

# Victoria Surgery

## Quality Report

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

### Ratings

<b>Overall rating for this service</b>	<b>Requires improvement</b> 
Are services safe?	<b>Requires improvement</b> 
Are services effective?	<b>Requires improvement</b> 
Are services caring?	<b>Good</b> 
Are services responsive to people's needs?	<b>Good</b> 
Are services well-led?	<b>Requires improvement</b> 

# 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 Victoria Surgery on 4 November 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks and infection control.
- Data showed patient outcomes were above or similar to average rates for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance and worked well with multidisciplinary colleagues to ensure that patient needs were being met.
- Although audits had been carried out and used to improve performance, there was limited evidence of the full audit cycle being completed in the last two years or that a clear audit plan was in place.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- Although quality monitoring processes had been strengthened in recent months, the practice needed to complete a full review of their systems to ensure they were robust.
- The provider was aware of and complied with the requirements of the Duty of Candour.

# Summary of findings

The areas where the provider must make improvements are:

- Complete a risk assessment of non-clinical staff acting as chaperones for patients to ensure they are safe and competent for the role.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Robust systems must be in place to ensure that staff are controlling the risks of the spread of infection.
- Identify a clear training and development plan for all staff and a system to ensure that staff receive appropriate training.

In addition the provider should:

- Have a process in place so that significant events in the dispensary are recorded as part of the significant event log.
- Develop the audit plan to include full audit cycles.

- Improve the system for recording all staff appraisals.
- Complete a risk assessment for the storage of items in the cleaning cupboard to ensure the safe keeping of cleaning materials.
- Ensure that weighing scales and fridge thermometers are calibrated and working accurately.
- Review the process used for transferring medication changes from hospital letters into patients records.
- Review the complaints process to ensure it is easily accessible and contains relevant information for patients. Improvements are needed to ensure that all complaints are captured and the complaints process is clearly recorded.
- Consider using best practice guidelines to record information in relation to the care of patients at the end of life.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When there were unintended or unexpected safety incidents, reviews and investigations were thorough and lessons were learned. We also saw that patients received a written apology. However we found that incidents in the dispensary department were not always appropriately escalated so that investigations were completed, recorded and shared.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. The areas of concern related to recruitment, infection control systems and the provision of non-clinical staff acting as chaperones for patients.

Requires improvement



### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data showed that patient outcomes were above or similar to average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance and worked well with multidisciplinary colleagues to ensure that patient needs were being met.
- There was no overarching training plan or system in place to ensure that all staff had access to and completed, training and development appropriate to their role.
- There was evidence that audit was driving improvement in performance to improve patient outcomes. Recent evidence of the full audit process was limited and there was no clear audit plan.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than or similar to others for several aspects of care.

Good



# Summary of findings

- 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- We heard examples of patient's stories where the staff had gone the extra mile to care and support their needs.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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. For example making improvements to the management of patients with diabetes.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- When complaints were investigated, learning took place and improvement was actioned. However, complaints records were not always clear. Information for patients about raising complaints or concerns was not easily accessible and guidance on what to do if they were not satisfied with the outcome of their complaint was not accurate. We found that verbal complaints were not often captured in the records so that any issues, trends and learning could be identified.

Good



## Are services well-led?

The practice is rated as requires improvement for being well-led.

- It had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was no long term strategy in place at the time of the inspection. This was due to local external factors which meant the practice was unable to plan for a service to best meet the future needs of the community.
- The practice were developing an overarching governance framework to support the delivery of the service. While many improvements had been made in the last 10 months, the

Requires improvement



# Summary of findings

practice was aware it still had improvements to make. For example findings ways to share information and communication through an effective meeting structure and reviewing training and development policies and processes.

