

# Care Quality Commission

## Inspection Evidence Table

### Little St John Street Surgery (1-541204103)

Inspection date: **5 February 2019**

Date of data download: 22 January 2019

## Overall rating: add overall rating here

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

### Safe

**Rating: Good**

#### Safety systems and processes

**The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.**

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role in the records we reviewed.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Yes February 2018
There was a record of equipment calibration. Date of last calibration:	Yes February 2018
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check:	Yes January 2019
There was a log of fire drills. Date of last drill:	Yes January 2019
There was a record of fire alarm checks. Date of last check:	Yes January 2019
There was a record of fire training for staff. Date of last training:	Yes Various dates
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion:	Yes January 2019
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: The healthcare assistant kept a spreadsheet of all equipment that required calibration within the practice. This was closely monitored and any equipment that was nearing the date for re-calibration was flagged to the practice manager.	

<b>Health and safety</b>	<b>Y/N/Partial</b>
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Premises/security risk assessment had been carried out. Date of last assessment:	Yes January 2019
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes January 2019
Explanation of any answers and additional evidence: There was a proactive approach to anticipating and managing risks to the practice and this was embedded and recognised as the responsibility of all staff. The practice completed monthly health and safety risk assessments to ensure they consistently managed risks. They had taken appropriate actions such as replacing a chair in one of the clinical rooms. The practice encouraged all staff within the practice to identify risks via a fault log that was available on the computer system. These identified risks were continually reviewed by the practice manager and acted upon in a timely manner.	

### Infection prevention and control

#### Appropriate standards of cleanliness and hygiene were met/not met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit:	November 2018
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: The practice prioritised the management of infection prevention and control (IPC). There was an IPC lead in the practice. The practice had completed a full IPC audit and acted on the recommendations, such as replacing fabric chairs with wipeable chairs. There were cleaning schedules for the practice and for equipment such as blood pressure machines and ear syringing machines. The IPC lead had protected time to complete IPC audits and had completed a range of additional audits including: <ul style="list-style-type: none"> <li>• A uniform audit,</li> <li>• A handwashing audit,</li> <li>• A sharps audit,</li> <li>• The IPC lead was instigating another audit to check the cleaning of the spirometry machine.</li> </ul>	

### Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes

Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Recently employed staff were positive about the induction process. There was a general induction for all staff that covered the working of the practice and specific inductions for each group of staff. For example, the practice nurse had completed shadowing sessions with another practice nurse and had competency assessments prior to carrying out independent consultations.</p>	

## Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Care records had been reviewed and a system had been put in place to ensure records were managed consistently across the practice. For example, when summarising new patient records, the practice ensured all major health issues were easy to identify when opening the record. The practice had also</p>	

created their own templates so that when symptoms were identified relevant red flags could be ruled out and this was followed consistently across the board including by locums (who were inducted into this easy to follow process) and this enhanced patient safety. The protocols written included sepsis and various other clinical conditions presenting to primary care.

## Appropriate and safe use of medicines

### The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>NHS Business Service Authority - NHSBSA</small>	1.10	0.99	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	11.6%	11.2%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes

<b>Medicines management</b>	<b>Y/N/Partial</b>
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The key to Controlled Drugs storage cabinet and 'name/addressed' prescription pads was located in a safe in the reception area which was accessible via a key that all staff had access to. The dispensary was accessible via a combination lock. The code was known only to dispensary staff and the partners but had not been changed regularly. The practice reported after the inspection that the key had been placed in a key safe which only the dispensers knew the code to and prescription stationery was now all stored in the dispensary, behind a key coded door. The practice had changed the dispensary code and reported they would change this regularly.</p>	

<b>Dispensary services (where the practice provided a dispensary service)</b>	<b>Y/N/Partial</b>
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems (MDS), there were systems to ensure staff were aware of medicines that were not suitable for inclusion in	No

such packs, and appropriate information was supplied to patients about their medicines.	
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	N/A
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes
<p>Explanation of any answers and other comments on dispensary services:</p> <p>The lead dispenser confirmed that eight MDS containers were prepared each month. In one of them, cut strips of individual tablets were included. Staff were unaware of the risks around this. The practice immediately ran a search of this medicine and found no other patients were affected and reported they would change this process and update their standard operating procedure to include medicines that should not be included in an MDS. The one patient affected had not been prescribed the medicine for four years.</p> <p>There were records of medicines in stock with short expiry dates and these were monitored regularly but records did not show the frequency of stock checks for expiry. The practice provided evidence after the inspection of an adaptation to their recording log to ensure expiry dates were logged.</p>	

## Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	16
Number of events that required action:	16
<p>Explanation of any answers and additional evidence:</p> <p>The practice recorded any safeguarding events as significant events. Significant events were utilised to drive improvements within the practice through discussion with the practice team and implemented changes. We saw evidence that the dispensary recorded near misses appropriately.</p>	

Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
A patient became distressed and aggressive during a consultation.	The patient was treated appropriately before leaving the practice. The event was discussed at the next doctors meeting

	and understanding conflict training was booked for the next staff meeting.
The practice received a hospital letter that had information relating to a different patient to the person it was addressed to.	The practice wrote to the hospital department to alert them to the mistake. The practice also informed the Clinical Commissioning Group as this was the second event from the hospital. The CCG recorded the event and were investigating.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: Alerts were received, reviewed and disseminated appropriately. We looked at five alerts and found these to be well managed.	



