

# Stowhealth

## Inspection 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 location

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This practice is rated as good overall.** This is the second inspection of Stowhealth, at our last inspection 24 February 2015 the practice was rated as outstanding.

The key questions are rated as:

Are services safe? – *Requires improvement*

Are services effective? – *Good*

Are services caring? – *Good*

Are services responsive? – *Good*

Are services well-led? – *Good*

We carried out an announced comprehensive inspection at Stowhealth on 4 October 2018 as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. The practice worked within a partnership of 11 practices and an electronic centralised reporting system was in place to ensure shared learning and changes were made to the benefit of the population of the Suffolk Primary Care partnership.
- The practice had reliable systems for appropriate and safe handling of medicines within the dispensary. The practice did not have reliable systems in place for the handling of vaccines. Immediately following the inspection, the practice took action to implement a safe system and to ensure no patients had received medicines that may have been compromised.
- The practice had not ensured that all medical records were summarised in a timely manner. Immediately following the inspection, the practice submitted their plan to address the issues found.
- The practice had not carried out an appropriate risk assessment to identify all emergency medicines that it should stock. During the inspection the practice undertook a risk assessment and ordered the additional medicines.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to

evidence- based guidelines. The practice showed evidence of a comprehensive audit and quality management programme that was undertaken throughout the year.

- The practice had recognised that there was a lack of specialist mental health services to support patient experiencing poor mental health but did not meet the criteria for referral. The practice employed mental health nurse (CPN) to support their patients through a difficult time. On the day of the inspection the nurse was no longer working at the practice but now through the Suffolk Primary Care these nurses will be available in the practice and across all 13-member practices.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The data from the GP patient survey showed the practice consistently was in line or above the CCG and national averages.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. The practice operated a telephone consultation appointment system. All patients were spoken to by a clinical staff member and appointments for either acute or follow up care were arranged by the GP. Patients we spoke with told us they had easy and appropriate access to appointments.
- The reception team had been trained as care navigators and the whole practice team had worked together to ensure patients spoke to the right person at the right time. Patients and staff had told us that this had increased the positive experience for patients.
- The practice demonstrated a patient focused approach to providing health care. They were proactive in offering other services for the benefit of the patients, including those provided by the NHS and others from private providers. For example, NHS services included an oncology service giving chemotherapy on site, the papworth sleep clinic and Onelife Suffolk weight management and smoking cessation clinics. Private providers included a fully equipped gym where GPs could refer patients for a number of free sessions, podiatry and exercise classes.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The area where the provider **must** make improvements as they are in breach of regulations is:

# Overall summary

- Ensure care and treatment is provided in a safe way to patients.

The areas where the provider **should** make improvements are:

- Review and improve the recording of carers to ensure they receive appropriate support.

- Review and improve the system to ensure medical records are summarised in a timely manner.
- Review the system to ensure the practice has clear oversight of actions identified in risk assessments to keep patients and staff safe.

**Professor Steve Field** CBE FRCP FFPH FRCGP  
Chief Inspector of General Practice

## Population group ratings

<b>Older people</b>	<b>Good</b>	
<b>People with long-term conditions</b>	<b>Good</b>	
<b>Families, children and young people</b>	<b>Good</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Good</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b>	

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, a member of the CQC medicines team and an inspection manager.

## Background to Stowhealth

Stowhealth provides a range of primary medical services in central Stowmarket. There is a dispensary that provides medicine for patients who live more than one mile from a pharmacy. As part of this inspection we visited the dispensary.

The practice is a member of the Suffolk Primary Care partnership (SPC). SPC is a partnership of eleven local practices.

The provider is registered with CQC to deliver the following Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

Stowhealth is situated within the NHS Ipswich and East Suffolk (CCG) and provides services to approximately 19,650 patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

There are three female GP partners, six male GP partners and two female and two male salaried GPs. There are two nurse practitioners and ten female practice nurses, five health care assistants, one phlebotomist, one male paramedic and one male physician associate. These are supported by a practice manager and a business

manager and an experienced team of reception/administration staff. - Stowhealth has a dispensary manager and lead dispenser, supported by a team of dispensers. The practice also employs a clinical pharmacist. The practice is a training practice, with three trainers and a whole practice team approach to educating GP registrars and medical students.

The practice are able to offer and book routine appointments at the GP+ service provided by the Suffolk GP Federation and operates from the practice and in other towns/villages including Ipswich, Bury St. Edmunds, Leiston, Wickham Market, Haverhill and Felixstowe. These appointments are available in the evening and at weekends.

When the practice is closed the emergency services are provided by Care UK and is accessed via the 111 services.

The area has a higher than average number of patients aged 0 to four years old, and slightly fewer patients aged under 65 years old and over than the national average. Information published by Public Health England, rates the level of deprivation within the practice population group as eight on a scale of one to ten. Level one

represents the highest levels of deprivation and level ten the lowest. However, the practice does serve areas of deprivation and to vulnerable groups such as travellers and homeless people.