- The practice was aware of and complied with the requirements of the Duty of Candour. The partners and practice manager encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The leadership structure had been recently reviewed and made clear to all the team. Staff felt supported by management.
- The practice proactively sought feedback from patients and were working to re-establish their patient participation group to become a valued source of support and feedback.
- Recently recruited staff had received inductions and the appraisal process was being reviewed so that records of this were more robust. Staff meetings had recently been established.
- 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

Although the practice is rated as good for caring and responsive services, it is rated as requires improvement for safe, effective and well led services. The concerns which led to these ratings apply to everyone using this practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. This included written care plans for the most vulnerable older people and monthly meetings in partnership with community and hospital teams with a focus on avoiding admissions to hospital so that patients can stay in their home environment.
- It was responsive to the needs of older people, and offered longer appointments, home visits and urgent appointments for those with enhanced needs.

**Requires improvement**



### People with long term conditions

Although the practice is rated as good for caring and responsive services, it is rated as requires improvement for safe, effective and well led services. The concerns which led to these ratings apply to everyone using this practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data from the Quality Outcomes Framework 2014/15 showed the practice scored above average in most areas of diabetes care when compared to local and National average scores.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Weekly clinics were held by external members of the multidisciplinary team such as the phlebotomist, physiotherapist and a counsellor.

**Requires improvement**



# Summary of findings

## Families, children and young people

Although the practice is rated as good for caring and responsive services, it is rated as requires improvement for safe, effective and well led services. The concerns which led to these ratings apply to everyone using this practice, including this population group.

- 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% for 2014-2015. This was comparable to National rates.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses. For example, the GPs met monthly with local midwives to discuss any concerns about patients who are pregnant.

Requires improvement



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

Although the practice is rated as good for caring and responsive services, it is rated as requires improvement for safe, effective and well led services. The concerns which led to these ratings apply to everyone using this practice, including this population group.

- 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.
- 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.

Requires improvement



## People whose circumstances may make them vulnerable

Although the practice is rated as good for caring and responsive services, it is rated as requires improvement for safe, effective and well led services. The concerns which led to these ratings apply to everyone using this practice, including this population group.

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

Requires improvement





# Summary of findings

- It offered longer appointments for people with a learning disability. The practice also worked closely with two residential homes for people with a learning disability so that these patients had a named GP and continuity of care and advice to carers could be provided.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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)

Although the practice is rated as good for caring and responsive services, it is rated as requires improvement for safe, effective and well led services. The concerns which led to these ratings apply to everyone using this practice, including this population group.

- Patients who were receiving mental health interventions were mostly above local and national average scores in the Quality Outcomes Framework.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The number of patients with a dementia diagnosis who received a face to face annual review was above the CCG and national average scoring 96.4%.
- It carried out advance care planning for patients with dementia and had more recently introduced the SPECAL method of supporting patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- A mental health link worker attended the practice on a weekly basis offering appointments for patients who do not require immediate referral to secondary care. This was also an opportunity to meet the practice team to review and discuss patients of concern.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Requires improvement



# Summary of findings

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

# Summary of findings

## What people who use the service say

The latest national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 255 survey forms were distributed and 118 were returned.

- 89.3% found it easy to get through to this surgery by phone compared to a CCG average of 83.7% and a national average of 73.3%.
- 94.4% found the receptionists at this surgery helpful (CCG average 89.7%, national average 86.8%).
- 91.8% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88.6%, national average 85.2%).
- 89.7% said the last appointment they got was convenient (CCG average 92.4%, national average 91.8%).
- 79.6% described their experience of making an appointment as good (CCG average 76.7%, national average 73.3%).

- 74.3% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care received. Patients said they felt the practice provided them with an excellent service and that they had received prompt and effective care and support. Several comments were received about the caring, helpful and sympathetic approach of the GPs for patients who were experiencing difficult times in their life. We also found this was reflected within the staff team, where the health and well being of staff was respected and supported.

