The Limes Medical Centre

Quality Report

The Plain, Epping,
Essex,
CM16 6LT
Tel: 01992 573838
Website: www.thelimesmedicalcentre.com

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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 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 conducted a scheduled announced inspection on 15 October 2014 under the new approach.

Our key findings were as follows:

- The practice was warm, friendly, caring and responsive. The practice listened to and acted on the views of patients. Following concerns raised about telephone access, an analysis of telephone calls was carried out to identify times during the day when the practice experienced high volumes of telephone calls. As a result of the analysis extra staff were deployed to take telephone calls to reduce patient waiting times.
- The practice provided a safe service in an environment which was well managed and risks to staff and patients were identified and minimised.
- Staff were trained and supported to deliver high quality patient care and treatment and to improve outcomes and experiences for patients. The practice provided flexible options for patients to book, reschedule and cancel their appointments. Patients could book and rearrange routine and non-urgent appointments using the practice 24 hour automated telephone booking system or online via the practice website.

The practice offered free Wi Fi to patients so that they could access the internet while they waited for their appointments.

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 safe. Staff understood and fulfilled their responsibilities to keep patients safe and to raise and report concerns, incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep people safe.	**Good**
Are services effective? The practice is rated as good for effective. Data showed patient outcomes were at or above average for the locality. National Institute for Health and Care Excellence(NICE) guidance was used routinely in the planning and delivery of patient care and treatment. People's needs were assessed and care planned and delivered in line with current legislation. This included assessment of capacity and the promotion of good health and self-care. Training was planned and delivered to address each staff member's personal goals and to enhance the delivery of patient care. There was evidence of strong multidisciplinary working.	**Good**
Are services caring? The practice is rated as good for caring. Data showed patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was consistently and positive. We observed a patient centred culture and found evidence that staff were motivated and inspired to offer kind and compassionate care. Staff took into consideration patients emotional and wellbeing needs and planned services that supported patients and met these needs. We found many positive examples to demonstrate how people's choices and preferences were valued and acted on.	**Good**
Are services responsive to people's needs? The practice is rated as outstanding for responsive. We found the practice had initiated positive service improvements for their patients. The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the Patient Participation Group (PPG). The practice had reviewed the needs of their local population and tailored its services to meet these needs. Patients reported good access to the practice with a named GP or GP of choice, with continuity of care and urgent appointments	**Good**

Summary of findings

available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for well-led. The practice had a clear vision and strategy to deliver safe, high quality outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern, monitor and improve activity. These were reviewed in order to reflect best practice. The quality and safety of services provided was monitored consistently and risks were identified and managed appropriately. Issues were addressed immediately and revisited during formal meetings. The practice was receptive to patient and staff feedback and acted upon this feedback to improve services.

Summary of findings

What people who use the service say

Patients who we spoke with on the day of our inspection and those who completed comment cards prior to our visit made very positive comments about The Limes Medical Practice. They told us that they were very happy with the care and treatment that they received. 22 patients completed comment cards and the majority of these indicated that staff were caring and respectful. Patients told us that they felt listened to, that their treatments and care was explained to them in a way that they could understand and that staff responded to their needs in a timely way.

Patients told us that they were very happy with the care and treatment they received. They told us they were usually able to make same day appointments or to pre-book in advance. The majority of patients said they could always be seen by the GP of their choice. Some patients commented that this sometimes meant waiting for an appointment

The Limes Medical Centre

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.

Background to The Limes Medical Centre

The Limes Medical Practice is located on the outskirts of Epping Town. The practice services a large geographical area that covers Epping, North Weald, Theydon Bois, Nazeing and Waltham Abbey. The Limes Medical Practice provides services for approximately 23,000 patients living in the area. The practice has five branch surgeries, including two small surgeries in Nazeing and North Weald. The branch surgeries were not visited as part of this inspection.

The practice is a partnership between six GPs. The practice employs seven salaried GPs, two advanced nurse practitioners, five practice nurses and five health care assistants. In addition there is a team of administrative and reception staff who support the practice.

The Limes Medical Practice is a teaching practice and a number of GP Registrars (GPs in training) are working at the practice.

The practice is open between 8am and 6.30pm on weekdays. Pre-booked early morning and appointments from 7am on Tuesdays and Wednesdays; and late evening appointments up to 8pm on Mondays and Thursdays were available. Same day and pre-booked advance appointments may be made in person, by telephone or online. The practice offers a 24 hour telephone access system where patients can book, cancel or reschedule appointments.

