Care Quality Commission

Inspection Evidence Table

Kirkley Mill Surgery (1-4436780475)

Inspection date: **15 August 2019**

Date of data download: **06 August 2019**

Overall rating: add overall rating here

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

Safe Rating: Good

At our last inspection in August 2018, we rated the practice as requires improvement for providing safe services because:

- There were a significant number of patient's records that needed to be summarised and action was needed to ensure that patients were coded appropriately.
- Reception staff were aware of guidance for recognising the deteriorating patient, but specific guidance, for example for sepsis was not in place.
- Appropriate emergency medicines were not all available and no risk assessment had been undertaken.
- There was no health and safety risk assessment. This was written and submitted following the inspection.

At this inspection, we rated the provider as good for providing safe services.

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[1]
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes

Safeguarding	Y/N/Partial
There were systems to identify vulnerable patients on record.	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
Explanation of any answers and additional evidence: [1] The practice reported any safeguarding referrals to the Suffolk GP Federation C.I.C. via the electronic Datix system. The central governance team reviewed each event to ensure learning was shared across the practice and the wider organisation.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes[1]
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Explanation of any answers and additional evidence: [1] There was a comprehensive centralised system for the management of recruitment and the oversight of mandatory training. There were reminders in place to check revalidation and registration of clinical staff.	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Yes January 2019
There was a record of equipment calibration. Date of last calibration:	Yes June 2019
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 Annually
There was a log of fire drills. Date of last drill:	Yes July 2019
There was a record of fire alarm checks. Date of last check:	Yes Weekly

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 July 2019
Actions from fire risk assessment were identified and completed.	Yes

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Yes[1] May 2019
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes May 2019
Explanation of any answers and additional evidence: [1] A risk assessment had been completed for legionella by the owner of the building. Regular water testing was carried out as required.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	Yes[1] 11 July 2019
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: [1] The practice had scored 97% on their infection prevention and control audit, which was a 4% increase on the previous year. The audit had been completed by an external company. Actions such as descaling the taps to prevent limescale build up had been undertaken. The provider had secured funding for extra training for the infection control leads and the infection control champions within the whole organisation had completed this.	

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
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	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[1]
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence: [1] We viewed a compliment received by the practice which praised a receptionists' quick action on noting a deteriorating patient in the waiting room. The receptionist called for a doctor immediately. Training had been given by a nurse to reception staff to inform them of the signs and symptoms of sepsis.	

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.	Partial[1]
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 and 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
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	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
Explanation of any answers and additional evidence: [1] The practice told us there were 527 notes that had not been summarised due to workload issues. However, this had reduced from 2906. There was a clear action plan in place to ensure the backlog was	

completed by the end of September 2019. The practice had employed a further member of staff to assist with this and the clinical lead of the Suffolk GP Federation also assisted with this workload at weekends. The notes had been reviewed by a clinician and prioritised, with major diagnoses being added to the notes immediately.

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) (01/04/2018 to 31/03/2019) (NHS Business Service Authority - NHSBSA)	1.03	0.95	0.88	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). (01/04/2018 to 31/03/2019) (NHSBSA)	7.4%	7.6%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2018 to 31/03/2019) (NHSBSA)	5.29	5.45	5.61	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/10/2018 to 31/03/2019) (NHSBSA)	2.14	1.93	2.07	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.	Yes[2]

Medicines management	Y/N/Partial
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
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.	N/A
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[1]
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
Explanation of any answers and additional evidence: [1] The Suffolk GP Federation C.I.C. had completed a risk assessment for emergency medicines and had mitigated the risk for those they did not keep in stock at the practice. [2] There was clinical oversight of the competence of practice nurses, the advanced nurse practitioner and GPs. The clinical director of Suffolk GP Federation C.I.C. had undertaken a competency check of a sample of patient records for each clinician. They had sampled a range of clinical consultations and reviewed the following: record of current medication, allergies, relevant social history and potential safeguarding concerns, appropriate examination findings, appropriate diagnosis and differential diagnosis, management appropriate to diagnosis, appropriate prescribing and detailed safety netting. Feedback was shared with clinicians, with a discussion on an individual basis in relation to the findings.	