We spoke with six patients during the inspection. All of the patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

## Areas for improvement

### Action the service **MUST** take to improve

- Complete a risk assessment of non-clinical staff acting as chaperones for patients to ensure they are safe and competent for the role.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Robust systems must be in place to ensure that staff are controlling the risks of the spread of infection.
- Identify a clear training and development plan for all staff and a system to ensure that staff receive appropriate training.

### Action the service **SHOULD** take to improve

- Have a process in place so that significant events in the dispensary are recorded as part of the significant event log.
- Develop the audit plan to include full audit cycles.

- Improve the system for recording all staff appraisals.
- Complete a risk assessment for the storage of items in the cleaning cupboard to ensure the safe keeping of cleaning materials.
- Ensure that weighing scales and fridge thermometers are calibrated and working accurately.
- Review the process used for transferring medication changes from hospital letters into patients records.
- Review the complaints process to ensure it is easily accessible and contains relevant information for patients. Improvements are needed to ensure that all complaints are captured and the complaints process is clearly recorded.
- Consider using best practice guidelines to record information in relation to the care of patients at the end of life.

# Victoria Surgery

## 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 advisor, a second CQC inspector, a practice manager specialist advisor and an Expert by Experience.

### Background to Victoria Surgery

The Victoria Surgery provides primary care services to approximately 11,000 registered patients living in Bury St Edmunds and the surrounding rural areas. The practice is run by seven GP partners (three male and four female) supported by a salaried GP and a locum GP (covering sick leave). The practice manager was appointed in January 2015 and was supported by a deputy. The practice employs two nurse practitioners who work closely with the GPs and three practice nurses. Other support staff include eight receptionists, seven dispensary staff, two secretaries and three administration staff.

The practice has been a training practice for the last three years and also teaches medical students. The practice holds a personal medical services contract with NHS England.

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours surgeries were offered between 6.30 and 7pm each day. In addition to pre-bookable appointments that could be booked up to three weeks in advance, telephone consultations were available each day and urgent appointments were also available for people that needed them. It does not provide any services on Saturdays. When the practice is closed, patients can access

advice from the NHS 111 service. Out of hours cover was provided by a local service and could be accessed through a given number provided in the practice leaflet or through an automatic transfer when dialling the practice's telephone number.

### Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

### How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 November 2015. During our visit we:

- Spoke with a range of staff that included GPs, receptionists, administrators, practice nurses, practice manager and the deputy practice manager. We also spoke with patients who used the service and members of the patient participation group.
- Observed how people were being cared for and talked with carers and/or family members

# Detailed findings

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

- Older people
- People with long-term conditions
- 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.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events. Although significant events in the dispensary were escalated to the management team, they were not always recorded as part of the significant event log.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a review of guidelines from the National Institute of Health and Care Excellence on recommended tests and investigations for certain types of suspected cancer ensured that all clinical staff were aware of the guidelines in their future practice.

The practice manager ensured that clinical staff received national patient safety alerts. Records to show these were shared by email were in place although they were unable to demonstrate that relevant alerts were discussed at team meetings.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a designated lead member of staff for safeguarding and staff were aware of who to approach for advice or support. The

safeguarding lead attended safeguarding meetings when possible and liaised with other agencies involved. Staff demonstrated that they understood their responsibilities and had received training relevant to their role.

- There were appropriate written procedures in place for prescribing and dispensing medicines and staff employed in the dispensary had received appropriate training. The security of the dispensary and stocked medicines was appropriate and ensured that only authorised staff had access to this area. We saw that prescriptions were generated in a safe way to reduce risk of errors. Prescription pads were securely stored although improvement was required to the systems used to monitor and track their use. All medicines were kept securely, were stored at safe temperatures and were checked to ensure they were used within their expiry dates. This included controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice carried out regular medicines audits, with the support of the local CCG, to ensure prescribing was in line with best practice guidelines for safe prescribing.