## Effective

## Rating: Good

### Effective needs assessment, care and treatment

**Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.**

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence: The practice had created their own templates so that when symptoms were identified, possible diagnoses were flagged. This included sepsis and heart conditions. All staff we spoke with were aware of best practice guidance and this was regularly discussed within the practice and at away days.	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	1.00	0.67	0.81	No statistical variation

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>The practice used a clinical tool to identify patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The practice noted that 96% of patients that were severely frail were over 65. 83% of these patients had received a frailty assessment in the past year.</li> <li>The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.</li> <li>Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.</li> <li>Health checks were offered to patients over the age of 80 who were not on any medicines (six patients) annually to ensure they were meeting their health and social needs.</li> </ul>

- The practice carried out annual medicines reviews and had achieved 87% so far this year. The practice also accommodated home visits to carry out reviews if patients could not attend the practice.
- The practice completed falls assessments where appropriate for patients in care homes. The practice encouraged staff to report any falls so they could complete the assessments to reduce the risk of further falls and admissions to hospital.
- The practice carried out advance care planning with patients, their families and carers to ensure they had reflected patients' choices appropriately.

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. For example, a nurse had recently completed a diploma in spirometry.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice had a practice nurse that specialised in diabetic care for patients. The nurse had been on several updates and had a diploma in diabetic care. The nurse had completed six audits relating to diabetic care. These included:
  - Patients with a blood pressure greater than 140/90. They identified seven patients (2% of all diabetic patients), all of whom were given an appointment with a GP.
  - Diabetic patients that had received a flu vaccine. The audit showed 20 patients (5.8%) had not received a flu jab. These patients were contacted, and on re-audit found 99% of patients had either had a flu jab or had refused. Four patients had either not responded or not attended the appointment.
  - Patients who had an HbA1c of more than 8%. 20% of diabetic patients had a higher HbA1c than optimal. The practice contacted the patients to give advice and further monitoring. On re-audit, despite an increase in the number of diabetic patients, the practice saw a decrease of 10% in patients with a reading of over 8%. These patients were constantly monitored in order to lower the readings. A similar audit had been completed for a reading of over 9% which showed a reduction of 5%.
  - Patients not on statin therapy. All patients not on statin therapy were assessed by a clinician and an appointment was made to discuss where appropriate.
  - Patients taking gliclazide (diabetes medicine). The audit found 35 patients were taking the medicine and 10 were found to be at risk and had the medicine discontinued. Therefore, on re-audit, 100% were taking the medicine appropriately.
- From the latest Public Health England Primary Care Intelligence Pack (November 2018), 68% of patients with type one diabetes had received all recommended eight checks in General Practice

which was joint highest within the CCG. The practice were also in the upper quartile for type two diabetics and had noted an improvement in the blood sugar levels of these patients.

- The practice had achieved the joint lowest in the CCG for outcomes relating to good blood pressure outcomes for patients with hypertension.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	86.5%	82.1%	78.8%	No statistical variation
Exception rate (number of exceptions).	10.5% (35)	11.8%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	82.7%	79.6%	77.7%	No statistical variation
Exception rate (number of exceptions).	7.5% (25)	8.2%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	91.9%	81.6%	80.1%	Variation (positive)
Exception rate (number of exceptions).	22.3% (74)	13.2%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	71.2%	77.5%	76.0%	No statistical variation
Exception rate (number of exceptions).	0.8% (4)	7.1%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the	92.0%	91.4%	89.7%	No statistical variation

Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	7.4% (9)	11.1%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	85.0%	83.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.4% (18)	3.7%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	95.0%	90.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	15.6% (33)	5.9%	6.7%	N/A

#### Any additional evidence or comments

The practice had noted their exception reporting for atrial fibrillation was higher than average. They completed an audit on this to ensure they were exception reporting appropriately. They found this had reduced to 12 patients this year so far. We reviewed all 12 patients and found that these were exception reported appropriately.

