

Dr Salako and Dr Teatino

Quality Report

Langdon Hills Medical Centre
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Date of inspection visit: 26 January 2016

Date of publication: 10/03/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Langdon Hills Medical Centre on 26 January 2016.

Overall the practice is rated as good.

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

- Patients were protected from abuse and avoidable harm as staff were confident to report serious incidents, whistle blow or challenge if they suspected poor practice.
- Risks to patients were assessed and well managed. Information about safety was monitored, appropriately reviewed and addressed. Learning from incidents was cascaded to staff.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. There were timely multi-disciplinary team discussions to ensure patients' care and treatment was coordinated and the expected outcomes were achieved.
- Langdon Hills Medical Centre is a teaching practice and clinical staff and doctors were supported to participate in training and development which would enable them to deliver good effective quality care.
- Patients said they were treated with compassion and dignity and they were involved in their care and decisions about their treatment. Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The premises were purpose built and maintained to an acceptable standard throughout the clinical areas. Access for disabled people was in place including parking for the disabled and washroom facilities.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- There was a clear leadership structure. Staff were appropriately qualified and competent to carry out

Summary of findings

their roles safely and effectively in line with best practice. Staff received satisfactory supervision and appraisal and were supported to undertake their continual professional development.

- Staff were involved in the vision of the practice and an effective communications structure was in place to keep them informed about issues.

The areas where the provider should make improvement are:

- The provider should develop systems to manage the safe storage and security of prescription pads in the clinical areas to ensure safe prescription practices at all times.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Patients were protected from abuse and avoidable harm as staff we spoke with were confident to report serious incidents, whistle blow or challenge if they suspected poor practice. There were arrangements in place to implement good practice, learning from any untoward incidents and an open culture to encourage a focus on patient safety and risk management practices.
- Risks to patients were assessed and well managed. Medicines were managed safely and securely stored apart from prescription pads. Infection control procedures were being followed. Health and safety risk assessments had been completed and staff had received chaperone training and followed procedures.
- The surgery had provided safe staffing levels and skill mix and had encouraged proactive teamwork to support a safe environment. Ongoing recruitment was actioned where needed.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- There were arrangements in place to deal with foreseeable emergencies, accessible emergency equipment and medication at the surgery.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Processes were in place for implementing and monitoring the use of best practice guidelines and the practice demonstrated positive outcomes for patients through the care and treatment provided.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- The surgery routinely collected outcomes information and participated in clinical audits, national benchmarking and peer review to encourage service developments and quality improvements.

Summary of findings

- All permanent staff were appropriately qualified and competent to carry out their roles safely and effectively in line with best practice. The number of staff receiving continual professional development, supervision and appraisal was satisfactory and staff told us they felt valued and supported by the organisation. Staff training needs and development was being met.
- There were timely multi-disciplinary team meetings to ensure patients' care and treatment was coordinated and the expected outcomes were achieved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients and family members spoken with were positive about the services provided. We reviewed written CQC cards, which ranged from good to excellent for support and respect from staff. Patients said they were treated with compassion and dignity and they were involved in their care.
- We found that care was patient centred. The provider encouraged staff to develop services to provide patients with support where needed. Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Staff in all roles treated patients with dignity and patients felt well-cared for as a result. Patients we spoke with and those close to them were encouraged to be involved in their care, were listened to and were involved in decision making at all levels.
- Information for patients about the services available was easy to understand and accessible in the waiting areas, including support groups in the community.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Appointments were usually available with a named GP and there was continuity of care, with urgent appointments available the same day. Extended surgery hours were available for patients at the practice during the week and at weekends from the GP hub.

Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Staff worked with other healthcare professionals and external agencies to ensure that responsive care was delivered.

Are services well-led?

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

Good



- The practice had a vision and strategy to deliver high quality care and promote positive outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. There was a focus on continuous learning and improvement at all levels.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. Staff told us they received feedback when they were performing well and would be confident to challenge poor performance to improve quality of care. Staff were consulted about all relevant issues affecting the practice.
- Staff understood the staffing structures and were aware of their own roles and responsibilities. Succession planning was in place and continuous professional development encouraged.

There was a governance framework which supported the delivery of the strategy and quality care. Arrangements were in place to monitor and improve quality and identify risk through a programme of continuous clinical and internal audit.

