Eye Health Centre

Quality Report

The Health Centre, Eye, Suffolk
IP23 7DD
Tel:01379870689
Website: www.eyehealthcentre.co.uk

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Eye Health Centre on 28 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with kindness, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice ran personal patient lists. Patients said they found it relatively easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- The practice had previously conducted audits of the quality of their dispensing service; however, we noted it should undertake further audits to ensure high patient satisfaction. In addition the practice should make more robust arrangements for the security of the

Summary of findings

dispensary to ensure medicines are kept secure and accessible only to authorised staff. The practice had processes to check and record that medicines throughout the practice were within their expiry date and suitable for use, however, the dispensary should ensure there are systems in place to record expiry checks.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. The practice was flooded in 2016 with extensive damage throughout the premises. On the day of the flood and during the repairs that followed staff told us that no appointments were lost or cancelled. This demonstrated that an effective business continuity plan was in place and staff went above and beyond their role to ensure continuity of care for patients was safely maintained.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Performance for diabetes related indicators in 2014/2015 was higher when compared to the national average and CCG average. The overall performance was 100% this was 9% above the CCG average and 11% above the national average. The exception reporting rate for one diabetes indicator was 17% and this was 13% higher than the CCG average and 12% above the national exception reporting rates. We discussed the management of patients with staff; we were assured that the practice did deliver good care.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Results from the national GP patient survey published July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example: 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and the national average of 89%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- If families suffered bereavement, their usual GP contacted them and sent a hand written personal letter to them. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. All staff had attended a bereavement course which ensured they were supported to provide guidance and support to bereaved relatives.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice offered a range of appointments with GPs, nurses, health care assistants and phlebotomists in order to accommodate patients with children and those in full time education. The practice had recently introduced an after school nurse led clinic to encourage students and pupils to attend for health promotion, boosters, sexual health advice, chlamydia screening or other matters causing concern. Young patients were proactively invited by letter to attend these clinics.

Summary of findings

- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients had a named GP and a named care co-ordinator. The practice nurse was the care coordinator and was the dedicated over 75 years nurse. This nurse undertook annual reviews and home visits for older people.
- The practice had a proactive care register with 120 patients. This register ensured older patients had a care plan agreed with their named GP and/or care coordinator with the aim to reduce falls and/or emergency/unplanned hospital admissions.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. One nurse had undertaken the Warwick diploma in diabetes and had expertise in the initiation of insulin. There was a GP lead for diabetes who had undertaken regular diabetes updates. There was also a lead nurse and GP for respiratory diseases.
- Performance for the 2014 to 2015 diabetes QOF related indicators was 99% which was 9.4 percentage points above the CCG average and 10.6 percentage points above the national average.
- The practice provided INR testing for patients on blood thinning medicines, provided analysis of blood tests to determine dosing regime and follow up requirements. These ensured patients did not have to travel to a local hospital for their blood monitoring and dosing requirements.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- There was a blood pressure monitor available in the practice waiting room to encourage patients to take their own readings; the practice also had a number of home loan blood pressure monitors available for patients to use.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 76% and the national average of 74%. The practice used the smear appointment as an opportunity to discuss sexual health and contraception.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice proactively encouraged six week mother and baby checks with the mothers named GP.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had recently introduced an after school nurse led clinic to encourage students from a local school to attend for health promotion, boosters, sexual health advice or chlamydia screening. The practice took part in the Suffolk C card system which aimed at providing free condoms, information and advice to 13 – 24 year olds who had registered with the scheme.
- The practice held weekly baby immunisation clinics. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 98% and five year olds from 94% to 100%.

Summary of findings

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Appointments were available Monday to Friday from 8.30 am to 6pm. In addition all three GPs offered additional appointments on a Monday evening from 6.30pm to 7.30pm. Minor illness clinics were available on a daily basis.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The bowel cancer screening rate for the past 30 months was 64% of the target population, which was above the CCG average of 63% and the national average of 58%.The breast cancer screening rate for the past 36 months was 80% of the target population, which was in-line the CCG average of 80% and above the national average of 72%.
- The practice provided three level 2 smoking cessation advisors and routinely screened for alcohol and smoking status in all health checks.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Annual health checks were offered with the learning disability nurse lead and their named GP. The amount of time allocated for the appointment was determined by the patient's level of ability. The practice liaised with other services to ensure patients were correctly identified and coded appropriately.
- 59% of patients diagnosed with a learning disability had their care reviewed in a face to face meeting in the last 12 months, we saw that the remaining patients had been invited for a review where appropriate.