However we also found areas where further action was needed;

- A notice in the waiting room advised patients that they could request a chaperone. We were informed that nurses usually acted as chaperones but if there were no nurses available three reception team members had received training. When we checked, we saw evidence that only one receptionist had received the training and found no evidence that any of these staff had been risk assessed on the need to complete a disclosure and barring service check (DBS check). DBS
- We observed the premises to be clean and tidy. Until recently, the practice did not have a designated member of staff to lead on infection control at the practice. A practice nurse had since taken on the role and had made some progress although they did not have any protected time for the role. For example, she had visited another practice to learn about the role and had implemented some environmental checklists. An infection control audit had been completed and an

## Are services safe?

action plan was in place and was being addressed. However, we found that issues had not been identified as part of the audit. For example wear and tear on an examination couch and treatment room worktop had not been identified. Several sharps bins in the practice were not dated and the waste disposal process required a review. There were no signs displayed at hand wash sinks to remind staff about the correct hand wash techniques and some sinks contained plugs which is contrary to national guidelines. Although checks of Hepatitis B immunity was part of the induction process for staff, there was no register or policy in place so that the practice had assurance of the status of their staff.

- We reviewed seven staff personnel files. Four staff had been employed in the last year and a review of their files identified some gaps in the recruitment process. For example, there was no proof of identification held for two staff, no records of the interview for three staff, no references for one member of staff, no risk assessment of the need to complete a disclosure and barring service check for non-clinical staff. Two clinical members of staff did not have evidence of a criminal records check during their employment with the practice. One of these, did have a DBS check from another employer completed within the last year but there was no evidence of whether this was portable. The practice policy for completing DBS checks was not clear.

### Monitoring risks to patients

Risks to patients were assessed and 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 displayed for staff reference. The practice had up to date fire risk assessments and carried out regular fire drills and checks of fire safety equipment. All electrical equipment was checked to ensure the equipment was safe to use and most clinical equipment was checked to ensure it was working properly. A risk register was in place that covered issues such as health and safety, management of people, management of the environment and infection control. Risk assessments were in place for the control of substances hazardous to health and for the management of legionella risks. An

external company had visited to review health and safety risk management in August 2015. The practice had noted the feedback but had not yet devised an action plan in response to the findings.

- The practice manager had reviewed the staff roles at the beginning of the year. This had led to some changes to streamline services for patients and make the best use of staff skills and resources. For example, the practice nurses all had a role in monitoring patients with longterm conditions so that one appointment could be offered to review patients with multiple needs. A reorganisation of the administration team had resulted in improved team working and knowledge of each other's roles to enable team members to provide cover for one another. Medical cover was under constant review of the management team due to periods of staff sickness and future building plans in the town. They told us that all members of staff pulled out the stops to ensure that services to patients were not disrupted.

Some areas of risk had not been addressed;

- We found that weighing scales and fridge thermometers had not been calibrated.
- A cupboard used to store cleaning materials including COSHH items was not locked and a risk assessment was not in place to ensure safe storage of the items.

### 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.
- Staff had received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

## Are services safe?

- The practice manager was reviewing the business continuity plan for major incidents such as power failure or building damage. This work was in progress at the time of the inspection visit to ensure the plan was more robust. The practice manager told us that all senior staff held a copy of staff contact numbers in case of emergencies. Every evening they also printed off a copy of all booked appointments and patient contact numbers in case they were unable to access the computer system the next morning.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed patient needs and delivered care in line with relevant and current evidence based guidance and standards. Clinical staff were able to demonstrate their knowledge of best practice guidelines when we spoke with them. They told us that guidelines from the National Institute for Health and Care Excellence (NICE) or other best practice guidelines were disseminated by email but there was no evidence to demonstrate this. Guidelines were at times, discussed during the daily 'coffee time' meetings with staff but no records of the meetings were made.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.5% of the total number of points available, with 10.5% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was slightly better than the CCG and national average scoring 100%. (CCG average 91.8%, national average 89.%)
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. (CCG average 84.1%, national average 83.4.%) 85.6% of patients with hypertension had their last blood pressure measurement of 150/90 mmHG or less within the last 12 months.
- Performance for mental health related indicators was below the CCG and national average scoring 84.6% overall. ( CCG average 92.3%, national average 92.8.%)
- The number of patients with a dementia diagnosis who received a face to face annual review was above the CCG and national average scoring 96.4%. ( CCG average 84.2%, national average 86.4%)

Clinical audits had been completed to drive quality improvement.

