# Drs Seehra Lockyer Davis and Tanoe

## Inspection report

The Surgery
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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** | Requires improvement |
|---|---|
| Are services safe? | **Requires improvement** |
| Are services effective? | **Good** |
| Are services caring? | **Good** |
| Are services responsive? | **Good** |
| Are services well-led? | **Requires improvement** |

# Overall summary

This practice is rated as requires improvement overall. At the previous Care Quality Commission (CQC) inspection 20 September 2017, the practice was rated as inadequate overall). Our announced comprehensive inspection on 12 April 2018 was undertaken to ensure that improvements had been made following our inspection carried out in September 2017.

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? – Requires improvement

We previously carried out an announced comprehensive inspection at Drs Seehra, Lockyer, Davis and Tanoe on 22 October 2014. The practice was rated as good for providing effective, caring and responsive services and requires improvement for providing safe and well led services. Overall the practice was rated as requires improvement. We carried out a focused inspection on 8 October 2015 and the practice was rated good for providing safe services and requires improvement for providing well led services. Overall the practice was rated as good. We carried out an announced comprehensive inspection on 20 September 2017. The practice was rated as inadequate overall, requires improvement for providing safe services, inadequate for providing effective and well led services and good for providing caring and responsive services. As a result of the findings on the day of the inspection, the practice was issued with a warning notice on 13 October 2017 for regulation 17 (good governance) and was placed into special measures for six months. The full comprehensive reports on the 4 October 2014, 8 October 2015 and 20 September 2017 inspections can be found by selecting the 'all reports' link for Drs Seehra, Lockyer, Davis and Tanoe on our website at www.cqc.org.uk.

We carried out an announced comprehensive inspection at Drs Seehra, Lockyer, Davis and Tanoe on 12 April 2018. This inspection was undertaken following the period of special measures and to check on improvements detailed in the warning notice issued on 13 October 2017, following the inspection on 20 September 2017. Overall, the practice is now rated as requires improvement. The practice is no longer in special measures. At this inspection we found:

- When incidents happened, the practice learned from them and improved their processes.
- Not all safety systems were operating effectively including those relating to health and safety and fire safety.
- Arrangements were in place to keep patients safeguarded from abuse.
- Appropriate recruitment arrangements were in place.
- Appropriate arrangements were in place for infection control, although risk assessments for staff who did not have Hepatitis B immunity or where this was not known had not been completed.
- Staff had received training the practice identified as mandatory.
- Performance data was in line with local and national averages, however the overall clinical exception reporting for 2016/2017, was significantly above the local and national averages. 2017/2018 unverified data provided by the practice, showed that the overall clinical exception reporting had significantly reduced.
- The practice performance for prescribing hypnotic medicines and antibiotic medicines was above the Clinical Commissioning Group (CCG) and national averages. The practice met monthly with the CCG medicines team and were working to improve their prescribing.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and improvements were made to the quality of care as a result of complaints and concerns.
- Patients were able to get an appointment, although patients reported there could be a wait to see a specific GP. Patients confirmed that urgent appointments were available the same day.
- The practice obtained and responded to patient feedback. They had an action plan in response to the national GP patient survey, in the areas where their performance was below the clinical commissioning group average. They had worked with Healthwatch Suffolk to obtain patient feedback, and planned to develop a patient participation group.
- We received mixed comments from staff in relation to the leadership at the practice. All of the clinical staff felt

# Overall summary

supported and that the clinical leadership had started to improve. However, some of the non-clinical staff we spoke with told us they did not feel supported and did not feel able to raise issues.
- Governance processes and systems for business planning, risk management, performance and quality improvement had been implemented. These needed to be embedded to ensure they operated effectively.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Continue to engage with the Clinical Commissioning Group to improve their prescribing.
- Continue to improve the identification of carers and provision of information to support carers.
- Continue to improve the uptake of cervical screening, including screening for patients with a learning disability.
- Continue with plans to establish a patient participation group to obtain feedback from patients.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

**Professor Steve Field** CBE FRCP FFPH FRCGPChief Inspector of General Practice

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to Drs Seehra Lockyer Davis and Tanoe