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[1]
Number of events recorded in last 12 months:	74
Number of events that required action:	74

Explanation of any answers and additional evidence:

[1] The Suffolk GP Federation C.I.C. utilised a newsletter which was sent to all staff within the organisation. The newsletter had information including learning from significant events. Staff used a Datix system which was available on all computers to report events. Events were reviewed by the governance team and the practice manager investigated the incident. The outcome was seen by the quality review panel to ensure the event had been fully investigated and the learning disseminated. Each incident was graded according to risk and themes were identified to mitigate against incidents reoccurring. Significant events and identified learning were discussed and shared at practice meetings including whole team and clinical staff meetings. An action log was kept for all events and sent to the practice on a monthly basis. Information was also shared through the 'Suffolk Fed' newsletter.

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

Event	Specific action taken
Personal details of staff were available on the shared drive.	This was reported and immediately investigated. It was found some of these files were old and these were archived. All other files were moved to a secure drive. An audit was completed to ensure all files had been reviewed and moved appropriately. A reminder was sent to staff to inform them not to store personal details on the shared drive and to give them to the HR department.
Incidents of patient aggression	There had been several incidents of patient aggression within the practice. The practice had written to these patients explaining their zero-tolerance policy and in some instances, reported the incident to the police.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes[1]
Staff understood how to deal with alerts.	Yes[2]

Explanation of any answers and additional evidence:

[1] Suffolk GP Federation C.I.C. and the practice utilised the Datix system to manage safety alerts. This included the detail of the alert, the date it was issued and a deadline for when staff needed to action it by. The operations manager who received the alerts emailed them to all clinicians. The alert was actioned by the appropriate person and completion was overseen by the primary care medical director. The actions taken were recorded on the Datix system.

[2] Following an alert, a new protocol had been written which gave clinicians a warning to the possibility of side effects, linked to a specific medicine. We saw on the practice's computer system the alert was displayed. We looked at several other alerts and found these had been managed appropriately.

Effective Rating: Requires Improvement

At our inspection in August 2018, we rated the practice as requires improvement for providing effective services overall and across all population groups, except for people experiencing poor mental health (including people with dementia) which we rated inadequate because:

The quality and outcome framework data used in the evidence table relates to the previous provider. The provider took over the practice on 1 November 2017 and shared with us their unverified performance data for 2017 to 2018. This showed the practice's overall performance had remained the same, and the overall exception reporting had increased. This effected all the population groups.

- The achievement for people experiencing poor mental health (including people with dementia) remained poor and the exception reporting was high.
- The practice had completed 26 out of 88 health reviews in the previous 12 months for patients with a learning disability. The practice was aware of this and had set aside appointments for these reviews to be completed by two of the advanced nurse practitioners by the end of September 2018.

At this inspection, we rated the practice as requires improvement for the population groups of people with long term conditions and working age people because:

- We reviewed unverified QOF data from 2018/19 and found some improvements had been made to outcomes for patients. There was an improvement plan in place and data for this current year 2019/20 showed the practice had achieved more reviews than the same time period for the previous year. Only the clinical primary care lead could add the exception code to ensure patients were managed appropriately. Although there was improvement in all the indicators noted, further work was required to improve outcomes to meet national and local averages.
- The practice were aware that their cancer screening rates were lower than average. In response to this, the practice held a joint meeting with the local hospital screening lead and representatives from the cancer prevention team to help assist them in promoting screening and prevention of cancer; however, at the time of our inspection the practice was unable to demonstrate improvement in the Public Health England data.

We rated the other population groups as good for providing effective care.

Effective needs assessment, care and treatment

Patients' needs were mostly 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.	Partial[1]
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Partial[2]
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	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 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
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes

Explanation of any answers and additional evidence:

[1] Clinicians we spoke with told us about recent guidance they had received and we did not see evidence of clinicians working outside of guidance. Evidence-based practice was not discussed or documented in meeting minutes, however the provider told us they would do this in the future.

[2] We reviewed unverified QOF data from 2018/19 and found there was some improvement in the outcomes for patients; however, some areas such as diabetes were still lower than average. The practice and provider had an improvement plan in place and data for this current year 2019/20 showed the practice had achieved more reviews than the same time period for the previous year.