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average. These patients were invited to attend an annual face to face review of their care plan with the over 75s nurse and where appropriate a home visit was arranged for housebound or care home patients.
- Performance for mental health related QOF indicators for 2014 to 2015 was 98.7% which was 7.7 percentage points above the CCG average and 5.9 percentage points above the national average. We saw that of the 32 patients on the practice mental health register, 20 had received a health review in the previous twelve months. We noted that the remaining 12 patients were either not suitable for a health check at the practice, were seen elsewhere or had been invited to attend.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. This included the mental health link worker who attended the practice for one regular session per week plus additional sessions where required. GPs could refer patients directly to the link worker. In addition a mental health consultant conducted a monthly clinic from the practice and the practice liaised regularly with the community memory service team.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with local and national averages. 216 survey forms were distributed and 115 were returned. This represented 53% response rate.

- 90% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 98% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were all very positive about the standard of care received. Patients named members of staff across all clinical and non-clinical teams and praised them for their professionalism, thoughtfulness, care and understanding. We were told staff were a credit to the practice and that their care and treatment was second to none.

We spoke with six patients and two member of the patient participation group during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed, professional and caring.

Areas for improvement

Action the service SHOULD take to improve

- The practice had previously conducted audits of the quality of their dispensing service; however, we noted it should undertake further audits to ensure high patient satisfaction. In addition the practice should make more robust arrangements for the security of the dispensary to ensure medicines are kept secure and accessible only to authorised staff. The practice had processes to check and record that medicines throughout the practice were within their expiry date and suitable for use, however, the dispensary should ensure there are systems in place to record expiry checks.

Eye Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.**The team included a GP specialist adviser and a pharmacist CQC inspector.

Background to Eye Health Centre

The Eye Health Centre is located in Eye in Suffolk. The practice is run by a partnership of three full time male GPs. The practice utilises the services of one female locum GP as required, four practice nurses, one health care assistant and a phlebotomist. The clinical team is supported by a practice manager and a team of administrative, secretarial and reception staff. The practice dispenses to approximately two thirds of its patients and employs four dispensers and a repeat prescribing clerk to provide this service.

According to Public Health England information, the practice age profile has higher percentages of patients over 45 years compared to the practice average across England. It has lower percentages of patients aged 0 to 44 years.

The practice is open between 8am and 6.30pm Monday to Friday. The practice offers a broad range of accessible appointments on Mondays to Fridays from 8.30am to 6.00pm. Additionally, all three GPs offer extended hours appointments on a Monday evening from 6.30pm to 7.30pm. In addition to pre-bookable appointments that can be booked up to six months in advance, urgent appointments are also available for people that need them. Patients are not restricted to booking into designated clinics and the practice endeavours to accommodate patients' needs at other times. The practice offers a range of appointments with GPs, nurses, health care assistants and phlebotomists in order to accommodate patients with children and those in full time education. The practice has recently introduced an after school, nurse led clinic to encourage students and pupils to attend for health promotion, boosters, sexual health advice, chlamydia screening or other matters causing concern. Young patients are proactively invited by letter to attend these clinics.

The practice holds a General Medical Service (GMS) contract to provide GP services which is commissioned by NHS England. A GMS contract is a nationally negotiated contract to provide care to patients. In addition, the practice also offers a range of enhanced services commissioned by their local CCG: facilitating timely diagnosis and support for people with dementia and extended hours access.

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

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 July 2016. During our visit we:

- Spoke with a range of staff (including GPs, nurses, dispensers, administration and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Safeguarding was a standard item on practice and clinical meeting agendas to provide an opportunity to discuss concerns and ongoing issues. There was an ongoing programme of safeguarding training for clinical and non-clinical staff. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three. The clinical commissioning group safeguarding lead had attended the practice to review safeguarding protocols and advise on any improvements. A further visit had been undertaken with a view to using the practice protocols as a basis for a Suffolk wide protocol which could be rolled out to other practices.
- A notice in the treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurses worked with the practice manager and performed a joint infection control clinical lead role, the practice liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. There was an on-going programme in place to ensure all staff undertook DBS checks.

Medicines management

The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained. Dispensary staffing levels were in line with DSQS guidance. Dispensing staff were appropriately qualified and had their competency annually reviewed. The practice had previously conducted audits of the quality of their dispensing service; however, we noted it should undertake further audits to ensure high patient satisfaction.

Good

Are services safe?