- The name of the registered provider is Drs Seehra, Lockyer, Davis and Tanoe. The practice address is High Street Surgery, High Street, Lowestoft, Suffolk, NR32 1JE. The practice area covers the town of Lowestoft and extends into the outlying villages.
- The practice website is http://www.highstreetsurgerylowestoft.nhs.uk
- The practice has a General Medical Services (GMS) contract with the local Clinical Commissioning Group (CCG).
- There are approximately 12,670 patients registered at the practice.
- There are four GP Partners at the practice (all male) and two regular locums GPs (female). The nursing team includes one advanced nurse practitioner (female), five practice nurses (one who is currently completing advanced nurse practitioner training) and one health care assistant/phlebotomist. There is one receptionist who also undertakes phlebotomy. There is a team of eleven reception staff and five administration staff, which includes an assistant practice manager, a practice administrator, a Quality and Outcomes Framework (QOF) administrator and two medical secretaries. The team support the work of the practice manager.
- The practice is open between 8.30am and 6.30pm Monday to Friday and appointments are available from 8.40am to 11am and from 3pm to 5.10pm. Appointments with the duty GP were available until 6.10pm. The advanced nurse practitioner had appointments from 8.30am to 1pm and from 2pm to 5pm Monday, Tuesday, Thursday and Friday. Phone lines are open at 8am to 6.30pm.
- When the practice is closed Integrated Care 24 provides the out of hours service, patients are asked to call the NHS111 service to access this service, or to dial 999 in the event of a life threatening emergency.
- The practice has a larger number of patients aged over 65 than the national average. There are fewer patients between the ages of 35 to 45 than the national average. Male and female life expectancy in this area is slightly below the England average at 78 years for men and 82 years for women. Income deprivation affecting children is 29%, which is above the CCG average of 23% and national average of 20%. For older people, this is 22%, which is above the CCG average of 19% and the national average of 20%.
- The practice is registered to provide diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

Requires improvement

# 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:

- Not all safety systems were operating effectively. A health and safety risk assessment had not being undertaken; risk assessments for hazardous substances were not specific to the practice and risk assessments for staff with no Hepatitis B immunity or where immunity was not known, were not in place. Recommendations from the fire safety risk assessment needed to be completed.

## 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. (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. However the practice had not completed risk assessments for staff who did not have Hepatitis B immunity or where this was not known. They were aware of the need to do this.
- The practice had arrangements to ensure that equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

There were 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.
- There was an effective induction system for temporary staff tailored to their role.
- 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 that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- 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.
- There were effective protocols for verifying the identity of patients during telephone consultations.

## Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- The practice performance for prescribing hypnotic medicines and antibiotic medicines was above the Clinical Commissioning Group (CCG) and national averages. The practice met monthly with the CCG medicines team and were working to improve their

prescribing and had taken action in line with local and national guidance. The practice had moved up one place in the CCG performance dashboard from 21 out of 21 to 20 out of 21 practices for prescribing.

- The latest information from February 2017 to February 2018 for the number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) for the practice was 1.3. This is higher than the norm. The latest information from December 2017 to February 2018 for the average daily quantity of hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) for the practice was 0.8.
- 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.

### Track record on safety

The practice had a mixed track record on safety.

- There were some risk assessments in relation to safety issues. A legionella risk assessment had been completed in November 2017 and recommendations had been actioned. However, a health and safety risk assessment had not been completed. We found the strap on the baby changing table was broken and the practice were not aware of this. The practice continued to implement the recommendations from the fire risk assessment, however some of these involved structural changes in the premises and had not yet been completed. Risk assessments were in place for hazardous substances, but they were not specific to the practice.
- The practice were aware of the areas where work needed to be completed in relation to ensuring safety.

### 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.
- 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.**

Good

# Are services effective?

We rated the practice and all of the population groups as good for providing effective services.

(Please note: Any Quality and Outcomes Framework (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

## 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 patients' needs and generally delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. The practice's antibiotic and hypnotic medicine prescribing rates were above the Clinical Commissioning Group (CCG) and national averages. They had engaged with the CCG and were working to improve their prescribing in these areas. The practice had completed an audit of all prescriptions for antibiotics over three days in November 2017 and found that in 14 of the 60 patients who were prescribed antibiotics, these were not in line with CCG guidance. The results were discussed at the practice prescribing meeting and actions agreed for improvement. A repeat audit was planned for May 2018.
- 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 in the records we viewed.
- The practice had 24 hour blood pressure monitors and 24 hour electro cardiogram (ECG) monitors which were loaned to patients to help investigate, monitor and manage their condition.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs, which included a review of their medicines.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed 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.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care.

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

- The practice's uptake for cervical screening was 69% which was below the 80% coverage target for the national screening programme. One of the practice nurses was working to improve the uptake of cervical screening for patients with a learning disability.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine; for example, before attending university for the first time.

