

Constable Country Rural Medical Practice

Inspection report

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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Good



Overall summary

This practice is rated as requires improvement overall. This is the seventh inspection of Constable Country Rural Medical Practice. At our inspection dated 8 May 2015 we found the practice inadequate overall and at our last inspection 24 December 2015 the practice was rated as good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Requires improvement

Are services responsive? – Requires improvement

Are services well-led? - Good

We carried out an announced comprehensive inspection at Constable Country Rural Medical Practice on 16 May 2018. This inspection was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- The practice had continued to sustain and further improve some areas which had been identified as needing improvement during our inspection in May 2015. The practice was aware of some areas which they were improving further.
- Since our previous inspection, significant changes had taken place within the staffing of the practice; three GP partners had left the practice and from January 2018 two GP partners led the practice. They had been successful in recruiting permanent staff as well as developing existing staff.
- Results of the GP patient survey July 2017 and feedback received from patients showed that patient satisfaction in some aspects of care was poor. Negative comments included those relating to GP attitude. The practice had been proactive in increasing the way they sought feedback from patients with the Patient Participation Group (PPG) and Healthwatch Suffolk who were consistently involved and had attended the practice regularly to gain direct feedback from patients using the service.

- Feedback in relation to the practice appointment system was mixed. Some patients reported they had trouble in using the appointment system and experienced delays in getting appointments. We noted that some patient feedback gathered by the PPG and Healthwatch reported that some patients had seen improvements over the recent months and liked the new triage system.
- The practice no longer dispensed medicines to patients who lived more than one mile from a pharmacy but worked with the local pharmacy which was sited at the branch site in Capel St Mary.
- Data from the quality and outcome framework (QOF) showed the practice performance as in line with or above the national and CCG averages.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice uptake rates for the vaccines given was positive with 100% for three of the four indicators and 95.8% for the fourth. This was above the national and CCG averages.
- There were systems to manage risk so that safety incidents were less likely to happen. When incidents happened, the practice learned from them and improved their processes but the practice did not fully evidence that learning was shared with the whole practice team.
- The practice had a system to manage complaints. We found most complaints had been managed appropriately but the practice could not demonstrate that learning was always shared with the whole practice team.
- Safety systems were comprehensive and actions were taken where necessary. Infection control audits were carried out monthly.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured care and treatment was delivered according to evidence-based guidelines.
- Clinicians had access to appropriate information to deliver safe care and treatment.
- Staff involved and treated patients with compassion, kindness, dignity, and respect.
- The practice had recently refurbished all the clinical rooms at the branch site and the refurbishment of the waiting area and reception office were due to be renovated.

Overall summary

- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Continue to monitor feedback from patients relating to the care they received and access to services to encourage improvements and monitor the impact of changes made by the practice to ensure they are effective.

- Improve the documentation to evidence that fire safety checks are conducted regularly and formally recorded.
- Improve how the practice records and shares the findings and identified learning from complaints and significant events to the whole practice team.
- Review and monitor the coding of medical records in respect of palliative care patients.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice.

Population group ratings

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

Our inspection team

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

Background to Constable Country Rural Medical Practice

Constable Country Rural Medical Practice is situated at Heath Road, East Bergholt, Colchester CO7 6RT and has a branch site at the nearby village of Capel St Mary. The practice is part of the Ipswich and East Suffolk (CCG). Services are provided under a general medical service (GMS) contract with NHS England. There are approximately 10,300 registered patients. The practice provides services to a diverse population age group, in a semi-rural position. The practice website can be found at .

Information published by Public Health England, rates the level of deprivation within the practice population group lower than the national average. The practice has a lower than national average of patients aged under 65 years old and a higher population of those aged over 65 years of age. Male and female life expectancy in the practice geographical area is higher the national average at 82 years for males, compared to 80 years nationally and 86 years for females, compared to 83 years nationally.

Practice opening hours are from 8am to 6.30pm Monday to Friday and extended hours appointments are offered at the GP+ service which operates in nearby Ipswich. Both GP partners work at the GP+ service to ensure patients who wish to see them in the evening or weekends are able to. When the practice is closed, patients are able to access out of hours services by telephoning NHS 111.

There are two female GP partners, five salaried GPs (three male, two female) two advanced nurse practitioners, and a pharmacist. There are four practice nurses, three health care assistants, and two phlebotomists. These are supported by a practice manager and an experienced team of reception/administration staff. The practice teaches medical students and on the day of the inspection medical students were in the practice on their placement.

The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check or had a risk assessment in place. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control. Audits were undertaken on a monthly basis and we saw that actions were taken when necessary.
- The practice had arrangements to ensure facilities and equipment were safe and in good working order. We noted that the practice did not formally record regular fire alarm testing or fire drills at the branch site in Capel St Mary. Staff carried out actions to manage risks associated with legionella in the premises (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. Staff met weekly

to ensure there were sufficient patient appointments available in the coming week. Arrangements were made to provide additional appointments with GPs when necessary.

- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Reception staff had access to policies in relation to medical emergencies. Although no recent formal training had been given to reception staff, clinicians and staff knew how to identify and manage patients with severe infections including sepsis. The practice told us they planned to provide training for all staff on sepsis in the near future. We saw posters and information sheets relating to sepsis were available in all clinical rooms and in the reception offices.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed information needed to deliver safe care and treatment was available to staff. The practice recognised that the coding of palliative care patients needed to be improved as the list recorded on the clinical system was lower than those discussed at the multi-disciplinary team meetings.
- There was a documented approach to managing test results and we saw results were dealt with in a timely way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines, and equipment minimised risks.

Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- The practice had employed a pharmacist to ensure that medicines were supplied and reviewed appropriately and in a timely manner.
- The practice regularly ran computer searches to review prescribing and provide an additional safety net for patients taking high-risk medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. We saw evidence that showed the practice had taken action as a result of incidents which led to safer services. However, the practice did not show sufficient evidence for example detailed minutes of meetings to show that learning was shared with the practice team.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

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

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice. Although this data is related to the previous provider, systems and staffing have remained largely the same.)

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw clinicians assessed needs and delivered care and treatment in line with current legislation, standards, and guidance supported by clear clinical pathways and protocols.

- All clinical staff had easy and immediate access to both written and online best practice guidance.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice offered a health check to patients aged over 75 where indicated. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

- The patients were able to book transport through the receptionists with the volunteer car scheme. This scheme provided transport to any patient who required it to visit either site.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice ensured all patients with moderate or severe chronic obstructive pulmonary disease (COPD) had access to an emergency supply of antibiotics and that they knew how to use them.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins (recommended medicines) for secondary prevention, people with suspected hypertension (high blood pressure) were offered ambulatory blood pressure monitoring and patients with atrial fibrillation (a heart condition) were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, COPD, atrial fibrillation and hypertension.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice uptake rates for the vaccines given was positive with 100% for three of the four indicators and 95.8% for the fourth. This was above the national and CCG averages.
- 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.

Are services effective?

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 76% compared to the CCG average of 74% and national average of 72%. The target for the national screening programme is 80%.
- The practices' uptake for breast and bowel cancer screening was higher than the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- 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 medicines.
- The practice undertook monthly computer searches to ensure all patients with a coded diagnosis of depression were reviewed appropriately.
- 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.

- The practice reviewed the care of patients diagnosed with dementia in a face to face meeting every year.
- Patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their medical records and reviewed each year.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.
- 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.
- The practice offered annual health checks to patients with a learning disability.

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. The practice used information about care and treatment to make improvements. For example, when an oral anti coagulation medicine is first prescribed to a patient the GP used a checklist to ensure the patient was aware of the risks of and the monitoring requirements needed. They ran audits to show that 100% of patients had been managed appropriately. Monthly computer searches were completed to ensure they maintained the standard.

Other quality improvements included, a review of all patients receiving regular injections to ensure they were on the correct dose and correct frequency and that clinical staff gave a consistent information to patients.

The practice had regular systems to monitor areas such as cervical screening and to ensure that all correspondence that needed clinical oversight had been seen by the GPs.

Effective staffing

Staff had the skills, knowledge, and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.

Are services effective?

- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. A nurse practitioner and employed pharmacist had been supported to obtain their prescribing qualification. One of the practice reception staff had trained as a phlebotomist.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The requirements of the Care Certificate were included in the training of the practice GP assistant. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information and liaised with community services, social services and carers for housebound patients, and with health visitors and community services for children who had relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health; for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as requires improvement for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was mixed about the way staff treated people. Results from the GP patient survey data July 2017 showed that patients rated some aspects of care as poor. For example 33.6% of patients stated that they would recommend definitely or probably recommend their GP survey to someone who had just moved to the area. The practice was aware of this poor feedback and had reviewed the results from the previous year. They had made changes and saw that some patient's feedback to Healthwatch and the PPG survey for May 2017 to May 2018 was more positive whilst there was still some negative feedback given.
- Healthwatch Suffolk held regular engagement sessions in both practices; we reviewed the report of July 2017 and November 2017 and February 2018 where approximately 40 patients were interviewed at each time. We noted that there were positive improvements commented on through the reports of areas about nursing and reception staff. However some patients reported they still found some GPs communication poor. The practice had paid attention to this and the GPs had undertaken communication skills training in January 2018; however the impact of this was not known at the time of our inspection.
- We saw the practice was supported by the patient participation group (PPG). With the practice they had implemented ways for patients to give their feedback, including feedback forms, direct phone numbers, and email access to the practice manager and the members of the PPG. The report for May 2017 to May 2018 showed a lower of comments had been received and although still contained some negative feedback they reported a higher percentage of positive comments.