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) (01/04/2018 to 31/03/2019) (NHSBSA)	1.68	0.99	0.77	Tending towards variation (negative)

Older people — Population group rating: Good

Findings

- The practice had started to use an appropriate tool to identify older people who were living with moderate or severe frailty. The practice planned to complete a full clinical review including medication and long-term conditions to reduce the need for multiple appointments for the patient.
- 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.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- We spoke to the practice about their hypnotic prescribing and found the provider and practice were actively monitoring and trying to reduce their prescribing. We saw a small reduction in hypnotic prescribing since January 2019.

People with long-term conditions — Population group rating: Requires improvement

Findings

- Since April 2019, patients with long-term conditions were offered 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.

- The practice had adopted a prioritisation-based approach to managing patients with long term conditions. For example, patients with high levels of IFCC-HbA1c were reviewed first to proactively monitor their blood levels and to give maximum time during the year to improve their blood levels.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice demonstrated 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.
- Patients with COPD were offered rescue packs on an individual basis, when patients had been assessed as appropriate for these.
- Patients with asthma were offered an asthma management plan.

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) (QOF)	55.6%	72.8%	78.8%	Significant Variation (negative)
Exception rate (number of exceptions).	9.1% (32)	15.5%	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) (QOF)	41.1%	72.2%	77.7%	Significant Variation (negative)
Exception rate (number of exceptions).	8.8% (31)	10.5%	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) (QOF)	64.2%	74.9%	80.1%	Variation (negative)
Exception rate (number of exceptions).	8.8% (31)	15.5%	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) (QOF)	45.1%	72.2%	76.0%	Significant Variation (negative)
Exception rate (number of exceptions).	4.3% (16)	10.0%	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 Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	59.3%	86.0%	89.7%	Significant Variation (negative)
Exception rate (number of exceptions).	13.6% (22)	10.4%	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)	63.8%	79.9%	82.6%	Significant Variation (negative)
Exception rate (number of exceptions).	5.7% (54)	4.9%	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)	72.7%	84.2%	90.0%	Variation (negative)
Exception rate (number of exceptions).	0.0% (0)	8.2%	6.7%	N/A

Any additional evidence or comments
The Suffolk GP Federation CIC monitored performance and exception reporting on a monthly basis. We reviewed unverified QOF data from 2018/19 and found some improvements had been made to outcomes for patients. For example: • 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 had increased from 55.6% to 66%. • 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 had increased from 41.1% to 59%. • 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 had increased from 64.2%to 69%. • 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 had increased from 45.1% to 69%. • The percentage of patients with COPD who have had a review, undertaken by a healthcare

professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months had increased from 59.3% to 86%.

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less had increased from 63.8% to 75%.
- 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 had increased from 72.7% to was 78%.
- Overall exception reporting for diabetes was 15%.
- Overall exception reporting for asthma was 5%.
- Overall exception reporting for hypertension was 6%.
- Overall exception reporting for atrial fibrillation was 5%.
- Overall exception reporting for COPD was 13%.

The practice and provider had an improvement plan in place and data for 2019/20 showed the practice had achieved more reviews than in the same time period for the previous year. Exception reporting was only completed by the clinical primary care lead to ensure the exceptions were appropriate. Although there was improvement in all the indicators noted, further work was required to improve outcomes to meet national and local averages.

Families, children and young people Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets for three of the five indicators, one was below average. The practice was aware of this and had taken steps to improve this indicator. For example, the practice had educated patients and offered opportunistic education and immunisation sessions to the benefits of the immunisation. The practice had tailored specific plans for patients who were unsure about getting their child vaccinated. They worked closely with the health visitor and informed them when a child had not been vaccinated. The health visitor explained the importance of vaccination and encouraged attendance. Due to a change in nursing staff and an increased in permanent staff, the practice was confident their uptake would further improve.
- 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.
- 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 completed blood tests annually for patients who had diabetes in pregnancy to monitor their blood levels.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of	60	70	85.7%	Below 90% minimum

immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2018 to 31/03/2019) (NHS England)				
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	63	70	90.0%	Met 90% minimum
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) (01/04/2018 to 31/03/2019) (NHS England)	64	70	91.4%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	64	70	91.4%	Met 90% minimum

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information:
https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices

Working age people (including those recently retired and students)

Population group rating: Requires improvement

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.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- There was a failsafe system in place to ensure the practice received a result for any smear test undertaken.