- There had been eight clinical audits completed in the last two years, although only one had been completed as a two cycle audit to review the effectiveness of any changes. There was no clear on-going clinical audit plan within the practice.
- The practice participated in applicable local audits and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit included the development of a protocol for prescribing benzodiazepines to patients. (Benzodiazepines are a group of medicines used to treat patients with anxiety and insomnia)

### Effective staffing

Staff were being supported to maintain and develop their skills, knowledge and experience. However, we found that historically the level of support and development opportunities had been limited. Significant improvements had been made during the last year although further improvement was required.

- When the practice manager took up their post at the beginning of the year they had interviewed all members of staff to identify their skills and any needs they had in their role. For example, two members of staff identified interest in developing their skills, one had started training as a dispenser and another planned to renew their skills as a healthcare assistant. The practice manager and senior staff also used incidents and complaints to help identify training needs.
- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. Staff files for four staff recruited in the last year demonstrated that the induction process had been followed. We also saw that locum GPs received an induction pack.
- The practice manager had reviewed the appraisal system for all staff. This had been in place previously but records of the system were not well evidenced or managed. Planned dates for staff appraisals were in place.

However we found that improvement was needed to identify core training and monitor staff progress in completion of their training.

# Are services effective?

(for example, treatment is effective)

- We found that although nursing staff had always completed their professional development, historically there had been little training for other staff and no clear mandatory training plan. Records we reviewed supported this. More recently most staff had completed fire safety, basic life support and safeguarding training. Staff had access to some elearning training programmes and the manager was seeking other resources to support staff training through the clinical commissioning group. A training database to identify and record staff training was in place but at the time of the inspection, there were significant gaps in key areas of training that still needed to be addressed. This included for example, health and safety, equality and diversity and infection control.

## 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, investigations and test results.

The practice shared relevant information with other services in a timely way for example the GPs also met with the local midwives on a monthly basis to review and discuss any patients of concern. Weekly attendance at the practice by the mental health link worker gave regular opportunities for GPs to review and discuss the care and support of patients with mental health conditions.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, when they were referred for treatment, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. Patients at the end of life were supported by the practice who worked closely with the multidisciplinary team. Records we reviewed supported this although further improvement could be made by using best practice guidelines. We received positive feedback from relatives of patients who had used this service.

We found that the practice had a clear protocol in partnership with the local hospital for monitoring patients taking warfarin, amending their prescribed treatment and regular review by the patient's own GP.

When patients had received hospital care the practice received letters from the hospital that included any recommended changes to the patient's medication. The changes were made by dispensary staff in patient records although we found the practice had not reviewed this process to be assured of accurate changes.

## Consent to care and treatment

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

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. They were able to describe the steps that should be taken when a patient's capacity to make an informed decision was unclear. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent had not been audited through reviews of patient records to ensure that staff followed legislation and relevant national guidance.

## Health promotion and prevention

The practice had established long term conditions clinics with longer appointments for patients with multiple needs. A robust recall system was in place to invite patients to attend reviews where they also received lifestyle advice. Staff signposted patients to local health promotion services such as for smoking cessation, weight loss and exercise advice (Livewell Suffolk)

The practice identified patients who may be in need of extra support. This included patients in the last 12 months of their lives, carers, and vulnerable people. Patients were then signposted to other relevant services and provided with support from the practice where relevant.