## Families, children and young people

## Population group rating: Good

### Findings

- Childhood immunisation uptake rates were in line or above with the World Health Organisation (WHO) targets.
- The practice completed a regular audit to monitor the uptake of childhood immunisations. Patients that had not attended for immunisations were contacted by the practice to discuss reasons for non-attendance and appointments were re-booked.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.
- Children that had been admitted to hospital with acute asthma were reviewed within 48 hours of discharge from hospital.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	44	45	97.8%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	52	55	94.5%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	52	55	94.5%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	52	55	94.5%	Met 90% minimum (no variation)

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

Population group rating: **Good**

### Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. The practice had offered 417 health checks and had completed 195 in 2018/19.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice had utilised the cervical cancer awareness week to send text messages to patients that had not attended for a smear. Messages advised patients to book an appointment either to have the smear or to have a discussion with the nurse regarding what the test consisted of and to discuss any concerns. Between 5 January and 5 February, the practice had seen an increase of 41 patients booking to have the test.
- The practice offered an in-house dermoscopy service. Since starting this, the practice had found a decrease in the number of referrals to the two-week wait service and an increase in the number of malignant melanomas diagnosed. This showed the practice were appropriately referring to cancer pathways and feedback from secondary care was positive about the standard of referrals received by the practice.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	78.4%	73.9%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	79.6%	77.8%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	64.0%	59.1%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	65.8%	64.9%	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	61.9%	58.7%	51.9%	No statistical variation

### People whose circumstances make them vulnerable

Population group rating: **Good**

#### Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice carried out advance care planning with patients, their families and carers to ensure they had reflected patients' choices appropriately.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. The practice had 18 patients with a learning disability. ten of these patients had a review since April 2018. The practice worked closely with a learning disability specialist nurse to complete reviews and had booked for her to come to the practice in February to complete more reviews. The nurse encouraged patients to come to the practice for reviews, but would also complete them in patients' homes if this was more suitable or preferable for the patient.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

### People experiencing poor mental health

Population group rating: **Good**

**(including people with dementia)**

**Findings**

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Staff had received dementia training in the last 12 months.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	97.0%	91.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	10.8% (4)	14.0%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	97.0%	92.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	10.8% (4)	12.0%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	77.1%	84.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	16.7% (14)	9.4%	6.6%	N/A

**Monitoring care and treatment**

**The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.**

Indicator	Practice	CCG average	England average
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Overall QOF score (out of maximum 559)	559.0	548.4	537.5
Overall QOF exception reporting (all domains)	4.0%	5.3%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

The practice had a comprehensive range of audits that were completed yearly. In 2017/18, the practice completed 29 audits, 21 of which were clinical audits. Some of these were ongoing audits in areas such as minor surgery, severe mental illness and type two diabetes. The range of audits enabled the practice to have a full and ongoing assessment of the care provided within the practice. Outcomes were utilised to drive improvement within the practice.

#### Any additional evidence or comments

- The practice completed a minor surgery audit four times per year to analyse whether there had been any post operation complications such as infections, pain and recurrent consultations. In the past five audits, there had been no complications.

#### Effective staffing

**The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.**

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when	Yes



their performance was poor or variable.	
<p>Explanation of any answers and additional evidence:</p> <p>Staff were positive about the practice and the training that was available. Staff reported they had protected time for learning and felt able to request training both during appraisals and at any stage during the year.</p> <p>All staff had an appraisal within the last 12 months. Staff were sent an appraisal pack prior to their appraisal which detailed the date and time of the appraisal, with the form to complete. During the 2018 away day, each department developed their own objectives. These were reflected in the appraisal to ensure that staff were meeting personal goals, the practice vision and values and their department objectives.</p>	

### Coordinating care and treatment

#### Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes

### Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff took all opportunities to provide patients with access to local healthcare. They had held a Health Awareness day in the local library which was attended by external organisations such as mental health</p>	

services, Suffolk Family Carers and Diabetes UK. This event was well attended. The practice also used this as a way to complete opportunistic reviews for patients and offered a private space for patients to discuss concerns with a GP.

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	98.6%	95.6%	95.1%	Variation (positive)
Exception rate (number of exceptions).	0.4% (9)	0.8%	0.8%	N/A

### Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes

# Caring

**Rating: Good**

## Kindness, respect and compassion

**Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.**

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had identified patients who may need more time in consultations and booked double appointments where necessary. Feedback was consistently positive about the attitude of staff within the practice and the practice used this feedback to continually drive care. Patients reported that staff went the extra mile and their care and support exceeded their expectations. For example, where there had been an incident relating to staff managing a complex patient situation, conflict resolution training had been booked to ensure staff had the appropriate tools to manage all situations.</p>	

CQC comments cards	
Total comments cards received.	32
Number of CQC comments received which were positive about the service.	32
Number of comments cards received which were mixed about the service.	Zero
Number of CQC comments received which were negative about the service.	Zero