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)	61.0%	74.2%	71.7%	Tending towards variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	63.3%	74.8%	69.9%	N/A

(01/04/2017 to 31/03/2018) (PHE)				
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	42.8%	57.9%	54.4%	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)	22.2%	62.0%	70.2%	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)	52.4%	46.6%	51.9%	No statistical variation

Any additional evidence or comments

The practice were aware that their cancer screening rates were lower than average. In response to this, the practice held a joint meeting with the local hospital screening lead and representatives from the cancer prevention team to help assist them in promoting screening and prevention of cancer.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check. We saw for 2018/19, the practice had completed 57 out of 61 reviews for patients with a learning disability.
- 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 was in the process of undertaking an audit to identify ways to improve their management of palliative care patients. This included a retrospective review of deaths to understand if patients had passed away in their preferred place of death, if anticipatory medicines had been prescribed and had relatives been contacted for bereavement support.
- 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 (including people with dementia)

Population group rating: Good

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.
- Same day and longer appointments were offered when required.

- 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.
- All staff were booked to receive training from an external organisation on dementia awareness.
- Patients with poor mental health, including dementia, were referred to appropriate services.

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) (QOF)	90.4%	86.7%	89.5%	No statistical variation
Exception rate (number of exceptions).	21.0% (25)	16.3%	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) (QOF)	68.8%	84.7%	90.0%	Variation (negative)
Exception rate (number of exceptions).	21.8% (26)	14.2%	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) (QOF)	80.6%	80.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	16.2% (6)	8.2%	6.6%	N/A

Any additional evidence or comments

The Suffolk GP Federation CIC monitored performance and exception reporting on a monthly basis. We reviewed unverified QOF data from 2018/19 and found improvements had been made to outcomes for patients. For example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months had increased from 68.8% to 84%.
- We reviewed exception reporting for unverified 2018/19 QOF data for mental health outcomes and found the overall exception reporting was 11%.

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
Overall QOF score (out of maximum 559)	430.1	522.6	537.5
Overall QOF score (as a percentage of maximum)	76.9%	93.5%	96.2%
Overall QOF exception reporting (all domains)	6.8%	6.5%	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
Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

- The practice had undertaken a two-cycle clinical audit for diabetes diagnosis coding and testing. This aimed to appropriately code patients records in time for the new long-term condition process which started in April 2019. Results from February 2019 showed 16 patients who met the diagnostic criteria had not been coded. Actions were identified for patients to have follow up blood testing, to be seen by a nurse and to have an urgent review booked. The audit was repeated in July 2019 and the number of patients who met the diagnostic criteria who had not been coded had reduced to three. The three patients were being managed by one clinician who was processing the results, so feedback was given directly. The practice planned to develop an automated system so the records of patients which have not been coded were highlighted. They planned to reaudit in six months.
- An audit was undertaken in July 2019 following a significant event. A review of patients on a pain-relieving medicine was completed to ensure this medicine was only prescribed for patients with palliative care needs, or patients with a clear documented risk assessment and patient discussion. In all cases when this medicine was prescribed on repeat, it was in line with the audit standard.

Any additional evidence or comments
Suffolk GP Federation C.I.C. had a programme of audits that was monitored to promote quality improvement.

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	Yes

taking for the cervical screening programme.	
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
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	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[1]
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 their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: [1] There was clinical oversight of the competence of practice nurses, the advanced nurse practitioner and GPs. The clinical director of Suffolk GP Federation C.I.C. had undertaken a competency check by reviewing a sample of patient records for each clinician. They had sampled a range of clinical consultations and reviewed the following: record of current medication, allergies, relevant social history and potential safeguarding concerns, appropriate examination findings, appropriate diagnosis and differential diagnosis, management appropriate to diagnosis, appropriate prescribing and detailed safety netting. Feedback was shared with clinicians, with discussion on an individual basis in relation to the findings. These were completed quarterly for every clinician.	

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[1]
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.	N/A

Explanation of any answers and additional evidence:

[1] The practice hosted One Life Suffolk which were a social prescribing group in order to effectively refer their patients to outside agencies when required. They had arranged a meeting with the wellbeing service to determine which days they could attend the practice. The provider was in the process of arranging for a mental health worker to be available at the practice on a regular basis from September 2019.