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice worked closely with their patient participation group (PPG) and with the local community in planning how services were provided to ensure that they met patients' needs.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered responsive, proactive, personalised care to meet the needs of the older people in its population. Nationally reported data showed that outcomes for patients were comparable for conditions commonly found in older people.
- Home visits and urgent appointments were available for those patients with enhanced needs.
- A register of older people who needed extra support was in place. The percentage of people aged 65 or over who received a seasonal flu vaccination was comparable with the CCG and national averages.
- GPs worked with local multidisciplinary teams to reduce the number of unplanned hospital admissions for patients at risk, including those with dementia and those receiving end of life palliative care.
- A community matron worked with the surgery to oversee the care plans of older people discharged from hospital, making sure the patient (and/or their carer) was informed of changes to their care and treatment. Weekly GP ward rounds were in place for residents at a local care home to support patients and encourage health promotion.

People with long term conditions

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

Good



- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice performance for the management of patients with long term conditions was similar to or higher than other GP practices nationally.
- The practice nurse had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority and referred to the community matron to support them at home to reduce the risk of readmission to hospital.
- Referrals for people diagnosed with a long term condition followed the care pathway appropriately.

Summary of findings

- The practice performance for the management of people with diabetes was comparable to other practices and additional community clinics were provided at the medical centre to improve access for patients.
- Longer appointments and home visits were available when needed.

Families, children and young people

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

Good



- Minor surgery was available in the practice including removal of skin lesions, joint injections and aspirations. Contraception services including coil insertions and implants were provided on site so that patients' needs were responded to in a timely manner.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were adequate for children and babies. The waiting room was suitable and child friendly.
- The practice provided full paediatric services including child development checks. We saw positive examples of joint working with midwives and health visitors. In-house weekly midwifery services, post-natal and baby checks were available to monitor the development of babies and the health of new mothers. There was an emphasis on providing support to mothers and babies when they needed it including encouraging breastfeeding.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Summary of findings

- Extended surgery hours were available during the week, at weekends and GP cover was in place for Bank Holidays including Christmas Day and New Year's Day.
- The practice was proactive in offering online services including the booking of appointments and electronic prescribing (where patients can arrange for their repeat prescriptions to be collected at a pharmacy of their choice).

People whose circumstances may make them vulnerable

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

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people to ensure that patients whose circumstances made them vulnerable were supported holistically.
- Patients who were at a higher risk of unplanned hospital admissions were supported and treated in their home.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice promoted annual health checks for patients with learning disabilities.
- The practice carried out home visits to undertake health reviews as needed. The practice offered longer appointments for patients with a learning disability and worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- The number of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months was 88%. Which was comparable to the national average.

Good



Summary of findings

- There was evidence of shared communication between the multi-disciplinary services that the practice used when referring patients for mental health assessments. Care plans were in place for those patients suffering with dementia, poor mental health and palliative care.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Systems were in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had received training and had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

During the inspection we met with seven representatives of the patient participation group and spoke with four other patients in the surgery. There were positive views from a breadth of patients and those close to them about the care provided, which they all noted was patient centred. All patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients told us that the doctors were dedicated and exceeded expectations at times.

The National GP Patient Survey results showed the practice was performing in line with local and national averages. There were 342 survey forms distributed for Langdon hills medical centre and 115 forms were returned. This was a response rate of 33.6%.

- 84% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 92% of respondents say the last GP they saw or spoke to was good at giving them enough time compared to a CCG average of 84% and a national average of 87%.
- 90% of respondents say the last GP they saw or spoke to was good at explaining tests and treatments compared to a CCG average of 82% and a national average of 86%

There were some areas where the practice was not performing in line with local and national averages:

- 43% of respondents with a preferred GP usually got to see or speak to that GP. (Local (CCG) average:61% National average:59%).
- 74% of respondents were able to get an appointment to see or speak to someone the last time they tried. (Local (CCG) average:83% National average:85%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were consistently positive about the GPs, nurse and staff at the practice. Booking appointments was occasionally considered a problem but patients commented that the GPs were worth waiting for. Some patients thought that the GPs were exceptional and would make every effort to help them and they could not praise them enough.

Data from the NHS Friends and Family test reflected that 100% of patients would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- The provider should develop systems to manage the safe storage and security of prescription pads in the clinical areas to ensure safe prescription practices at all times.

Dr Salako and Dr Teatino

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a Practice Manager specialist adviser.

Background to Dr Salako and Dr Teatino

Langdon Hills Medical Centre provides primary care services to a population of approximately 7311 patients in the Basildon area. The surgery is close to Laindon town centre and can be accessed by bus. The premises are purpose built and the practice are planning to extend the building to improve services. The practice holds a General Medical Services (GMS) contract. There is parking for the disabled at the front of the building and translation services are available for those patients whose first language is not English.