The practice's uptake for the cervical screening programme was 82% for 2014-2015. There was a policy to contact patients who did not attend for their cervical screening test to remind them of the importance of attending.

## Are services effective? (for example, treatment is effective)

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 90% to 96% compared to the CCG average of 93.8 % to 97.25. Vaccinations for five year olds registered with the practice ranged from 94.1% to 98% compared to the CCG average ranges of 92.7% to 96.7%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74, of which, 215 had been performed since April 2015. (Full year target 340). Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. Conversations could not easily be overheard because consultation and treatment room doors were closed while patients were being seen. Privacy cutains were used during examinations, investigations and treatments. Reception staff were sensitive to patients who may be distressed or who needed to talk to them in private and were able to offer them a more private area if this was needed.

All of the 32 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice provided them with an excellent service and that they had received prompt and effective care and support. Several comments were received about the caring, helpful and sympathetic approach of the GPs in respect of patients who were experiencing difficult times in their life. For example the practice had supported a patient who was terminally ill to fulfil their wish by funding a day's gliding experience.

We also found this caring and sensitive ethos was reflected within the staff team, where the health and well being of staff was respected and supported.

We spoke with a member of the patient participation group. They told us the group has been recently formed and has not yet met. They aim to meet every six months initially.

Results from the national GP patient survey published in July 2015, showed patients felt they were treated with compassion, dignity and respect. The practice was similar to the average for its satisfaction scores on consultations with doctors and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 89.5% and national average of 88.6%.
- 88.3% said the GP gave them enough time (CCG average 87.3%, national average 86.6%).
- 94.6% said they had confidence and trust in the last GP they saw (CCG average 96.8%, national average 95.2%)

- 89.7% said the last GP they spoke to was good at treating them with care and concern (CCG average 86.6%, national average 85.1%).
- 85.6% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91.6%, national average 90.4%).
- 94.4% said they found the receptionists at the practice helpful (CCG average 89.7%, national average 86.8%)

### Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about their care and treatment. They also told us they felt listened to, supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also aligned with these views and demonstrated that patients felt involved in planning end of life care of their close family members.

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 in line with local and national averages. For example:

- 85.9% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87.6% and national average of 86%.
- 87.1% said the last GP they saw was good at involving them in decisions about their care (CCG average 83.8% , national average 81.4%)
- 89.5% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90.9% and national average of 89.6%.

Staff told us that translation services were available for patients who did not have English as a first language if this was required. An interpreter could be booked to attend the appointment with a patient if required. Extended appointments were made to accommodate these needs.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access support groups and organisations such as memory

## Are services caring?

loss clinics, alcohol support services and bereavement services. Clinical staff also held their own supplies of information that could be provided to patients during their consultations.

A counsellor was available at the practice each week. Patients who were referred could have up to five booked sessions.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. A member of the administrative team had lead responsibility for ensuring information was accessible for carers.

Comments cards we received from patients included information about the personal care and support patients had experienced from the GPs and practice staff. This included comments about respecting the views of patients at the end of their life and supporting the family to ensure that the patient's wishes were met. Staff told us that if families had suffered bereavement, their usual GP contacted them to assess their needs and/or provide advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- Extended hours appointments for working age patients with a GP on a daily basis between 6.30pm and 7.00pm. Telephone consultations were also available at this time with another GP. The nurse practitioners offered an extended hours service from 8.00-8.30am each day and 6.30-7.00pm on Fridays.
- A minor illness clinic was held each afternoon by a nurse practitioner. This meant that patients had quick access to advice on treating minor illnesses and this increased GP time for reviewing patients with more complex health needs.
- The practice offered a physiotherapy, phlebotomy and counselling service on a weekly basis which was of particular benefit to patients with longterm conditions.
- The practice supported two residential homes for patients with a learning disability. A named GP provided continuity for the patient as well as the carers. Patients could be seen in the surgery or if more appropriate, were seen in their home environment.
- Home visits were available for older patients or for those who were frail and housebound.
- The dispensary offered a home delivery service for patients who were unable to collect their prescribed medicines from a chemist and had nobody to do it for them.
- Same day appointments were available for children and those with serious medical conditions.
- Easy access to appointments was offered to patients staying at the locals womens refuge. The practice had systems in place to ensure that the attendance of these patients remained confidential and discreet.
- There were disabled facilities and a translation service available at the practice.
- Homeless patients were able to access appointments and support by registering at the practice address.
- A GP had recently trained in the SPECAL method of dementia care. The SPECAL method is tailor-made for the condition of dementia and equips family members