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
Patients had access to appropriate health assessments and checks.	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[1]

Explanation of any answers and additional evidence:

[1] The practice hosted One Life Suffolk regularly and signposted patients to them for additional support and social prescribing. The practice had educational events hosted by One Life Suffolk for their staff to ensure they were up-to-date on services that were available for patients.
Staff told us they reviewed lifestyle as part of their holistic management of patients. For example, nurses discussed healthy eating and exercise with patients at risk of diabetes.

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) (QOF)	99.1%	94.3%	95.1%	Variation (positive)
Exception rate (number of exceptions).	2.0% (33)	0.6%	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
Policies for any online services offered were in line with national guidance.	N/A

Caring Rating: Good

At our previous inspection in August 2018, we rated the practice as good for providing caring services. At this inspection, we rated the practice as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes[1]
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: [1] We observed members of the reception team assisting patients with their care needs by explaining letters and booking appointments at times that suited the patients.	

CQC comments cards	
Total comments cards received.	36
Number of CQC comments received which were positive about the service.	30
Number of comments cards received which were mixed about the service.	Five
Number of CQC comments received which were negative about the service.	One

Source	Feedback
Healthwatch	The practice had received three and a half stars out of five based on 60 reviews. Recent comments included: • "I find reception helpful." • "Very helpful staff." • "They have kind and caring staff."
CQC comment cards	A large majority of the comment cards we received were positive about the practice. Comments included: • "Staff are always very helpful." • "The staff are very good, friendly, helpful and always have time for me." • "Staff are friendly and the doctors are understanding." One comment card reported a rude member of staff; however, this was not a theme in the comment cards.

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
6311	403	115	28.46%	1.82%

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 (01/01/2019 to 31/03/2019)	78.6%	88.1%	88.9%	Tending towards variation (negative)
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 (01/01/2019 to 31/03/2019)	78.7%	87.4%	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 (01/01/2019 to 31/03/2019)	90.2%	94.0%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	70.0%	81.8%	82.9%	No statistical variation

Any additional evidence or comments	
Friends and Family test.	The practice had a friends and family feedback system and patients were encouraged to leave rated feedback on the service they had received. The latest data from June 2018 showed that from 103 respondents, 80% were likely or extremely likely to recommend the practice. Comments included that reception staff were helpful and polite, the doctors and nurses were wonderful and that the surgery was improving. We spoke to the team about the lower than average result. They told us, and patients commented, that continuity of care had been an issue previously. The practice now had more permanent staff and were committed to improving continuity of care. Patients told us arrangements at the practice had improved in the last year.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes

Any additional evidence
We viewed the results of the practice internal patient satisfaction audit completed between January and March 2019. Results showed: • 78% of patients felt involved in their care and treatment; 3% did not feel involved and 19% reported they did not know. • 98% of patients felt their confidentiality was respected and information was shared appropriately. • 80% were likely or extremely likely to recommend the service.

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[1]
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: [1] Easy read and pictorial materials were available when required.	

Source	Feedback
CQC comment cards	Several comment cards made positive references to clinicians giving patients enough time during consultations, listening to them and involving them in their care and treatment. Patients reported their needs were responded to.

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 (01/01/2019 to 31/03/2019)	88.2%	93.4%	93.4%	No statistical variation

	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[1]
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: [1] The practice had translated cancer screening letters into other languages to try to encourage attendance and to ensure patients were fully informed about treatment available to them.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 127 patients as carers, which was approximately 2% of the practice population.
How the practice supported carers (including young carers).	The practice regularly hosted One Life Suffolk which was a social prescribing organisation which helped patients to find support and local groups. The practice was proactive with this and had leaflets in the waiting room. They were the highest refers to the service.
How the practice supported recently bereaved patients.	The practice sent a card and made a phone call to patients who were recently bereaved. The practice was also in the process of auditing their after-death care to ensure key aspects were reviewed, including bereavement support to ensure any learning was shared.

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[1]
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: [1] Six of the comment cards we received reflected on how staff treated patients with dignity and respect during all aspects of the appointment.	

Responsive Rating: Good

At the previous inspection in August 2018, we rated the practice as good for providing responsive services. At this inspection, we rated the practice as good for providing responsive services.