Source	Feedback
Suffolk Healthwatch	<p>The practice was rated 4.5 out of 5 stars on the Healthwatch website from 34 reviews. Comments on the site included:</p> <ul style="list-style-type: none"> <li>• “Prompt, efficient and with a genuine warmth and sense of caring shown by all there.”</li> <li>• “I cannot fault the care here.”</li> <li>• “Always professional, caring and supportive.”</li> </ul>
NHS Choices	<p>The practice had received 5 stars from 3 reviews on the NHS Choices website. Comments included:</p> <ul style="list-style-type: none"> <li>• “I have had a number of issues associated with a long medical history and they have been so helpful.”</li> <li>• “Staff are great, always friendly and helpful and yes, they offer a great range of services.”</li> </ul>
Patient interviews	We spoke with five patients during the inspection. All five patients were positive

	<p>regarding the care at the practice. Comments included:</p> <ul style="list-style-type: none"> <li>• “I have never received care as good as I have here.”</li> <li>• “The staff, at all levels, really respect me and treat me with such kindness.”</li> <li>• “I have only recently had to use the services of the practice after becoming unwell. I would not have been able to cope without the practice and the care they have shown me every time I attend the practice. Nothing is too much trouble for them.”</li> </ul>
CQC comment cards	<p>All comment cards received were positive about the practice. We received comments including:</p> <ul style="list-style-type: none"> <li>• “The relationship I have with the nurse and health care assistant is dignified and professional. The nurses are friendly, efficient and competent.”</li> <li>• “I cannot speak highly enough of the attention I always receive. The receptionists are pleasant and efficient.”</li> <li>• “All members of staff are wonderful, always caring and cheerful.”</li> </ul>

## National GP Survey results

**Note:** The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6689	225	127	56.39%	1.90%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	96.2%	89.4%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	95.6%	87.6%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	98.1%	95.4%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to	98.8%	85.8%	83.8%	Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
the overall experience of their GP practice (01/01/2018 to 31/03/2018)				

#### Any additional evidence or comments

The practice had achieved above average results in the GP Patient Survey. The surgery reviewed the results and displayed them proudly, but also wanted to maintain and further improve their outcomes. We found a strong, visible person-centred culture within the practice. We spoke with staff who were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who use the service, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

#### Any additional evidence

Although the practice had not completed a survey, they did utilise all available information from the national GP patient survey, friends and family test, Healthwatch, verbal suggestions, complaints, significant events, the patient participation group (PPG) email and the suggestion box in reception. The PPG reported they felt very involved and respected within the practice and that their views were always considered before changes were made. All suggestions were discussed with the PPG and the practice had made changes such as:

- Extra signs displayed informing patients which doors opened outwards.
- Wifi was made available in the waiting room.
- Coat hooks in the toilet were due to be discussed in the next PPG meeting (February 2019).
- A self-check in screen had been obtained and was awaiting PPG approval.

#### Involvement in decisions about care and treatment

##### Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

Source	Feedback
Suffolk Healthwatch	Comments on the Healthwatch website included: "The support I had from my GP in arranging the operation, the run up to the operation and afterwards has been exceptional" and "I cannot fault the care and attention given at this practice."

NHS Choices	<p>There were positive comments on the NHS Choices website. Comments included:</p> <ul style="list-style-type: none"> <li>• “Excellent advice and referrals.”</li> <li>• “All have been very good and responsive during my visit and in their follow-ups.”</li> </ul>
CQC comment cards	<p>All 32 comment cards we received were positive regarding the practice. Comments included:</p> <ul style="list-style-type: none"> <li>• “After my diagnosis, I had immediate, encouraging support, where I was given full details. The follow up nursing has been kind, polite, sympathetic and effective.”</li> <li>• “I feel listened to and the practice always respond very well.”</li> <li>• “We are always listened to and I was able to have a very quick referral after discussion with the doctor.”</li> </ul>
Patient interviews	<p>All five patients we spoke with were positive about their involvement in their care. They reported they felt like partners in their care and decisions were never made without their full input and concern. They reported they were never rushed in consultations and could fully discuss their health concerns and were confident in the practices ability to address them.</p>

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	97.0%	93.8%	93.5%	No statistical variation

### Any additional evidence or comments

Staff always empowered people who use the service to have a voice and to realise their potential. They showed determination and creativity to overcome obstacles to delivering care. People’s individual preferences and needs were always reflected in how care was delivered. For example, the practice had worked closely with homeless patients to ensure the care reflected their needs. This was completely individualised care, where weekly appointments were made to reduce patients’ anxiety regarding making appointments.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Explanation of any answers and additional evidence:

The practice had information on their website about how patients could access services in a way that was appropriate for them. For example, there was a link to the Parliamentary and Health Service Ombudsman video using British Sign Language which gave tips on making a complaint to the NHS in England including where to get advice and support.