People whose circumstances make them vulnerable:

Good

# Are services effective?

- 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 held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice offered annual health checks to patients with a learning disability. They had improved their uptake of annual health checks from 36% in 2016/2017 to 76% in 2017/2018. They were continuing the work in this area to further improve uptake rates.

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

- 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.
- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average.
- 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.

### Monitoring care and treatment

There was some evidence of quality improvement activity which included clinical audit to review the effectiveness and appropriateness of the care provided.

- The practice had completed an audit to check that patients who had received minor surgery at the practice from October 2017 to March 2018 had given written consent and that this was documented. They achieved 100% in this audit. This was due to be repeated on an ongoing basis.
- In November 2017, the practice had five patients who were prescribed a specific antispasmodic medicine; these patients were reviewed in line with evidence based practice and had their treatment plan amended appropriately. A second cycle audit in February 2018 identified that no patients were prescribed this medicine.
- The QOF results were in line with and above the Clinical Commissioning Group (CCG) and national averages. However the overall clinical exception reporting for 2016/2017, was significantly above the CCG and national averages. 2017/2018 unverified data provided by the practice, showed that the overall clinical exception reporting had reduced from 24% to 10%. This indicates the practice has done a lot of work to turn this around.
- The practice had reviewed the work of the GP QOF lead. They had established monthly meetings with the GP QOF lead and assistant practice manager who was the admin lead for QOF. They had worked to review their exception reporting so that housebound patients and those in residential care were no longer automatically exempted. An advanced nurse practitioner had been employed to undertake clinical work for housebound patients and those living in residential care. They also made the decision to exempt patients towards the end of the QOF year to ensure patients had opportunities to attend before they were excepted.
- 46% of patients diagnosed with cancer were reviewed within 6 months of their diagnosis. This was below the CCG average of 68% and the national average of 72%. Unverified 2017/2018 data from the practice showed that this had improved to 93%.

### 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 had been established and were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, which were informal, appraisals, coaching and mentoring, clinical supervision and support for

Good

# Are services effective?

revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## 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 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 deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information, and liaised, with community services, social services, carers for housebound patients and with health visitors.
- 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 took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

Staff supported 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 those requiring advice on their diet, exercise, smoking and alcohol.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through loaning of a home blood pressure machine and electrocardiogram (ECG) equipment.
- 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.
- The practice did not offer the NHS health checks for patients aged 40 to 74.

## 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 make a decision.
- The practice monitored the process for seeking consent appropriately, which included written consent for minor surgical procedures.

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

Good

# 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, and social needs.
- The practice gave patients timely support and information.

## 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.
- One of the practice nurses had undertaken work to ensure the practice had access to easy read letters, assessments, care plans and health information. This included information on having a cervical screening test and individualised bowel care plans.
- Staff helped patients and their carers find further information and access community and advocacy services. A range of information was available in the practice's waiting room.
- The practice's computer system alerted GPs if a patient was also a carer and the practice had identified 107 patients as carers (0.8% of the practice list). There was some information for carers at the practice, and information for carers from NHS choices was available on the practice website. The practice were aware of their low identification of carers. They planned to make improvements in this area, although advised that other work had taken a priority.

## Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer 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.**

Good

# Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services.

## Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and had continued to improve their engagement with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice understood the needs of its population and tailored services in response to those needs.

- 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 are 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.

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 GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.
- GPs and nursing staff undertook regular visits to three care homes to assess, monitor and review a large number of patients who were residents.

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, where possible. Consultation times were flexible to meet each patient's specific needs.
- The practice liaised with the community 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. The practice held three monthly safeguarding meetings with social services and the school nurse. The health visitor was invited but did not usually attend.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Alerts were recorded on the patient's record to ensure staff were aware of any particular needs. For example, patients who had a history of not attending their appointment or where there were known safeguarding concerns.

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.
- Telephone appointments were available for patients who required one and consultations were arranged by the GP outside of usual working hours if necessary.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice.
- The practice registered temporary residents.
- The practice offered longer appointments and appointments for patients with a learning disability.
- The practice had a range of easy read resources which were used in the care and treatment of people with a learning disability and other patients who may benefit from these.

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

Good

# Are services responsive to people's needs?

- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice hosted therapeutic art classes for patients with mental health needs.
- Alerts were recorded on the patient's record to ensure staff were aware of any particular needs. For example, patients who had a history of not attending their appointment or where there were known safeguarding concerns.

### 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 that the appointment system was easy to use. Some patients reported that there could be a long wait to get an appointment with a specific GP, but urgent appointments were available if they were needed.