The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed to reflect current practice. There were a variety of ways available to patients to order their repeat prescriptions. Prescriptions were reviewed and signed by GPs before they were given to the patient to ensure safety. There were arrangements in place to provide medicines in compliance aids for some patients to assist them in taking their medicines safely and a collection point in a nearby village for patients to conveniently collect their prescriptions.

Records showed medicine refrigerator temperature checks were carried out which ensured medicines and vaccines were stored at appropriate temperatures. The practice had processes to check and record that medicines throughout the practice were within their expiry date and suitable for use, however, the dispensary did not keep records of their expiry checks. Medicines we checked during the inspection were within their expiry dates. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. The dispensary was adjacent to the receptionist area. At times the dispensary was unattended by dispensing staff and accessible to unauthorised staff. We noted the practice should make more robust arrangements for the security of the dispensary to ensure medicines are kept secure and accessible only to authorised staff.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.

We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged and then reviewed. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy was kept off site in case any emergency render the premises inaccessible. The practice's effective response following a recent flood demonstrated that business continuity planning was robust and staff are to be commended for maintaining continuity of care for all patients at this time.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2014 to 2015 were 100% of the total number of points available with an exception reporting rate of 20%. The overall exception reporting rate was 12% above the CCG average and 11% above the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets, although it was noted that exception reporting rates were higher than average. Data from 2014/2015 showed:

- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, dementia, depression, epilepsy, heart failure, hypertension, learning disability, palliative care, peripheral arterial disease, rheumatoid arthritis, secondary prevention of coronary heart disease and stroke and transient ischaemic attack were all better or in line with CCG and national averages with the practice achieving 100% across each indicator.
- Performance for diabetes related indicators in 2014/2015 was higher when compared to the national average and CCG average. The overall performance was 100% this was 9% above the CCG average and 11% above the national average. The exception reporting rate for one diabetes indicator was 17% and this was13% higher than the CCG average and 12% above the national exception reporting rates. We discussed the management of patients with staff; we were assured that the practice did deliver good care.
- Performance for mental health related indicators overall was above the national average. The percentage of patients with dementia who had had a face to face review was 86% compared to the national average of 84%. The exception reporting rate was 12% which was higher than the CCG average and the national average (8%). However we noted this was for nine patients, we discussed the management of patients with staff; we were assured that the practice did deliver good care and where patients had been excepted this was appropriate.

There was evidence of quality improvement including clinical audit.

- The practice regularly monitored clinical data using a review process and discussed and disseminated findings with clinical staff and relevant organisations.
- The practice told us that there was scope to improve their clinical auditing rotas, however we looked at three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. The practice respiratory lead had undertaken an audit on the appropriate use of combined inhalers for patients with respiratory diseases such as Chronic Obstructive Pulmonary Disease (COPD); the results of this were used by one GP to evidence improvements in COPD management and prescribing guidance in their discussions with the head of medicines management at the local Clinical Commissioning Group.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example as a result of an audit on anticoagulant medicines, the practice had contacted all patients prescribed this medicine and took action to ensure the correct treatment was given. As a result of this the practice described the improvements in both staff and patient education for this treatment, improved recording tools such as templates and improved care for patients receiving six monthly medication reviews.

Good

Are services effective?

(for example, treatment is effective)

- High risk medications were monitored regularly by doing a search on the clinical computer system. The practice described and showed us how their recall system worked for various drug monitoring. The recalls in place were robust and the practice regularly checked that patients had been in for their blood tests and monitoring.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. One nurse had undertaken the Warwick diploma in diabetes and had expertise in the initiation of insulin, which was especially helpful for patients in view of the long travel implications for local hospitals. One GP was the diabetes lead GP for the practice and had undertaken ongoing regular updates. Another practice nurse had qualified in respiratory disease management in primary care, having achieved a Level 6 qualification in respiratory disease in primary care from Teesside University. Another GP was the lead GP for respiratory conditions and was a member of the primary care respiratory society, attending regular updates and master class events, in addition to learning by journal reading. They were also a member of the British Thoracic Society.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had a Proactive Care Register, currently with around 120 patients. The purpose of this register was to ensure that these patients had a care plan in place with a view to reducing the risk of an unplanned emergency admission that was agreed and reviewed annually with their named GP and/or the practice care co-ordinator. Multidisciplinary meetings were held on a monthly basis involving all the GP Partners, the practice nurse care coordinator, the practice manager, a member of the secretarial team, together with other healthcare partners including members of the Suffolk Community Healthcare team, including district nurses, occupational therapists and physiotherapists. We were told Social services also regularly attended and occasionally a representative from the mental health team.