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes[1]
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
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: [1] Improved access appointments were available at weekends for patients at a local practice. This was part of a scheme offered and supported by local practices.	

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	8am-6.30pm
Tuesday	8am-7.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6311	403	115	28.46%	1.82%

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 (01/01/2019 to 31/03/2019)	88.4%	93.5%	94.5%	No statistical variation

Older people — Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- 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 provided effective care coordination to enable older patients to access appropriate services.

People with long-term conditions — Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- 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.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people — Population group rating: Good

Findings

- Additional nurse appointments were available until 7.30pm on a Tuesday 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.

Working age people (including those recently retired and students) — Population group rating: Good

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 until 7.30pm on a Tuesday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of an improved access scheme with local practices.

People whose circumstances make — Population group rating: Good

them vulnerable

Findings
• The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. • The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services. • The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

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.

Timely access to the service

People were able 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

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 (01/01/2019 to 31/03/2019)	64.1%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	61.7%	65.7%	67.4%	No statistical variation
The percentage of respondents to the GP	56.4%	64.6%	64.7%	No statistical

Indicator	Practice	CCG average	England average	England comparison
patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)				variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	67.1%	73.8%	73.6%	No statistical variation

Source	Feedback
NHS Choices	Since the last inspection, four reviews had been posted on NHS Choices. Three were one star and one was four stars out of five. Comments reflected the lack of appointments available. Patients commented that even if they phoned at 8am, they were unable to get an appointment.
Healthwatch	The practice had received three and a half stars out of five based on 60 reviews. Recent comments included: • "Access is less good than it used to be." • "It's not consistent and the GPs change a lot." • "Here for a blood test, made an appointment easily."
CQC comment cards	The comment cards we received were positive about how easy it was to access the surgery. Some cards reflected that this had improved in the past year and they were able to get appointments on the same day. Some comment cards noted it would improve their care to have continuity of clinicians, however they did also state the care they received was of a good standard.

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.	Nine (since January 2019)
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[1]

Explanation of any answers and additional evidence:

[1] Information about complaints was available on the practice's website.
Complaints were recorded on Datix and the Suffolk GP Federation C.I.C. governance team was responsible for corresponding with complainants. The practice was responsible for the investigation of the complaints and informed the governance team of their findings. Where appropriate, learning from complaints was shared within the practice team. Opportunities for this were available at the monthly practice meetings, clinical meetings and nurse's meetings.

The service also recorded compliments. The practice had received one compliment regarding the receptionists' quick action on noting a patient deteriorating in the waiting room.

The provider did not include the ombudsman details on the initial complaint response letters but did if the patient complained again. They told us they were changing this process to include these details on all response letters.

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient unable to obtain x-ray results	The site was down at the time of patient request. The practice put a process in place to inform patients to call the hospital to get results while the site was not working. The practice also requested a printed copy of results from the hospital.
Patient unable to obtain an appointment	The triage system was explained to the patient and the requirements for urgent or routine appointments. The patient had since secured an appointment with a GP.

Well-led Rating: Good

At the previous inspection in August 2018, we rated the practice as requires improvement for providing well-led services because:

- The systems in place for managing, monitoring and learning from significant events and complaints were not embedded at the practice level. Managerial staff at the practice were not able to access monitoring and learning information on significant events and complaints and staff reported that they did not know the outcome of identified learning. The agreed process for responding to complaints had not always been followed.
- Although staff had been employed and training undertaken to improve the coding of patients, work was still needed to ensure that patients were coded appropriately, and patients' notes were summarised. Outcomes for patients as measured by the Quality and Outcomes Framework required improvement.
- Risks were not all identified and monitored.

At this inspection, we rated the practice as good for providing well-led services.

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[1]
Explanation of any answers and additional evidence: [1] Suffolk GP Federation C.I.C. had completed a GP Future Leaders programme for GPs new to practice. This had been completed by the primary care clinical lead and the clinical lead at Kirkley Mill Surgery was planning to attend. [1] The provider had a business plan in place that was continually monitored and updated when changes were made. For example, in the plan from April 2019, the practice did not have full care navigation in place. We found this was in place at this inspection.	