### 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 was available to help patients understand the complaints system on the practice's website and in their information leaflet. The practice also had a complaints patient information leaflet and, although copies were not available on the day of the inspection, the practice confirmed after the inspection that copies were now available in the waiting room. 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 also from analysis of trends. It acted as a result to improve the quality of care.

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

Requires improvement

# Are services well-led?

We rated the practice as requires improvement for providing well led services.

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

- The practice had established some systems to identify, understand, monitor and address current and future risks including risks to patient safety. Further work was needed to ensure these were established in all areas, and to ensure the systems which had been developed were embedded and effective. This included, for example quality monitoring, staff training, recruitment and safeguarding. Some non-clinical staff said they did not feel able to raise issues and they did not think they would be listened to.

## Leadership capacity and capability

Leaders were working to develop the capacity and skills to deliver high-quality, sustainable care.

- Staff we spoke with gave a mixed view in relation to working at the practice. All of the clinical staff felt supported and that the clinical leadership had started to improve. However some of the non-clinical staff we spoke with told us they did not feel supported by the leaders at the practice.
- The GPs had lead areas of clinical and managerial responsibility and staff were aware of these. Improvements had been made in relation to the work undertaken as part of these lead roles. However, there were some areas where further improvements were still required. For example, ensuring that all clinicians read code consistently, in relation to the Quality and Outcomes Framework (QOF) data.

## Vision and strategy

The practice had a vision and had developed a business/development plan 2017-2022.

- There was a vision which was detailed in their Practice Charter which was displayed in the practice for patients and staff. Staff we spoke with confirmed the aim of the practice was to focus on patients.
- The practice's business/development plan 2017-2022 was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population. The leadership team had recently developed the business plan and incorporated actions from the practice manager's work review. The practice planned to establish a monitoring process for the identified action in the business plan.
- The business plan needed to be further updated, due to proposed changes in the partnership.

## Culture

The practice had a culture of providing high-quality care and service to patients; however, not all staff felt supported or able to raise concerns.

- All of the clinical staff we spoke with told us that the previous segregated culture between the GPs and practice staff had improved. Some of the non-clinical staff we spoke with told us they did not feel supported by the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted when they came across behaviour or performance that was 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.
- Some staff told us they were able to raise concerns and they had confidence that these would be addressed. However some non-clinical staff said they did not feel able to raise issues and they did not think they would be listened to.
- 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.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.

## Governance arrangements

Responsibilities, roles and systems of accountability to support good governance and management had been established. They needed to be embedded to ensure they were effective.

- Structures, processes and systems to support good governance and management had been established

Requires improvement

# Are services well-led?

with GP involvement and oversight. The governance and management of joint working arrangements and shared services promoted interactive and 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 reviewed and written policies and procedures which were formally agreed by the partners before being shared with staff. These were available on GPnet, an online resource where information and policies can be shared with other local practices.

## Managing risks, issues and performance

Processes for managing risks, issues and performance had been established. However, these were not always effective.

- The practice had established some systems to identify, understand, monitor and address current and future risks including risks to patient safety. Further work was needed to ensure these were established in all areas; for example, health and safety needed to be risk assessed and the systems which had been developed needed to be embedded.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- The practice had started to use some clinical audit with a positive impact on quality of care and outcomes for patients. There was some evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice had some processes to ensure they had appropriate and accurate information.

- 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 were undertaking work to further improve the information used to monitor performance and the delivery of quality care.
- The practice submitted data or notifications to external organisations as required.
- There were robust 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

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

- A range of patients', and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice were working with Healthwatch Suffolk to establish a patient participation group.
- The practice had engaged with a Community Development Officer (CDO) from Healthwatch Suffolk in order to obtain patient feedback. The CDO advised they had been to the practice twice to engage with patients and had spoken to approximately 50 patients. They advised that almost without exception patients they had spoken with were happy with the surgery.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There was some evidence of systems and processes for learning, continuous improvement and innovation.

- The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice had employed an advanced nurse practitioner and were currently supporting one of the practice nurses in their training to be an advanced nurse practitioner. This was in response to the review of current and future clinical capacity at the practice.

**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<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>**The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:**<br>• A health and safety risk assessment had not been completed.<br>• Risk assessments for staff with no Hepatitis B immunity or where immunity was not known, were not in place.<br>• Risk assessments for hazardous substances were not specific to the practice.<br>• Recommendations from the fire safety risk assessment needed to be completed.<br>• Some staff did not feel able to raise issues and they did not think they would be listened to if they did raise any issues. |