The surgery has two female GPs, two male GPs and one practice nurse. There is also a practice manager and deputy and administration and reception staff

The practice population is slightly higher than the national average for younger people and children under four years, and for those of working age and those recently retired. It is slightly lower for older people aged over 75 years. Economic deprivation levels affecting children, older people and unemployment are lower than the practice average across England. Life expectancy for men and women are similar to the national averages. The practice

patient list is similar to the national average for long standing health conditions and lower disability allowance claimants. The number of care home patients is comparable to national averages.

The surgery is open every day of the working week from 8.30am until 6.45pm. with no closures during the day. Telephone access is available from 8am. They offer both face-to-face and telephone appointments and aspire to offer a same day appointment for any patients wishing to see a GP. Patients also have access to advice on line and any queries submitted are dealt with on the day received by the practice.

In September 2015 Langdon Hills Medical Centre joined forces with twelve other local practices to form BB Healthcare federation . The hub offers routine appointments for patients who have difficulty attending during normal surgery times at alternating surgeries. The hub offers appointments at the following times:

- Monday to Friday from 6.30pm to 8pm and Saturdays and Sundays from 8am to 8pm. This service includes Bank Holidays including Christmas Day and New Year's Day.

Emergency appointments are available throughout the day. The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by the NHS 111 service and patients who contact the surgery outside of opening hours are provided with information on how to contact the service. The out of hour's provision is provided by IC24 and commissioned by Basildon and Brentwood CCG. This information is also available on their own and the NHS choices website

Detailed findings

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 January 2016. During our visit we:

- Viewed information provided by the practice, which included feedback from people using the service about their experiences.
- Spoke with a range of staff (receptionists, practice nurses, health visitor, community care coordinator, practice managers and doctors) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'
- We reviewed a number of documents including policies and procedures in relation to the management of the practice.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff were confident to report serious incidents, whistle blow or challenge if they suspected poor practice which could harm a person. They would inform the practice manager of any incidents and there was a recording form available for noting all incidents. An example was drug fridge temperatures being outside the normal levels, which resulted in moving fridges and installing air conditioning units for safe practice.
- We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where incidents were discussed. Information about safety was monitored, appropriately reviewed and addressed. The practice carried out a thorough analysis of significant events.
- Learning from when things went wrong was shared with staff through meetings and discussions to improve safety in the practice. For example, a review was instigated following a delay in referral to hospital. The care pathway was circulated to all staff and the incident shared with the CCG for wider learning.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. An example given was an incorrect vaccine that had been administered to a patient. An investigation followed, the family were informed of action taken.

Overview of safety systems and processes

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

- There were effective safeguarding policies and procedures in place which were understood and implemented by staff. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs had been trained to an

appropriate level to manage safeguarding concerns. We found one example of a child safeguarding concern that had been raised by a health visitor and dealt with appropriately by the practice.

- A notice on the consulting room doors advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The patient records noted the offer of chaperones and if declined.
- There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and practices reviewed. We saw evidence that action was taken to address any improvements identified. One example identified that the lids on the sharp boxes were not being sealed properly so additional training was provided to all reception staff. Other examples concerned equipment being moved to a designated room to ensure cleaning was actioned routinely and the system for the disposal of urine samples was clarified to ensure safe infection control practices were adopted at all times to protect staff from infection.
- Staff we spoke with were aware of medicine management policies and monitoring systems were in place to pick up medicine errors. The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, recording, handling, storing and security). We saw that the practice carried out regular medicine audits and monitored fridge temperatures regularly. There were meetings with the local CCG pharmacy teams, reflecting that prescribing was in line with best practice guidelines for safe prescribing.
- We saw that prescription pads were not always securely stored as consulting room doors were not always locked when unoccupied. There were no registers for hand written prescriptions and no checking procedure in place to monitor their use. The practice manager and lead GP submitted an action plan immediately after the inspection to address these concerns and raised it as a significant event to ensure learning by all staff regarding the practice changes to safeguard patients.

Are services safe?