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 145 patients as carers, which was approximately 2% of the practice population.
How the practice supported carers.	139 carers had received a health check. There was a carers pack in the reception area which included details of local support agencies, legal information such as lasting power of attorney and health information. The practice had also hosted the local carers group at a health awareness event for patients to access.
How the practice supported recently bereaved patients.	The practice called patients who had suffered a bereavement to offer support and guidance. The care provided was individualised depending on the patient requirements and these were assessed by the patients' own GP. An appointment could be made and home visits were offered, depending on the needs of the patient. We received one comment card from a patient that reported the support and care from the GP after their partner had passed away was such a help and support, both during the illness and after they had passed away.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: Several comment cards reported that the patients felt treated with dignity at all points of contact with the practice. This was confirmed by patients we spoke with on the day of the inspection.	

## Responsive

## Rating: Outstanding

**We rated the practice, and all of the population groups, as outstanding for providing responsive services because:**

- Facilities and premises were appropriate and met the needs of a range of people who used the service. For example, the practice had recognised the need to extend their premises and had been successful in doing this, with consultation of external stakeholders and the Patient Participation Group.
- There were several examples of individualised, tailored care that met patients' needs.
- Patients were able to access the service in a timely manner, in a way that suited them and there was clear continuity of care. Patients reported it was easy to book an appointment with their GP of choice.
- The national GP Patient Survey results were above average for outcomes relating to access. All feedback we received on the day was positive about accessing the service.
- Complaints were used as a positive opportunity to drive care forward, to learn from sub-optimal practice and to improve processes.
- The ability to access the service in a timely manner and the choice of appointments, the level of positive feedback and continuity of care affected all population groups.

### Responding to and meeting people's needs

**The practice organised and delivered services to meet patients' needs.**

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had access to a GP+ hub where additional appointments could be booked if required. However, the practice reported this was rarely utilised as they often had enough capacity to meet patient demand.</p> <p>Facilities and premises were appropriate and met the needs of a range of people who used the service. For example, the practice had recognised the need to extend their premises. They had been successful in securing funding, after working closely with the Clinical Commissioning Group (CCG), NHS England, the local council and their Patient Participation Group (PPG) to use the building next door to the surgery as an administration building. This building was accessible by a key code or fob only and therefore patients could not enter without permission. The extra building meant the practice could utilise two more clinical rooms which had increased the number of appointments they could offer. Patients we spoke with were positive about the change to the building. Before making changes to the building, the practice consulted with the PPG on areas such as an electric door for the waiting room. The practice had</p>	



investigated this after the PPG raised concerns about the heaviness of the door. Although, due to building restrictions, they could not install an electric door, the practice ensured the receptionists were fully aware of the issue and able to respond to patients need of assistance if required. We observed this to be the case on the day of inspection, and patients fed back to us the receptionists were always very helpful.

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Saturday	8.30am to 11.30am

#### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6689	225	127	56.39%	1.90%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	98.1%	95.2%	94.8%	No statistical variation

#### Any additional evidence or comments

The practice had reviewed the latest GP Patient Survey data and found they were highest in their CCG for the patients' overall experience of the practice. They were very proud of this and had ensured staff were aware of this to celebrate good practice. The services were flexible, provided informed choice and ensured continuity of care. For example, all patients we spoke to reported they were able to regularly see their GP of choice, including for urgent appointments. Several of the comment cards received named their GP as integral to their care and highlighted quick referrals to other services which had further enhanced their care. The ability to access the service in a timely manner and the choice of appointments, the level of positive feedback and continuity of care affected all population groups.

#### Older people

#### Population group rating: Outstanding

#### Findings

- All patients had a named GP who supported them in whatever setting they lived. Patients we spoke with on the day of inspection reported it was easy to book an appointment with the GP of their choice, including for urgent appointments. Patients reported the continuity of care was important to them and they were always given a choice of date, time and clinician when booking. There was a buddy system that worked to further improve continuity of care. For example, if a clinician was not available, their 'buddy' ensured their correspondence was managed and patients could see them if

required.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice visited four of the care homes it supported on a weekly basis. These visits were completed by the same GP for continuity of care. If another GP visited for an urgent visit, they tasked the regular GP to ensure they were updated on patients.
- The clinicians had spent time carrying out educational sessions for care home staff and encouraged them to report any falls to the practice to complete a falls risk assessment and to have a fully holistic view of the care required by the patient. Referrals to physiotherapists and occupational therapists were made as required. The practice also provided mobile numbers to the staff so they could have immediate access to the practice.
- The lead GP for the care homes had given care staff her mobile number for direct access which helped to prevent unnecessary admissions to hospital.

### **People with long-term conditions**

**Population group rating: Outstanding**

#### **Findings**

- Patients with multiple conditions had their needs reviewed in one appointment where appropriate. The practice would try to complete tests required, such as blood tests, on the same day the doctor requested them to reduce the need for multiple appointments for the patients. This was reflected by both patients on the day of inspection, and in comment cards.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- A practice nurse had recently completed a diploma in spirometry to enhance the assessment of patients with respiratory conditions. Any patients with moderate Chronic Obstructive Pulmonary Disease (COPD) were contacted prior to and during the winter months regarding 'rescue medicines' to help prevent emergency admissions to hospital. The practice nurse liaised closely with these patients to ensure they were taking the medicines appropriately and reported any issues back to their GP.