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[1]
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
Explanation of any answers and additional evidence: [1] The aim for Suffolk GP Federation C.I.C. was: • "To find innovative solutions while at the same time protecting the interests of general practice and ensuring that patients continue to receive the very best care." Reception and administrative staff were trained in several areas of work. They told us there was a daily rota in place, so they knew which tasks they would be completing that day.	

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
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes[1]
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: [1] Suffolk GP Federation C.I.C. had a GP Support hub available for GPs within the organisation, which included GPs at Kirkley Mill Surgery.	

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

Source	Feedback
Staff interviews	Staff told us they felt the practice had stable leadership and they felt connected to the provider. They were able to raise concerns easily and felt supported to carry out their roles. They told us the introduction of more permanent staff had aided a morale boost. Staff were happy to work at the practice and proud of the improvements they had made. They told us they were involved in the improvement plan for the practice and were committed to making the necessary changes to improve patient outcomes.

CQC comment cards	Comment cards we received told us patients had noted improvements in the practice over the past year. They told us access was improving and staff were friendly.

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[1]
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: [1] Systems and processes were established by the Suffolk GP Federation C.I.C.; for example, in relation to the management of patient's taking medicines which require additional monitoring. The provider had an action log in place which covered several aspects of the service, including audits, incidents, risk assessments and complaints. This was used to continually review the actions required by the practice. For example, the practice had a power cut in the surgery and had identified the need for refresher training for staff on what to do in an emergency as the building was a shared building. Members from the Suffolk GP Federation governance team attended the practice monthly to discuss incidents, complaints and actions required, including updates on actions taken. The service had an incident management dashboard which identified all incidents monthly that still required action. We reviewed this and found a downward trend of the number of outstanding incidents. This was shared with practices.	

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[1]
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
Explanation of any answers and additional evidence: [1] The provider held monthly primary care meetings which were attended by all practice leads and the medical director. We looked at meeting minutes which showed regular discussion of quality assurance including audits, performance (including QOF), significant events and incidents, risks within the practices	

and shared learning. This enabled the management board and the practice leads to share learning and implement systems to ensure risks were not replicated across sites.

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[1]
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
Explanation of any answers and additional evidence: [1] The Suffolk GP Federation CIC was monitoring performance and exception reporting on a monthly basis. The practice was third on the CCG dashboard overall which was a marked improvement on previous performance. The practice had put plans in place to address referrals and prescribing which had been effective.	

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
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes[1]
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: [1] Suffolk GP Federation C.I.C. held a staff council which Kirkley Mill Surgery were a part of. The responsibility of this group was to be a champion for the workforce, represent the best interests of staff, embody the organisational values and support collective decisions. Suffolk GP Federation C.I.C. had completed a staff survey in 2018 which showed 91% of staff felt trusted to do their job, 85% of staff felt they were able to do their job to a standard they were pleased with and 84% were satisfied with the amount of responsibility they had. The 2019 staff survey was underway at the time of the inspection, so results were not available.	

Feedback from Patient Participation Group.

Feedback
We spoke with a member of the PPG who told us they felt involved in the changes within the practice. We saw meeting minutes where the practice had informed the PPG about staffing, long term condition management and online services. These were displayed in the waiting room for all patients to read. The

PPG told us they felt the practice was improving and continuity of care had increased.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes[1]
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: [1] We observed that learning was shared across the wider organisation to encourage improvement. Reception staff had been trained in care navigation to enable them to effectively direct patients to the most appropriate clinician or person, without the need for a GP referral. Suffolk GP Federation C.I.C. provided a GP Support hub that GPs could access to request specialist training if they had an interest in specific areas.	

Examples of continuous learning and improvement
The provider was committed to encouraging and offering training for staff. For example, nursing staff had undertaken further training for long term condition management, such as diabetes. The practice told us they would support healthcare assistants to undertake their nursing degrees if staff wanted to do this. Staff told us it was easy to request training and they felt supported to do so.

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 practices 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 Bands	Z-score threshold
Significant variation (positive)	≤-3
Variation (positive)	>-3 and ≤-2
Tending towards variation (positive)	>-2 and ≤-1.5
No statistical variation	<1.5 and >-1.5
Tending towards variation (negative)	≥1.5 and <2
Variation (negative)	≥2 and <3
Significant variation (negative)	≥3

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.