- The medical centre offered the Electronic Prescription Service, which allowed patients to choose or "nominate" a pharmacy to get their medicines or appliances from.
- Staff were positive regarding recruitment practices and told us that the induction was helpful to new starters. We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available for staff reference. The practice had up to date fire risk assessments and fire training was provided to all staff. We saw that equipment was routinely checked for electrical safety and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk

assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

- There were procedures for dealing with medical emergencies and major incidents. All staff received annual basic life support training and those we spoke with were able to describe how they would act in the event of a medical emergency. The practice had procedures in place to assist staff to deal with a range of medical emergencies such as cardiac arrest, or anaphylaxis (severe allergic reaction) Emergency medicines were available and accessible to staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We spoke with staff on the day of our inspection and were satisfied that care and treatment was being delivered in line with best practice and legislation. They were aware of the guidance provided by the National Institute for Health and Care Excellence (NICE) and how to access the guidelines.

- We saw systems in place to keep all clinical staff up to date and how the guidelines were used to deliver care and treatment that met peoples' needs.
- There was an effective system in place to monitor patient safety alerts. These were reviewed by the lead GP who made appropriate clinical decisions. The information was then shared with other staff if relevant to their role. This ensured patients received effective consultations and treatment.

Management, monitoring and improving outcomes for people

GPs, staff and patients we spoke with told us that the practice was proactive in promoting patients' health and disease prevention to improve outcomes for people. We looked at monitoring systems and spoke with the lead for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). Data available to us reflected that the practice had performed consistently over the past three years. The most recent published results were 89% of the total number of points available, with 3.7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from the year 2014 to 2015 showed;

Performance for diabetes related indicators was comparable to the CCG and national average, apart from two areas that we followed up:

- The percentage of patients with diabetes, on the register, who have a record of an albumin: creatinine ratio test in the preceding 12 months (01/04/2013 to 31/03/2014) was 67% compared with the national average of 85%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 September to 31 March (01/04/2013 to 31/03/2014) 75% compared with the national average of 93%.

The provider had taken action to improve performance where necessary. They had introduced community diabetic clinics at the medical centre to improve access to patients. This included training the practice nurse to support diabetic patients in the management of their condition. Weekly ward rounds at the local care home had also improved supervision and support in diabetic management practices. The performance of the practice had improved significantly year on year to date. The performance for the current year was at 67% which had already exceeded the data for the previous year.

Other performance data included;

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months is 150/90mmHg or less (01/04/2013 to 31/03/2014) was similar to other practices at 74% and national average 83%
- Performance for mental health related indicators was similar to the national average such as: The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2013 to 31/03/2014) was 88% compared with national 83%.

The audit lead for the practice presented outcomes from audits at practice meetings and we saw examples of two cycle audits where improvements had been maintained, such as for minor surgery practices.

- There had been regular clinical audits completed in the last two years and numerous examples provided of where the improvements made were implemented and monitored. An example we found was of a recent health and safety audit which resulted in a review of training to heighten awareness of hazardous substances and a reduction in non-essential equipment to improve cost

Are services effective?

(for example, treatment is effective)

effectiveness. Another example was an audit of the treatment of children with fever which resulted in a modified treatment template for staff to follow to provide the most appropriate care authorised by a community paediatrician for safer practice.

- The practice participated in national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example an audit showed the proven effectiveness of insertion and removal of contraceptive devices resulting in more encouragement by GPs for women to take this service up. The lead GP was involved in the clinical network for research in Essex and had been involved in trials regarding diabetes practices, chest infection rates and self-monitoring practices for blood pressure.

Effective staffing

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

- We saw a clear procedure for safer recruitment and induction checklists in place. A recent employee told us about the induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Shadowing was also provided to support new starters and encourage integration.
- In 2010 the practice achieved training practice status with the East of England Deanery and at the time of inspection had successfully trained several GPs. They also had placements for Foundation GPs from Basildon Hospital and trained students from Barts Medical School. They had assisted in training community nurses in their independent prescribing training and were providing clinical supervision for the new medical assistants being trained by the deanery.
- Staff could demonstrate how they received role-specific training and updates. For example, practice nurse's qualifications, work experience, and ongoing training showed the skills for reviewing patients with long-term conditions, administering vaccinations and taking samples for cervical screening.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We saw training logs which showed that clinical and non-clinical staff had access to

appropriate training to meet their learning needs and to cover the scope of their work. All staff had had an appraisal within the last 12 months and performance development plans were in place. One nurse spoken with had requested development in relation to the monitoring of heart conditions and this had been arranged by the practice.