# Are services safe?

## We rated the practice as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- Temperature sensitive medicines in the treatment rooms were being stored in refrigerators that were not monitored effectively.
- The practice did not have clear oversight of actions required following the fire safety risk assessment.
- The practice had not undertaken a risk assessment of the emergency medicines they held.

## Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check or had a risk assessment in place. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- The practice had been proactive in developing the skill mix available in the practice. In addition to GPs and nurse practitioners and nurses, the practice employed staff such as a paramedic and physician associate.
- There was an effective induction system for temporary staff tailored to their role. A comprehensive handbook for locum staff was available.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results and this was regularly monitored by a GP and a lead administration person.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols. Following a significant event, the practice had reviewed, improved and monitored their system to ensure all referrals were sent in a timely manner.

## Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines within the dispensary. The practice did not have reliable systems in place for the handling of vaccines.

- Vaccines were not stored appropriately and records did not show they were maintained within the recommended temperature range. The practice took immediate action to review and implement new

## Are services safe?

systems and processes and to investigate the past failures where patients may have been at risk. Following the inspection, the practice told us that no patients had been at risk.

- The practice had not carried out an appropriate risk assessment to identify all emergency medicines that it should stock in accordance with national guidance. The practice took immediate action to obtain these additional medicines and to ensure they were part of the agreed list for the practice.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance in conjunction with the local CCG.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Arrangements for dispensing medicines at the practice kept patients safe.

### Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice generally monitored and reviewed activity. However, the practice premises were managed by a

private company on behalf of the landlord. The company utilised NHS property services for contract building maintenance for the whole site, only part of which was rented by the practice. The practice did not have clear oversight of actions identified in the fire safety risk assessment that had been completed. The practice was well maintained and had appropriate signage.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. As part of the Suffolk Primary Care partnership, the practice electronically reported events to a central system where learning was shared across the thirteen-member practices.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

**We rated the practice as good for providing effective services overall and across all population groups.**

## Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice embraced new technology and had recently used a touch pad facility to screen for an atrial fibrillation. They had used this during a recent flu clinic and had identified fifteen patients as requiring further investigation. The practice also used a mobile application to help patients monitor their health and well-being.
- The practice had a blood pressure monitoring machine available in the waiting area, the results were added to the patient's medical records and patients were reviewed as appropriate.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medicines.
- The practice followed up on older patients discharged from hospital. It ensured their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice clinical pharmacist undertook frailty reviews and visited care homes to review patient's medicines.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension). The practice used a touch screen electronic system to screen patients for atrial fibrillation. This had successfully used during a recent flu clinic and patients were reviewed where necessary.
- The practice's performance on quality indicators for long term conditions was above or in line local and national averages.

### Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice team includes a nurse who had received training in paediatrics. This nurse also worked as part of the minor illness team.

### Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 76%, which was above the CCG average of 74% and the national average of 72%. It was below the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was above the national average.



# Are services effective?

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. These appointments were available on a Saturday morning and additional appointments were available for patients at weekends and evenings via the GP+ service. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice used hand held care notes (yellow folders) which the patient held in their homes to ensure other visiting professionals had easy access to important information.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- To protect patient's confidentiality, privacy and dignity the practice called the appointments for patients with dementia to be reviewed 'Wednesday appointments'. This enabled patients to access appropriate appointments easily.
- There was a system for following up patients who failed to attend for administration of long term medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was in line with local and national averages.

## Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice performance in relation to the quality and outcome framework was 100%; the practice shared their data for 2017/2018 which since the inspection has been verified and published and this had been maintained at 100%.
- The practice exception reporting was 4%; this was below the CCG average of 5% and the national average of 6%. The data for 2017/2018 showed the practice had reduced their exception reporting to 3%. Since the inspection the data for 2017/2018 has been verified and published.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. The practice had a comprehensive programme of audits and searches throughout the year to monitor their quality and performance. Where appropriate, clinicians took part in local and national improvement initiatives.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

# Are services effective?

- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation. The practice had a comprehensive pack for locum staff to ensure they were fully aware of the practice processes and procedures.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

## Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- The Patient Participation Group (PPG) worked closely with the practice to ensure patients were made aware of the opportunities that were locally available to them.
- The GPs were able to refer patients to a gym that was in the same building. Patients could be seen for six sessions free of charge at times that were convenient to them.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to decide.
- The practice monitored the process for seeking consent appropriately.
- The practice obtained written consent for patients receiving minor surgery procedures.

**Please refer to the evidence tables for further information.**

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with the local and national averages for questions relating to kindness, respect and compassion. The practice regularly reviewed feedback from patients including that received via NHS choices and Healthwatch Suffolk.

## **Involvement in decisions about care and treatment**

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them but they recognised their recording on patients who were carers needed to improve as it was inaccurate on the day of the inspection. The practice took immediate action to remedy this and found that some of the inaccuracies were due to external agencies but addressed those incorrectly coded by their own staff.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

**We rated the practice as good for providing responsive services overall and across all population groups.**

## Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- The practice was proactive and hosted a number of services for the patients including services such as an ultrasound clinic, the oncology team giving chemotherapy on site, a vascular surgery and rheumatology clinic.
- Other private services were hosted including a gym to which GPs could refer patients for six free sessions of one to one fitness coaching, podiatry, counselling and hearing care.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice provided dispensary services for people who needed additional support with their medicines; for example, a delivery service, weekly or monthly blister packs and large print labels.

### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice paramedic assisted with home visits ensuring patients were seen in a timely manner.

- There was a medicines delivery service for housebound patients.
- The practice provided care to a number of patients living in care homes. At the request of one of the care homes the practice had invested in the provision of medicines within a specific monitored dose system (Biodose). The practice told us this investment would benefit many patients that were eligible to use the dispensary service at the practice.
- During the severe weather conditions in March 2018, the practice undertook a search of patients aged 85 and who had not been seen by the practice recently and contacted those not seen to ensure that they were safe and well.

### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

### Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice offered a range of sexual health and family planning services. For example, long acting contraceptive services and free condoms to young people.

### Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.

# Are services responsive to people's needs?

- NHS health checks were available on Saturday mornings to enable those patients who worked to have easy access.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Staff had previously recognised there was sometimes delays or complications with carers or relatives obtaining medicines for patients receiving end of life care and had worked proactively to improve the system. The secretaries developed a system to coordinate the medicine charts required by the community team along with the prescription and checked the medicine was available at the dispensary or local pharmacy. They telephoned the carer or relative and gave the details of where to collect the medicine to avoid the patient having to make multiple trips.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice follows up patients on the serious mental health register at least annually. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice had piloted the employment of a nurse who was a specialist in the care of patients who maybe experiencing poor mental health. On the day of the inspection, the nurse was no longer employed by the practice but through the wider partnership of Suffolk Primary Care partnership, specialist nurses will be available across the thirteen practices.

## Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported the appointment system was easy to use. The practice had been operating a telephone first appointment system for the past three years. All patients requesting an appointment spoke with a member of the clinical team first and then appointments were booked as appropriate.
- For patients who wished to see a GP of choice, a telephone call was arranged and the GP booked the appointment as required with the patient.
- The practice had trained the reception team as care navigators and the whole practice team had been involved in developing the system to ensure patients spoke with the right person at the right time. This had been beneficial for patients and staff; for example, patients who required advice and guidance on their hospital appointments were directed to the secretarial team.
- The practice GP patient survey results were above the national averages for questions relating to access to care and treatment. For example, 97% of patients reported they found it easy to get through to the GP practice by phone, this was above the CCG average of 79% and the national average of 70%.

## Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

**Please refer to the evidence tables for further information.**

# Are services well-led?

**We rated the practice as good for providing a well-led service.**

## **Leadership capacity and capability**

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.
- Practice staff we spoke with told us they worked as a cohesive team with the patient at the centre of their work.

The practice allocated substantial resource, time, energy and cost to the overall managing and running of the practice. Each week, the Executive Board met for half a day, this board consisted of two GP partners, the business manager and practice manager. They told us this helped provide strategic direction and drive to the running and development of the services for patients. In addition to this, there was a monthly management meeting, held in the evening after clinics have finished which involved all nine partners, the business manager and the practice manager.

## **Vision and strategy**

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the locality. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

## **Culture**

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## **Governance arrangements**



## Are services well-led?

There were clear responsibilities, roles and systems of accountability to support good governance and management in most aspects. However, we found not all staff were clear in their responsibility in relation to the management of cold chain for the safe storage of medicines.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, we noted that the policy relating to the cold chain management of medicines in the treatment room was not practice specific and staff we spoke to were unclear about their role and responsibility in relation to this. The practice took immediate action to address the issues and to ensure all patients were kept safe.

### Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. However, the practice lacked the oversight of the actions identified in the fire safety risk assessment. Immediately following the inspection, the practice obtained the information from the NHS property services who had been commissioned to undertake the assessments.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit and quality monitoring had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

### Appropriate and accurate information

The practice acted on appropriate and accurate information; however, in the case of summarising medical records this was not always done in a timely manner.

- We found the system and processes to summarise/check medical records had not ensured all records were actioned in a timely manner. We found records received in 2017 still awaiting action. Most records had been received by the practice within the previous 16 weeks. The practice took immediate action and shared their plan to address the issue.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### Engagement with patients, the public, staff and external partners

## Are services well-led?

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

### **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement throughout the practice and across the wider partnership of Suffolk Primary Care.
- Staff knew about improvement methods and had the skills to use them. We saw evidence that staff initiated improvements within their own roles.
- The practice had recognised that there was a lack of specialist mental health services to support patient experiencing poor mental health but did not meet the criteria for referral. The practice employed mental health nurse (CPN) to support their patients through a difficult time. On the day of the inspection the nurse was no longer working at the practice but now through the Suffolk Primary Care these nurses will be available in the practice and across all 13-member practices.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. We saw the practice had reviewed their late for appointment protocol for children following from learning from a nationally reported case review.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

**Please refer to the evidence tables for further information.**



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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  How the regulation was not being met.Care and treatment must be provided in a safe way for service users.Vaccines were not stored appropriately within refrigerators in the treatment rooms and the cold chain was not maintained within the recommend temperature range. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	