Patients discussed were those with an increased risk of a hospital admission, for example those patients who were identified as patients at high risk of falls, recently discharged or frequently attendinghospital, patients identified from recent home visits and those patients with a high frailty index score. There was also an opportunity to identify new patients to add to the register.

Good

Are services effective?

(for example, treatment is effective)

The practice had one of the lowest rates per 1,000 patients in the locality for secondary care emergency activity and A & E attendance for patients aged over 75 years.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and sexual health advice and chlamydia screening for younger patients. Patients were signposted to the relevant services where not available at the practice.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 76% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The bowel cancer screening rate for the past 30 months was 64% of the target population, which was above the CCG average of 63% and the national average of 58%.The breast cancer screening rate for the past 36 months was 80% of the target population, which was in-line the CCG average of 80% and above the national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 98% and five year olds from 94% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74.We saw that since 2010 the practice had invited 1.831 patients to attend for an NHS health checks and 1,118 patients had attended (61%). The practice offered longer appointments for patients with a learning disability. Annual health checks were offered with the learning disability nurse lead and their named GP. The amount of time allocated for the appointment was determined by the patient's level of ability. The practice liaised with other services to ensure patients were correctly identified and coded appropriately. 59% of patients diagnosed with a learning disability had their care reviewed in a face to face meeting in the previous 12 months, we saw that the remaining patients had either been invited for a review or were not appropriate for a health care review. We saw that of the 32 patients on the practice mental health register, 20 had received a health review in the previous twelve months. We noted that the remaining 12 patients were either not suitable for a health check at the practice, were seen elsewhere or had been invited to attend. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- The practice provided a number of information folders for patients in the waiting room, these included information for carers, bereaved families, dementia and information for families and young patients and information leaflets in an easy read format.

A manager of a local care home covered by the practice provided information to us and confirmed that the GPs treated their residents with care and respect, and were also happy to meet with the carers to discuss the treatment being provided to individuals. The GP visited weekly and would respond on the day to any identified urgent medical needs. Every patient had an annual review to check they were well and to check that their prescribed medicines

Good

Are services caring?

were still indicated. We were told the practice had worked with the care home to improve the service for patients in the care home. An example of this was the system introduced by the practice to ensure the prescribing of antibiotics for patients were prioritised to avoid any delays in them starting the course of medicines. The practice dispensary were also in discussions with the care home to improve the ordering of monthly repeat medicines.

All patients in the practice had a named GP and a named care co-ordinator, the care co-ordinator was a long serving practice nurse with a previous history in community nursing who served as a dedicated Over 75s nurse, who undertook annual review and home visits for this cohort of patients.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 95 patients as carers (1.6% of the practice list). The Suffolk Family Carers roving promotional bus attended the practice on a quarterly basis and a member of their team spoke with patients in the practice or on the bus regarding any carer issues they or someone they know might have. In addition the practice hosted a weekly Citizens Advice Bureau clinic once a week for pre-booked or drop in appointments.

Written information was available in the practice folders and in leaflets throughout the practice to direct carers to the various avenues of support available to them.

Staff told us that if families suffered bereavement, their usual GP contacted them and wrote a hand written personal letter to them. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. All staff had attended a bereavement course which ensured they were supported to provide guidance and support to bereaved relatives.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a 'Commuter's Clinic' on a Monday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, annual health checks were provided with the practice learning disability nurse and their named GP.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and for vaccinations that are only available privately, referrals to other clinics were made.
- There were disabled facilities, a hearing loop and translation services available.
- The practice were proactive in booking the six week mother and bay checks with the mother's named GP. Weekly baby immunisation clinics were offered.
- The practice took part in the Suffolk C-card scheme which provided free condoms information and advice for patients aged 13 – 24 years signed up to the scheme.
- The practice had three level 2 smoking cessation advisors in the practice offering smoking cessation advice at each opportunity.
- GPs provide medical support to three nursing homes. Each GP had responsibility for one home and undertook weekly ward rounds in addition to ad hoc needs. The practice also provided medical services for intermediate care patients on three days a week in partnership with GPs from another local GP surgery.
- The practice provided a blood pressure monitor in the waiting room to encourage patients to take their own readings, the practice also had a number of home loan monitors in order to improve the care of patients.
- The practice supported the management of patients prescribed an anticoagulant medicine, offering a finger prick blood test and computer analysis to determine a dosing regime and follow up requirements. This had the added benefit that patients did not have to undergo venepuncture and the results of the test, follow up appointment and dosing were available immediately. The practice reported that this face to face meeting with the clinician supported effective information sharing with the patient and improved access to reviews.
- The practice hosted a number of other services from the practice including;
- A bi-monthly gynaecology clinic delivered by the practice female locum GP.
- Fortnightly Hearing Care Centre clinics plus two open days offering free hearing checks.
- Bi-annual diabetic retinal screening service.
- The monthly community ultrasound clinic.
- The memory clinic service.
- The Mental Health Link worker provided one regular session per week.
- A mental health consultant conducted monthly clinics at the practice.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. The practice offered a broad range of accessible appointments on Mondays to Fridays from 8.30am to 6.00pm. Additionally, all three GPs offered extended hours appointments on a Monday evening from 6.30pm to 7.30pm. In addition to pre-bookable appointments that could be booked up to six months in advance, urgent appointments were also available for people that needed them. Patients were not restricted to booking into designated clinics, and the practice endeavoured to accommodate patients' needs at other times.

