records were written and managed in a way to help ensure safety. The system used to summarise patients' medical records was robust, all clinical summaries were checked by the GPs. Staff who undertook this role told us that they were well supported by the GPs. Records were kept on an electronic system, which collated all communications about the patient including, scanned copies of letters and test results from hospitals. All correspondence communication was sent to the GPs, who undertook any required actions. We reviewed this system and found this to be well managed to ensure that patients were safe.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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 patients, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. All staff were aware of Gillick competency and applied this in practice. Staff recorded patients consent in the medical records.

Supporting patients to live healthier lives

The practice's uptake for the cervical screening programme was 81.69%, which was in line with the CCG average of 81.48% and the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. Although,the practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening the data showed that fewer patients attended.

Good

Are services effective?

(for example, treatment is effective)

- The number of women screen for breast cancer was 72.8% this was lower than the CCG average of 78.4% and in line with the national average of 72.2%.
- The number of patients screened for bowel cancer was 54.2% this was lower than the CCG average of 60.1% and lower than the national average of 58.3%.

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 94.6% to 98.9% compared to with CCG range 93.4% to 97.2%.
- Five year olds ranged from 90.6% to 95.3% compared to with CCG range 92.7% to 96.7%.

Seventy percent (70%) of patients aged over 65 received flu vaccinations and 42.2% for those in the at risk groups.

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 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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.

All 43 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.

We spoke with ten 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 generally above the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

On the day of the inspection the patients we spoke with and the comment cards we received did not align with the data indicating that receptionists were not helpful. All patients reported that they found the staff very helpful and friendly. For example a patient with reduced mobility reported that they were collecting medicines that were heavy, and were pleased that a member of staff routinely carried their medication to the car for them.

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 above the local and national averages. For example:

- 90% 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%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.

Good

Are services caring?

- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

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 had identified less than 1% of the patients as carers; they told us that they found this disappointing as they had systems and opportunities in place for patients. The practice's computer system alerted GPs if a patient was also a carer. The practice encouraged patients to register as a carer when they joined the practice. All patients joining the practice were offered a new patient check, (this is a check by a nurse where the practice will collect base line information such as family history and current medications). The nurses at this appointment would discuss being cared for and caring for others with patients. A carer's leaflet giving practice information was included in the welcome to the surgery pack. Suffolk Family Carer association attended the practice on a monthly basis, offering support and sign posting for patients. In addition the practice worked jointly with the Racing Welfare Association. Staff from the association attended the practice and offered advice and information to patients and staff.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Staff at the practice worked hard to understand the needs of their patients. Both clinical and non-clinical staff demonstrated a clear understanding of the concept of personalised care for the patients according to their individual needs. For example, the practice were aware that many of their patients worked within the area where it had a higher prevalence of health related issues that are associated with gambling and alcohol drinking habits. The practice proactively encouraged patients to book appointments that were longer. Patients were able to do this online as well as directly with the reception team. These longer appointments ensured that the GP was able to listen and support the patient without hurrying them or delaying the appointments of other patients.

The practice was proactive in engaging with other services and providing facilities for them to enable patients to be seen at the practice, closer to their homes for additional services. For example, a mental health link worker was available to see patients one session a week; they were also available for telephone advice at other times.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice, and continuity of care. For example;

- There were longer appointments or home visits available for patients with a learning disability or dementia.
- Home visits were also available for older patients and others that needed one. The practice had a system in place to assess whether a home visit was clinically necessary, and the urgency of the need for medical attention.
- Facilities for patients with disabilities were available. There were automatic doors, and appropriate toilet facilities in place. There was a hearing loop available for patients who wore hearing aids, staff described how they would communicate with this group of patients appropriately.
- Twice a day the practice offered a sit and wait service. GPs would work together to ensure that any patient that requested to be seen on the day was seen.
- The practice offered smoking cessation advice and weight management advice.

Access to the service

The practice was open and appointments were available between 8.00am and 6.30pm Monday to Friday. The practice offered extended hours until 8.30pm on a Wednesday evening. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. As a member of the Suffolk GP Federation, patients were able to book routine appointments, during the evening or at weekends, to see a GP at the 'GP hub' held in Bury St Edmunds. These appointments were booked through the practice. This enabled the practice to have oversight on the patients that chose to use this service and ensured that any relevant information could be passed onto the 'hub' GPs.

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

- 69% of patients were satisfied with the practice's opening hours compared to the CCG and the national average of 75%.
- 66% of patients said they could get through easily to the practice by phone compared to the CCG average of 83% and the national average of 73%.

The practice told us that they had recognised and discussed the low satisfaction rates. The practice told us that they had discussed with their telephone provider the need for additional telephone capacity, however, the practice was locating to new premises within 24 months.

Listening and learning from concerns and complaints

The practice had a 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. The practice manager was responsible for dealing with these.

We saw that information was available to help patients understand the complaints system. There were leaflets and posters displayed in the waiting area and information was available on the web site. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

Good

Are services responsive to people's needs?

(for example, to feedback?)

There had been four complaints recorded in the past 12 months, we looked at two complaints and found these had been dealt with appropriately.

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

Staff exhibited an open, transparent attitude, described a consistent vision and ethos to offer good care and treatment to their patients, and were determined to meet their own mission statement, values, and principals. The practice management team were proactive in key areas such as planning larger premises to meet the needs of their increasing list size.

The practice staff were 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. We found that the practice should improve the written account of events to evidence actions taken.

The practice systems in place needed to be improved 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 did not keep written records of verbal feedback as well as written complaints.

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; however, the management did not have oversight of these to ensure that they were all reviewed timely and dated accordingly.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions, however, written reports and the minutes from meetings needed to be improved to ensure that learning was shared with the whole team and improvements were monitored.

Leadership and culture

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

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

- We saw from the various minutes that the practice held regular team meetings, however, these minutes did not contain sufficient detail to ensure shared learning. Staff we spoke with told us that they were able to clarify any details with their colleagues.
- 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 managers and 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.
- The GPs and nurses were able to share learning from GPs and nurses, for example one nurse practitioner attended a regular Nurse prescribing group. They also shared learning from journals and other information available on line.

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

Are services well-led?

Good

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG, practice manager and met regularly, the PPG reported to the practice that patients were unhappy with the seating in the waiting room. The practice responded positively and arranged for the furniture to be re upholstered.
- The practice had gathered feedback from staff through meetings, one to ones and a suggestion box. Practice staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the practice lead GP and dispensary manager ensured that the dispensary met all the standards to dispense controlled medicines and ensured that this service was available to the patients who were entitled to use the dispensary services. This has ensured that patients, who were at the end of their lives, were able to access these essentials drugs easily.

Continuous improvement

The practice told us that the National Institute for Health and Care Excellence (NICE) has recommended a specialist test (which is not usually available in primary care) to help diagnose asthma in adults and children when a diagnosis is unclear.

The practice used donations received from patients to invest in the equipment needed. This equipment is used for measuring the amount of forced exhaled nitric oxide in the breath. The practice told us that they would look at the outcomes for patients by undertaking reviews and audits of those patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment 12(1)(2) **How the regulation was not being met:** Syringes, needles, airways, and dressing materials were found in the emergency kit and treatment room; these had expired in the period July 2012 to February 2016 and were available for use. This posed a risk to patients. This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.