### **Families, children and young people**

**Population group rating: Outstanding**

#### **Findings**

- Appointments were available until 6.30pm on weekdays and from 8.30am to 11.30am on Saturdays for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice utilised the Emotional Wellbeing Hub for young people with mental health concerns. Patients could also self-refer and there was information on 'Reading Well' books on the practice internet site.
- The practice offered a full range of contraceptive services and had a GP available to complete coils and implants.

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

**Population group rating: Outstanding**

## Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open on Saturday mornings to accommodate working age people. Pre-bookable appointments were also available to all patients. The practice had a nurse available every other week to complete cervical smears for patients that could not attend during work hours.
- The practice had utilised Cervical Cancer Awareness Week and had sent out 220 texts to patients regarding cervical smears. Following this initiative, the practice had seen an increase in the amount of cervical smears being booked by 41 patients in January 2019.
- The practice offered travel immunisations and registered returning university students as temporary residents during holiday periods so they could continue to access the care they required.

## People whose circumstances make them vulnerable

Population group rating: **Outstanding**

## Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs, which was accessible and promoted equality. For example, the practice had noted an increase in the number of homeless patients and had adjusted the services to suit their needs. They had set up weekly appointments for a homeless patient at the same time every week to reduce the patients' anxiety about making appointments.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. For example, the practice had access to a learning disability specialist nurse who they liaised closely with to complete health checks. The practice utilised this service to offer the best possible care for patients and to help train their staff.
- The practice had completed 96% of health checks for carers. They were proactive in the care offered to carers and held educational events for carers which included local support groups being available. They had a carers pack in reception that was available which had information of local support groups.

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

Population group rating: **Outstanding**

## Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly. The practice also had access to a Mental Health Link Worker who attended the practice weekly.

- The practice had held a dementia awareness event which was attended by 70 patients at a local library. This had been advertised in local newspapers to encourage attendance. A number of local and national groups attended including the Alzheimer's Society, Age UK, One Life Suffolk and the Rotary Club. Feedback from patients and the attending groups was positive and the event was open to the whole community, including patients who were not registered with the practice.

## Timely access to the service

### People were to access care and treatment in a timely way.

#### National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence: All calls were received by the reception staff who passed urgent calls and home visit requests on to the duty GP. There was clear guidance for staff on 'red flag' symptoms for multiple conditions, such as chest pain and sepsis. Some guidelines had been developed in line with the Deben Health Group in order to help standardise the navigation across local practices. Reception staff also had a list of available local organisations that they could refer patients to. This included groups such as the Red Cross, Age UK, carers support groups and dementia helplines. People were able to access services and appointments in a way and at a time that suited them. Feedback regarding access was consistently positive.	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	93.0%	N/A	70.3%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	92.6%	76.2%	68.6%	Variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	93.8%	71.0%	65.9%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the	92.8%	80.4%	74.4%	Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)				

Source	Feedback
Suffolk Healthwatch	The practice was rated 4.5 out of 5 stars on the Healthwatch website from 34 reviews. Comments on the site included: <ul style="list-style-type: none"> <li>• “Very good and easy to access.”</li> <li>• Some comments related to the service running behind time, however most of these comments also related to good quality care.</li> <li>• “Surgery is very good overall with getting an appointment on the day. I even get to see my named GP when I feel that I need to do so.”</li> </ul>
NHS Choices	The practice had received 5 stars from 3 reviews on the NHS Choices website. Comments included: <ul style="list-style-type: none"> <li>• “Loving most the fact that it's a very rare day when you cannot get an appointment on the day.”</li> </ul>
CQC cards comment	We received 32 CQC comment cards, all of which were wholly positive. There were several comments relating to the ease of accessing the service, as well as being able to access tests requested by clinicians on the same day. For example, one patient stated they were seen by the GP and immediately had a blood test, urine test and ECG the same morning.
Patient interviews	We spoke with five patients on the day of inspection. All patients reported it was very easy to book an appointment, with a clinician of choice and it was easy to get through on the phone. Patients reported they were able to walk in to the surgery and be seen on the same day. Patients also reported they were always given a choice of their appointments, including time and which clinician they wished to see.

## Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	Seven
Number of complaints we examined.	Two
Number of complaints we examined that were satisfactorily handled in a timely way.	Two
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Zero

	Y/N/Partial
Information about how to complain was readily available.	Yes

There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had their complaints policy on their website which included information for the ombudsmen, CQC, patient liaison service and NHS England. There was also a link to the Parliamentary and Health Service Ombudsman video using British Sign Language which gave tips on making a complaint to the NHS in England including where to get advice and support. Complaints were used as a positive opportunity to drive care forward, to learn from sub-optimal practice and to improve processes. We saw several examples of compliments to the practice regarding the 'above and beyond' care that had been received. For example, we saw evidence of a compliment regarding the care received by a patient experiencing a bereavement. The practice ensured these were shared with staff appropriately and celebrated good care.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient was sent a letter informing them they were going to be removed from the practice list and advised to register at another practice.	The practice manager reviewed the information and informed reception staff when it was appropriate to move patients from the list. This was due to the practice boundary. The practice put a new process in place to ensure the practice manager reviewed any patients before they were removed from the list.
A patient was unhappy with the manner in which a telephone conversation was held.	The practice reviewed the information and the patient record. A flag was placed on the record to inform all staff the patient found it difficult to attend the practice and to consider the type of appointment offered to ensure it was appropriate.

## Well-led

## Rating: Outstanding

### We rated the practice as outstanding for providing well-led services because:

- Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. There were clear, comprehensive plans in place which were aligned with the NHS five year forward view and sustainability was a key focus of away days.
- The strategy and supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership. For example, the practice worked closely with providers at scale and federations to succession plan and ensure they met the needs of the local population.
- Staff reported they felt fully engaged with the vision and values. Staff had improved ownership over their roles and responsibilities and felt they had greater responsibilities within the practice.
- A systematic approach was taken to working with other organisations to improve care outcomes. For example, the practice had worked closely with the Deben Health Group to devise 'red flag' symptoms, social prescribing guidance and shared outcomes from significant events.
- The practice had a clear system and process for managing risks within the practice.
- Continuous improvement was a high priority for the practice. Improvement methods and skills were available and used across the organisation, and staff were empowered to lead and deliver change.

### Leadership capacity and capability

#### There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. Staff reported the leaders within the practice were inclusive and valued the opinions of all staff and stakeholders of the practice. There were clear, comprehensive plans in place which were aligned with the NHS five year forward view and sustainability was a key focus of away days. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond. For example, the practice was working closely with local providers at scale and federations to efficiently manage succession planning and the needs and priorities of the local population.	

### Vision and strategy

#### The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice vision was:</p> <ul style="list-style-type: none"> <li>• “To provide excellent medical care to our patients by providing care effectively, safely and with dignity and respect with the cooperation and teamwork of all members of the practice team.”</li> <li>• “To achieve our vision by offering the highest standards of care to all our patients and to listen to their views and needs. To ensure that all staff employed by the practice are trained and competent to assist in the smooth and safe running of the practice for the benefit of all users.”</li> </ul> <p>This statement was in the practice leaflet.</p> <p>During an away day in November 2018, each group of staff came up with objectives specific to their department. The objective had to cover areas including; patient care, statutory requirements, financial objectives, contractual elements, staff and other areas. For example, the clinical team’s objectives were:</p> <ul style="list-style-type: none"> <li>• QOF - Maintain last year’s achievement</li> <li>• Action and review at last 5 audits annually</li> <li>• Complete GPs and Nurse revalidation</li> <li>• Referrals/Letters to be actioned in a timely manner – two to three working days (per individual)</li> <li>• Tasks to be actioned in a timely manner – one to two working days (per individual)</li> <li>• Emails to be actioned promptly</li> <li>• Attend at least 4 clinical meetings each calendar year</li> <li>• Attend MDT &amp; Nurse meetings where possible</li> <li>• Ensure all data is recorded on the clinical system in an appropriate and timely manner</li> <li>• Clinicians to give patients realistic expectations regarding future appointments, for example COIL fitting, ear syringing, self-referral to physio, when your next available appointment will be, when you are on holiday</li> </ul> <p>Staff reported they felt fully engaged with the vision and values. Staff had improved ownership over their roles and responsibilities and felt they had greater responsibilities within the practice. The objectives, vision and values were constantly reviewed at staff meetings and during appraisals to ensure staff were fully engaged, that the vision and objectives were realistic and achievable while remaining challenging and aligned with the wider NHS goals.</p>	

## Culture

### The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes



There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff felt fully engaged within the practice. A culture of teamwork and a strong ethos of patient-centred care was embedded within each staff member. Staff turnover was low and the practice recruited to positions proactively so there were no shortfalls in the quality of care offered to patients. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process.</p> <p>There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. Staff used external information, such as significant events from other practices to implement processes in their practice to ensure events were safeguarded against happening there which further embedded a safety culture for staff and patients.</p>	

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff interviews	We spoke with several members of staff and all reported an inclusive leadership mentality, with staff motivated to improve outcomes, provide high quality care and keep the level of teamwork they currently had.