The practice offered a range of appointments with GPs, nurses, health care assistants and phlebotomists in order to accommodate patients with children and those in full time education. The practice had recently introduced an after school nurse led clinic to encourage students and pupils to attend for health promotion, boosters, sexual health advice, chlamydia screening or other matters causing concern. Young patients were proactively invited by letter to attend these clinics.

Appointments could be accessed in a variety of ways:

- On the day triage with own GP for urgent requests.
- 24 hour automated appointments line for booking, changing or cancelling routine GP appointments.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Online booking via the practice website for routine GP appointments.
- Telephone consultations were available with GPs and nursing staff.

The practice offered nurse led minor illness clinics on a daily basis. Both nurses providing this service had achieved the National Minor Illness Diploma.

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 76%.
- 90% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice nurse care coordinator undertook home visits to patients where concerns had been raised regarding their wellbeing; GPs undertook weekly ward rounds and ad hoc visits to their designated care home patients. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a care coordinator or GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who had oversight of all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, both in the waiting area and on the web site.
- Patients were invited to provide compliments when they received good care. The practice reviewed these to ensure wider learning could be applied across all staff teams.

We looked at seven complaints received in the last twelve months and found these were dealt with in a satisfactory and timely manner, and handled with an open and transparent approach. Lessons were learnt from complaints, including those made verbally and action was taken as a result to improve the quality of service.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for its patients. This was shared with staff and was evident in the minutes of staff meetings we reviewed. There was a robust strategy with supporting business plans in place which were monitored and reflected the vision and values of the practice. The practice objectives included to promote the health and wellbeing of the patient population and to foster an open and cheerful atmosphere for its patients and staff.

The practice had identified local challenges, for example the lack of integration between the Suffolk/Norfolk clinical systems and discharge planning, limited access to child and adolescent mental health services and poor public transport services. The practice responded to these patient needs and provided or hosted services from the practice to support patient's needs. For example the practice supported the management of patients prescribed a blood thinning medication, offering a finger prick blood test and computer analysis to determine a dosing regime and follow up requirements at the practice. In addition the practice hosted a number of outreach services such as a gynaecology clinic, a mental health consultant and the mental health link worker to ensure patients did not have to travel, accommodating patients at times to suit public transport.

There was a proactive approach to succession planning in the practice and consideration of the future growth of the patient list size, for example the implications of a new housing development with the potential for 900 new patients and a 60 bed care home. The practice continued to discuss and plan for the potential impact of future developments and succession planning.

Governance arrangements

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

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

Leadership and culture

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

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

- The practice gave affected people reasonable support and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good

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

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had 10 members and met quarterly, carried out patient surveys, spoke with patients and submitted proposals for improvements to the practice management team. For example the PPG worked with the practice to produce a quarterly newsletter for patients. In addition health and practice news and information was published in local news letters and parish magazines. This included important information for patients such as flu clinic dates and links to local organisations within the Eye locality.

The practice also gathered feedback from staff through meetings, one to ones and appraisals. Practice staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example one practice nurse was qualified in Respiratory Disease Management in primary care, one GP was the lead GP for respiratory conditions and was a member of The Primary Care Respiratory Society attending regular updates and master class events and was also a member of the British Thoracic Society.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice management team told us that the whole practice team continued to develop new models of care that would meet and enhance patient care. For example the practice was working with the local town council to look at the provision of services to the isolated and lonely population.