- As part of our inspection we provided the practice with comment cards for patients to reflect their satisfaction; however, we did not receive any completed comment cards.
- Staff understood patients' personal, cultural, social, and religious needs.
- Because the practice staff turnover was low, staff had developed good knowledge of patient personal circumstances. We were given examples of where patients had been treated in an understanding and compassionate way.
- The practice gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given) and staff had trained in this standard.

- Staff communicated with people in a way they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

We rated the practice and all of the population groups as requires improvement for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- The facilities and premises were appropriate for the services delivered. Following feedback from patients the practice had improved the facilities at the branch site.
- The practice made reasonable adjustments when patients found it hard to access services.
- 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.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice had acted upon feedback from the national GP survey July 2017 and the more recent reports collated by Healthwatch Suffolk engagement events with patients. However the data showed that patient's satisfaction was low in some areas in particular to access to appointments. For example the number of patients who stated that generally it was easy to get through to someone at the GP practice was 37.3% compared to the CCG average of 78.6% and the national average of 70.9%. Some improvements had been noted in the Healthwatch and PPG surveys in relation to getting through on the telephone system and access with the introduction of the triage system ensuring all patients who requested it were contacted on the day they sought advice.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home, in a care home or a supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP accommodated home visits for those who had difficulties getting to the practice.

- There was a voluntary car scheme for those patients that required transport to the practice. The practice was flexible with the timing of these appointments.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. The practice had reviewed the way that these reviews were carried out and enabled multiple conditions to be reviewed at one appointment. Consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with other appropriate professionals to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, 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 under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the GP partners provided extended hours within the GP+ service in nearby Ipswich.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice offered NHS health checks to patients aged between 40 and 74 years of age.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

Are services responsive to people's needs?

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice proactively identified those patients who were showing signs of dementia and referred them to secondary care when appropriate.
- One GP partner had additional experience in mental health care and had held a section 12 approved (some decisions under the Mental Health Act, such as deciding on your medication or giving you permission to leave the ward or hospital, can only be taken by approved clinicians). The GP was able to share this knowledge to support other clinicians in the practice.
- The practice undertook quarterly reviews of all patients that have a diagnosis of depression to ensure they are followed up in a timely manner.

Timely access to care and treatment

Patients reported they were not always able to access care and treatment from the practice within an acceptable timescale for their needs.

- The practice had made improvements following the GP patient survey results published in 2017. They had implemented a new telephone system which they told us that patients had reported was much better. Patients are now informed where they are in the queue and can make a choice of where to continue to hold or call back.
- The practice had introduced a new appointment system which ensured all patients who requested an appointment were seen or spoken to on the day they requested it.

- Patients we spoke with reported that they sometimes had trouble in using the appointment system for example delays in the answering of telephones.
- The patients had reflected poorly on waiting times, delays and cancellations and the practice had put in measures to try to minimise the impact of these for example when there were delays practice staff kept patients informed.
- Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care. They shared with us their plans to further improve the response time and to improve the sharing of learning outcomes.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. However we found there was a lack of evidence, for example minutes of meetings, to show that learning was shared with the whole practice team.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Practice staff we spoke with told us that the leadership had improved and that the whole practice team were engaged in sustaining and continuing to improve.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The business plan set out goals and objectives for the practice up to the year 2020. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population. This was being done jointly with other local practices in order to map out services and provide them in a co-ordinated, streamlined way.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures, and activities to ensure safety and assured themselves they were operating as intended.

Managing risks, issues and performance

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

Are services well-led?

- There was an effective process to identify, understand, monitor, and address current and future risks including risks to patient safety.
- The practice performance in relation to the quality and outcome framework (QOF) and childhood immunisation was positive with results in line or above the CCG and national averages.
- The practice were aware of the poor patient satisfaction they had received from sources such as the GP patient survey data, Healthwatch and PPG reports and from complaints received. Some of the changes made to improve this had not been fully evaluated to evidence they were wholly effective.
- The practice had processes to manage current and future performance. Performance of most employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. The practice could not evidence formal reviews of one member of clinical staff. They took immediate action following the inspection to put a system in place. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.
- The practice used information technology systems to monitor and improve the quality of care. The practice had regular searches and checks in place to ensure patients received the appropriate care and the correct time.
- The practice submitted data or notifications to external organisations as required.
- There were sound arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group. The PPG members we spoke with told us that the practice worked with them to ensure they were reflecting the needs of their patients.
- The practice had an active engagement with Healthwatch Suffolk who attended both practice sites and undertook interviews with a significant number of patients. The reports we viewed showed improvements had been made and patient's satisfaction had increased.
- The service was transparent, collaborative and open with stakeholders about performance.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice was further improving the system and process to fully make use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There were plans to improve the electronic systems of managing the practice policies and procedures and communicating with staff members.

Are services well-led?

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the Evidence Tables for further information.