## Governance arrangements

### There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Governance arrangements were proactively reviewed and reflected best practice. The practice had reviewed how they functioned and ensured staff had the skills and knowledge to ensure those systems worked effectively. There were several meetings held within the practice in which governance systems were discussed and reviewed to ensure they were effective, including risks within the practice, significant events and complaints. A systematic approach was taken to working with other organisations to improve care outcomes. For example, the practice had worked closely with the Deben Health Group to devise 'red flag' symptoms, social prescribing guidance and shared outcomes from significant events. The practice had been proactive in initiating new systems from events from other practices to safeguard against them happening at the practice.</p> <p>There was a commitment to best practice with records keeping and the practice had implemented their own templates which improved the standardisation of records, as well as identifying 'red flag' symptoms.</p>	

## Managing risks, issues and performance

**There were clear and effective processes for managing risks, issues and performance.**

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a clear system and process for managing risks within the practice. There were comprehensive risk assessments in place which addressed fire, legionella, health and safety and infection prevention and control. Action plans from these risk assessments were completed and monitored to ensure changes were implemented and maintained. The practice took the safety of staff, patients and the building seriously and had a fault log that all staff could access and add to. This was monitored and acted upon by the practice manager.</p> <p>Performance was consistently reviewed and above average in areas compared to the rest of the CCG for both the Quality and Outcomes Framework and the national GP Patient Survey. The practice used performance to guide their programme of audits and to make improvements throughout the practice, both clinical and non-clinical.</p>	

## Appropriate and accurate information

**There was a demonstrated commitment to using data and information proactively to drive and support decision making.**

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice was aware of their performance in areas such as CCG data, QOF and national patient surveys. They used this data to drive their auditing, patient care and any changes to the practice. There was a consistent, proactive drive to adapt to the challenges they faced and continue to drive effective care. There was a demonstrated commitment at all levels to sharing data and information proactively to</p>	

support internal decision making as well as system-wide working and improvement.

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

**The practice involved the public, staff and external partners to sustain high quality and sustainable care.**

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: There were consistently high levels of constructive engagement with staff and people who use services. Rigorous and constructive challenge from people who use services, the public and stakeholders was welcomed and seen as a vital way of holding services to account. Services were developed with the full participation of those who use them, staff and external partners as equal partners. There was a commitment to acting on patient feedback to change and improve services. The practice were proactive in the community and had provided several educational events for patients, not only those registered with the practice but for all patients within the community. Events had been held on dementia and health awareness and external groups such as Age UK and the local council had attended. These events had been well attended and there was positive feedback from patients and external stakeholders that had attended the events.	

Feedback from Patient Participation Group.

Feedback
We met with members of the patient participation group (PPG) who reported they met every two months with the practice and were kept up to date with changes in the practice via email. They were actively trying to recruit younger members to the PPG, with assistance from the practice. The PPG were complimentary regarding the practice and felt fully involved in the changes implemented in the practice.

Any additional evidence
Changes that were made within the practice were discussed with the PPG before they were implemented within the practice, to ensure the patient view was fully considered before implantation. The practice used feedback from patients in order to drive change within the practice and to meet patient need. For example: <ul style="list-style-type: none"><li>• Extra signs displayed informing patients which doors opened outwards.</li><li>• Wifi was made available in the waiting room.</li><li>• Coat hooks in the toilet were due to be discussed in the next PPG meeting (February 2019).</li><li>• A self-check in screen had been obtained and was awaiting PPG approval.</li></ul>

### Continuous improvement and innovation

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

	Y/N/Partial
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There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
<p>Explanation of any answers and additional evidence:  Continuous improvement was a high priority for the practice. Improvement was seen as the way to achieve high levels of performance and for the organisation to learn. Improvement methods and skills were available and used across the organisation, and staff were empowered to lead and deliver change. For example, a practice nurse was working closely with the lead GP for diabetes to closely monitor and recall patients with positive outcomes. Staff were encouraged to undertake training and develop their skills.</p>	

**Examples of continuous learning and improvement**

The practice was an active research practice, having undertaken 21 research projects since 2016. This included research in areas such as diabetes, stroke, heart disease, chronic kidney disease and patients on multiple medicines. Patients were positive about their involvement in research.

The practice had a strong record of working locally with other practices to improve care for their patients and for other patients in the locality.

The practice had empowered a nurse to gain a diabetic diploma qualification. The nurse had utilised the knowledge gained to complete several diabetic audits which had been fully supported by the practice and had improved outcomes for diabetic patients. The nurse reported they worked closely with the lead GP for diabetes and felt the partnership working had led to improved care for patients.

The practice had two GPs trained in dermoscopy. Since starting this service, the practice had found a decrease in the number of referrals to the two-week wait service and an increase in the number of malignant melanomas diagnosed. This showed the practice were appropriately referring to cancer pathways and feedback from secondary care was positive about the standard of referrals received by the practice.

## Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:  
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

### Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.