Coordinating patient care and information sharing

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

- Staff we spoke with could show how relevant information was shared with other services in a timely way, for example when referring patients to other services in the community through regular meetings with the community matron and health visitor. This included discussions around care and risk assessments, care plans, medical records and investigation and test results. Weekly minuted meetings were actioned to assess and review high risk patients and coordinate their care.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The health visitor confirmed that formal multi-disciplinary team meetings took place at the surgery on a three monthly basis. We saw through minutes that the care and treatment of patients who were receiving palliative care, those who were identified as being at risk of unplanned hospital admission and other vulnerable patients were discussed and reviewed. Patient records and care plans were routinely reviewed and updated so as to ensure that appropriate and relevant information was available to all the agencies involved in patients care and treatment.

Consent to care and treatment

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

- Patients' consent to care and treatment was always sought in line with legislation and guidance including

Are services effective?

(for example, treatment is effective)

the Mental Capacity Act 2005. The practice had policies and procedures around obtaining patients consent to treatment. Staff we spoke with could demonstrate that they understood and followed these procedures. GPs and the practice nurse we spoke with told us when providing care and treatment for children, young people or where a patient's mental capacity to consent to care or treatment was unclear, assessments of capacity to consent were carried out in line with relevant guidance.

- The process for seeking consent was monitored through records audits with 100% compliance noted recently.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- A dedicated GP carried out weekly ward rounds for 55 residential home patients. The residential home manager was complimentary regarding this service, highlighting ongoing continuity of care and health promotion services as very good. This meant these patients had been able to gain access to management of their long term conditions such as diabetes, pulmonary disease and dementia care. Recent performance data from the clinical commissioning group (CCG) reflected that the practice had achieved 100% for dementia care.

- The practice participated actively in the CCG and the senior partner at the practice was on the board of the CCG.
- They participated in the Locality Referral Management Programme with the aim to reduce unnecessary referrals.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Flu vaccination rates for the over 65s were 75% which was comparable to national averages of 73%.
- The practice's uptake for the cervical screening programme was 86%, which was comparable to the national average of 81%.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% and five year olds from 90% to 99%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that staff were polite and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Patients told us that staff knew them by name and addressed them in a polite manner. Reception staff were careful when speaking on the telephone not to repeat any personal information. They also told us if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

- We met with seven representatives of the patient participation group and spoke with four other patients in the surgery. There were positive views from a breadth of patients and those close to them about the care provided, which they all noted was patient centred. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients told us that the GPs were very caring and exceeded expectations at times. An example given showed the GP supporting a patient with their medicine and oxygen requirements and then phoning the patient on several occasions to check on their welfare.

We observed the clinical areas and saw that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good and at times excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and this was confirmed by patients we spoke with. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 83% and national average of 88%.

- 89% said the GP gave them enough time (CCG average 83 %, national average 86%).
- 92% said they had confidence and trust in the last GP they saw (CCG average by 92%, national average 95%)
- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).
- 87% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90 %).

Care planning and involvement in decisions about care and treatment

We saw arrangements were in place which showed that the provider supported patients in being involved in their care, including when they lacked the capacity or needed advocates to speak on their behalf. Patients told us they understood their care and were able to ask questions if they were unsure about what was happening to them. Patients told us they were kept informed and that they were treated with the 'utmost respect and dignity' by the staff providing the care. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 81%)
- 85% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 84%)

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Feedback from a family indicated strong support for the complex needs of their children, including thorough examinations, good explanations and emotional support for the family. Notices in the patient waiting room told patients how to access a number of support groups and organisations, such as for young patients with diabetes and for carers.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 99 carers on their current register. Written information was available to direct carers to the various avenues of support available to them. Also mental health and correspondence support for housing was provided to patients at the women's shelter and patients who substance misuse registered with the centre.

We saw that end of life support mechanisms for patients included McMillan and palliative care specialist referrals to the local hospice and regular case reviews were actioned with multi-disciplinary teams to ensure patient and carer support. Bereavement support was also in place.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The senior partner was vice chairman on the Basildon and Brentwood CCG board and represents the practice and patients in developing responsive services.

- Due to the high demand for appointments and ever growing population, the practice had recently been successful in their bid to NHS England for a grant to extend the surgery. The plans consisted of three extra consulting rooms and a large administrative office and building work is expected to commence imminently.
- In September 2015 the practice joined with twelve other local practices to form a healthcare federation to improve extended hours services. This resource offered routine appointments for patients who had difficulty attending the practice during normal surgery times. They offered appointments at the following times: Monday to Friday 6.30pm to 8pm, Saturdays and Sundays from 8am to 8pm and this included Bank Holidays including Christmas Day and New Year's Day. Initial feedback from patients spoken with had been very positive and that it improved access to the GPs and nurses. This service was also highlighted in the practice newsletter and on the website for patient information.
- Patients and the PPG told us the practice responded to improving services for patients. The practice had responded to patient feedback about the telephone access to the surgery with patients finding it difficult to get through to reception during peak periods and being kept on hold for long periods of time. The practice installed a new telephone system that gave patients more choice and improved telephone access for patients. There had been no complaints from patients since the installation and staff spoken with us felt that the new system was more effective.