and carers with tools and techniques to manage the condition in a positive way. It can improve the quality of life of the person with dementia and all those involved in their care.

### Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Extended hours surgeries were offered between 6.30 and 7.00pm each day. In addition to pre-bookable appointments that could be booked up to three weeks in advance, telephone consultations were available each day and urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to or slightly better than local and national averages. Patients we spoke with during the inspections told us that they were able to get appointments when they needed them.

- 72.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 74.9%.
- 89.3% patients said they could get through easily to the surgery by phone (CCG average 83.7%, national average 73.3%).
- 79.6% patients described their experience of making an appointment as good (CCG average 76.7%, national average 73.3%).
- 74.3% patients said they usually waited 15 minutes or less after their appointment time (CCG average 64%, national average 64.8%).

### Listening and learning from concerns and complaints

The practice had a process in place for handling complaints and concerns.

- The complaints policy and procedures were largely in line with recognised guidance and contractual obligations for GPs in England. However we found there was insufficient information to guide patients on the action they should take if they were not satisfied with the way the practice handled their complaint. The policy was also undated.
- There was a designated responsible person who handled all complaints in the practice.

## Are services responsive to people's needs? (for example, to feedback?)

- We reviewed the information available to patients on how to make a complaint and found that access to complaints information could be further improved. The practice booklet referred to the complaints process but the booklets were only available upon request from reception. There was no information displayed in the waiting room on how to raise a concern or complaint. Information on how to raise a complaint was not easy to find on the practice website.
- Staff we spoke with described the types of concerns and complaints they received and dealt with, some of which were discussed at the staff daily coffee meeting. However these complaints, often raised in person, were not recorded so that the practice could monitor any trends or themes and take action to improve the service.

The practice had recorded five complaints received since January 2015. Records we reviewed showed that the investigation process and timeliness was not clearly recorded to show that the complaints process was being followed. However, we asked about three of the complaints and staff were able to describe what action had been taken and the learning that had improved the service. These complaints had been escalated as a significant event so that the wider opportunity for learning and improvement could be taken. For example a review of all patients taking a particular medicine had taken place to prompt all GPs to review each patient and the potential need for them to prescribe bone protection medication if they were considered to be at risk of fractures.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had experienced some significant changes in key membership of the GP team and a new practice manager during the last year. They had maintained a clear vision to deliver high quality care and promote good outcomes for patients during this time and we saw that progress had been made in improving the smooth operation of the service. A mission statement was in place and the staff we spoke with understood and demonstrated these values.

The practice invested in changes to support the environment and had been selected as a beacon organisation by the Green Suffolk Campaign. The building is powered by solar technology and any future planned changes to the building will continue to support environmental issues.

The partners at the practice were able to describe a number of plans to help develop and enhance the service they offered. However, at the time of the inspection, they were uncertain about the future of the practice and how local expansion plans would effect them. Until this became clearer, they were not in a position to formulate a business plan and strategy.

### Governance arrangements

The practice was developing an overarching governance framework to support the delivery of high quality care and had progressed the systems for monitoring quality and safety of the service. However, they were aware that they still had work to do to improve their systems.

We found that:

- They had reviewed communication methods and introduced some staff meetings to improve internal information flow and teamwork. However, it was not yet clear how each meeting would link with another to ensure the cascade of information to relevant staff worked effectively. For example we found that key nursing staff were not aware of the audit programme and it's outcomes and learning from complaints were not widely shared.

- There was a clear staffing structure in place. GPs had clear lead responsibilities. Most staff we spoke with had clear roles and responsibilities and understood their colleagues roles and responsibilities in order to support them.
- Systems to monitor procedures for safe infection control practice were not fully effective although some recent improvement had been made.
- Practice policies were implemented although further work was needed to review recruitment, infection control and training and development policies to ensure these guided safe practice.
- The management team had a comprehensive understanding of the clinical performance of the practice although this was not widely shared with the rest of the team.
- Clinical audit programmes did not always include second cycle audits so that the process was completed and learning and improvement maximised.
- There were arrangements for identifying, recording and managing risks although some areas needed to be reviewed for example by ensuring that all key items of clinical equipment were serviced.

### Leadership, openness and transparency

Within the last year the practice had experienced some leadership changes and staff told us the team dynamics and culture had become more open and inclusive. We found the practice manager and partners in the practice had the experience, capacity and capability to run the practice and ensure the delivery of high quality care. The leadership team were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The practice had systems in place for knowing about notifiable safety incidents and ensuring that when things went wrong, patients affected were given support, truthful information and an apology although written records of the process could be improved.

There was a clear leadership structure in place with designated leads for each department. Staff told us they felt supported by the management team.



# Are services well-led?

Requires improvement 

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

- The first practice wide meeting had taken place recently and this included discussion about the future plans for the practice.
- Daily 'coffee time' meetings enabled clinical teams and community staff to review daily issues.
- Staff told us that there was an open culture within the practice and they were able to raise any issues at team meetings or on a one to one basis and they felt confident and supported if they did.
- Staff were becoming more involved in discussions about how to run and develop the practice and valued the opportunity to do so.
- The practice were trying to re-establish a patient participation group. This had previously run as a virtual group with limited success. We met a new member of the group who told us they had not yet had the first meeting. We did not find any reference to the group displayed in the practice and patients we spoke with were unaware of their role.
- The practice gathered feedback from staff through staff meetings, appraisals and discussion although no formal methods for seeking staff feedback were used. Staff told us they felt able to give feedback and discuss any concerns or issues with colleagues as well as the management team. They also felt involved with discussions of how to improve the way services were being run at the practice.

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

The practice 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 last completed a patient survey in February 2014 when 82 responses from patients were received. The results and actions were made available to patients in the practice and on the website. Actions taken included introducing an online appointments booking system and providing better information to patients to promote the role of the nurse practitioners.
- The practice manager monitored and reviewed the information they received through the friends and family test each month and gave staff feedback at their meetings. They planned to discuss ways to share this feedback with the patient participation group at the first meeting. It was not currently displayed in the waiting room.

## Continuous improvement

There was a clear focus on continuous learning and improvement at all levels within the practice. The practice taught medical students and provided placements to trainee GPs for the last three years. The practice team was forward thinking and had an active role in the local community working closely with the other practices in the area to plan for the future healthcare needs of the population. They were engaged with local initiatives within the clinical commissioning group and learned from feedback about their performance in comparison with other practices. For example, recent figures on targets for diabetic patients were below the local average and the practice had reviewed the service to ensure that improvements were made.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  Non- clinical staff were not competent to act as a chaperone and had not received a risk assessment to determine whether a disclosure and barring service check was required.  There was no clear training and development plan for all staff. The system to monitor progress with staff training had not been established.  Regulation 12 (2) (c)  Systems used to manage the risks associated with the control and spread of infection were not robust.  Regulation 12 (2) (h)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  The practice were unable to demonstrate that appropriate staff recruitment checks had been completed in line with Schedule 3 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.  Regulation 19 (1)(2)(3)(a)