Access to the service

- The surgery was open every day of the working week from 8.30am to 6.45pm with no closures during the day. Telephone access was available from 8am. Face-to-face and telephone appointments were available and the

practice offered a same day appointment for any patients wishing to see a GP. Patients also had on line access to GP Web and any queries submitted were dealt with on the day received by the practice.

- The practice recently employed a new GP who commenced employment in January 2016. This has added a total of 78 routine and emergency available appointments on a weekly basis. A family planning clinic has also been planned to improve access to family planning services.
- In addition to their daily clinics, all clinicians had six telephone slots added to their rotas which enable them to deal with patients who did not need a face-to-face consultation. Additional clinics available included physiotherapist (weekly) and counselling services (twice a week). Midwifery support, diabetic clinics and aortic screening have also been introduced.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 74% of respondents were able to get an appointment to see or speak to someone the last time they compared to the CCG average of 83% and national average of 85%.
- 84% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 86% find the receptionists at this surgery helpful (CCG average 85%, national average 87%).

The practice used text message reminders for confirmation of an appointment time, a reminder the day before and to notify patients if they missed an appointment.

The most recent NHS Family and Friends test on the NHS choices website noted 100% of patients would recommend this surgery.

Listening and learning from concerns and complaints

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

The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system. This information was included in the patient leaflet. Information clearly described how patients

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

could make complaints and raise concerns, what the practice would do and how patients could escalate their concerns should they remain dissatisfied. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

Recorded complaints were well documented including actions taken and closure. We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the

complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. One example referred to a complaint made by a patient about the closing of contraceptive clinics on a number of occasions. An appropriate response was sent to the complainant including the action the practice would take to improve. The complaint was also discussed at staff meeting and advised receptionists to make sure they apologise on behalf of the practice when cancelling patient appointments.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. There was a focus on continuous learning and improvement at all levels.

- Overall we found staff were aware of the vision and strategy in place for the practice. The values and objectives had been shared with staff and each had a general understanding of the overall strategy in place including the planned extension. Information relating to core objectives and performance targets were discussed at team meetings.
- Staff were aware of the motto of the practice which was “your wellbeing is our concern” and had an understanding of the priorities for the coming year in relation to developing services, patient safety and cost effectiveness.

Governance arrangements

There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk through a programme of continuous clinical and internal audit.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. There was an emphasis on reflective practice, learning from significant events, complaints and clinical audits and these were discussed at weekly practice meetings when all clinicians and the practice manager were present. Where appropriate, significant events and complaints were treated as shared learning with other agencies and the CCG.

Leadership and culture

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

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. Staff told us they received feedback when they were performing well and would be confident to challenge poor performance to improve quality of care. We saw that staff were engaged with at all levels. They were consulted on service designs and developments to premises through multi-disciplinary meetings, team meetings and emails.
- Staff had clearly defined roles and responsibilities and they told us they had a sufficient skill mix of staff across all the roles to deliver the care needs of the patient population. All of the staff we spoke with talked about their commitment to ensuring patients were looked after in a safe and caring manner. Patients we spoke with said the GPs and staff were dedicated and compassionate. Clinical staff told us they were proud of the service provided at the practice.
- The provider was aware of and complied with the requirements of the Duty of Candour. Staff told us there was an open culture where they could raise concerns and these would be acted on. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

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

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

- The practice had an active Patient Participation Group (PPG) and had a membership of 17 physical and 80 virtual members of the group and they had helped set up similar groups for other practices. The PPG worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example changing access to blood testing services and improvements to the telephone system.
- The practice carried out its own survey in the year 2014 to 2015. We saw examples of issues raised being discussed with the PPG such as misuse of parking bays

Are services well-led?

Good 

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

for the disabled, lack of appointments and telephone access. There were minuted actions for all these points and PPG members we spoke with confirmed the improvements made.

- The results of the most recent NHS Family and Friends reflected that 100% of patients recommended this surgery.

Continuous improvement

- There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and the partners recognised the challenges for the practice in the future such as, insufficient clinic space in the surgery, increasing patient demand and a complexity of physical and mental health problems. The plan is for continuous improvement through the proposed extension and the extra consulting space this will deliver.