The Limes Medical Practice does not provide an out-of-hours service to patients. Details of how to access out-of-hours emergency and non-emergency treatment and advice was available within the practice and on its website.

Why we carried out this inspection

We inspected The Limes Medical Practice as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

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. This 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.

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.

Detailed findings

How we carried out this inspection

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

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

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

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

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 15 October 2014. During our visit we spoke with a range of staff including GP partners, salaried GPs, practice nurses, health care assistants, reception and administrative staff and the practice manager. We spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

The Limes Medical Practice had opted out of providing out-of-hours services (evenings and weekends). These services were provided by a local out-of-hours service and details of how to contact the service were available within the practice and on the practice website.

Good

Are services safe?

Our findings

Safe Track Record

The practice used a range of information to identify risks and improve quality in relation to patient safety. The practice had policies and procedures for reporting and responding to accidents, incidents and near misses. There were systems for dealing with the alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA). The alerts had safety and risk information regarding medication and equipment, often resulting in the withdrawal of medication from use and return to the manufacturer. We saw that all MHRA alerts received by the practice had been actioned and completed. There were also arrangements for reviewing and acting on National Patient Safety Agency (NPSA) alerts. These are alerts that are issued to help reduce risks to patients who receive NHS care and to improve safety.

Complaints, accidents and other incidents such as significant events were reviewed regularly to monitor the practice's safety record and to take action to improve on this where appropriate. We reviewed safety records and incident reports and minutes of meetings where these were discussed for the last two years. This showed the practice had managed these consistently over time and so could evidence a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. Accidents, significant events and any other safety incidents were fully investigated and a root cause analysis was carried out to help determine where improvements could be made to avoid recurrence.

Staff including receptionists, administrators and nursing staff told us the practice had an open and transparent culture for dealing with incidents when things went wrong or where there were near misses. They told us that they were supported and encouraged to raise concerns and to report any areas where they felt patient care or safety could be improved.

Records were kept of significant events that had occurred during the last two years and these were made available to us. All ongoing significant events, concerns or complaints of a serious nature were discussed with staff during the weekly practice meetings. These were also discussed and reflected upon at the GP partner meetings, which were held weekly. There was evidence that appropriate learning had taken place and that the findings were disseminated to relevant staff. Investigations into safety incidents were reviewed periodically to ensure that staff learning was embedded in practice and patient safety was improved.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. Practice training records made available to us showed that all staff had received relevant role specific training on safeguarding. Nursing and medical staff had undertaken safeguarding children level 3 training and appropriate training in safeguarding vulnerable adults. Staff we spoke with were able to demonstrate that they understood their responsibilities to keep patients safe and they knew the correct procedures for reporting concerns. The practice had two designated leads for safeguarding vulnerable adults and children. These leads had oversight for safeguarding and acted as a resource for the practice. Staff we spoke with were aware of whom the leads were and who they could speak to if they had any safeguarding concerns.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so staff were aware of any relevant issues when patients attended or failed to attend appointments; for example looked after children or those children who were subject to child protection plans, elderly patients and those who had learning disabilities. Vulnerable adults and children were discussed at weekly GP meetings and monthly multidisciplinary team meetings where local health visitors were invited to attend.

A chaperone policy was in place and visible on the waiting room noticeboard and in consulting rooms. Chaperone training had been undertaken by all nursing staff, including health care assistants. Patients we spoke with were aware that they could have a chaperone during their consultation, if they wished to do so.

Patients' individual records were written and managed in a way to help ensure safety. Records were kept on an an electronic system which collated all communications about the patient including scanned copies of communications from hospitals. We saw evidence that audits had been carried out to assess the completeness of these records and that action had been taken to address any shortcomings identified.

Medicines Management

Medicines were managed safely so that risks to patients were minimised. There were suitable arrangements for the secure storage of medicines, including vaccines, emergency medicines and medical oxygen. Medicines were stored at the appropriate temperature to ensure that they remained effective. The temperatures of fridges used to store medicines were checked daily to ensure that they did not exceed those recommended by the medicine manufacturer. We checked a sample of medicines, including those for use in a medical emergency and these were found to be in date.

Information about the arrangements for obtaining repeat prescriptions was made available to patients. Patients could order repeat prescriptions online via the practice electronic prescribing system. There was an onsite pharmacist and patients said that this was very helpful as they could usually pick up medicines following their appointment if needed. Prescriptions could also be sent electronically to the patients preferred pharmacy to avoid the need to attend the practice to pick up prescriptions. Information about the arrangements for requesting and obtaining repeat prescriptions was displayed in the practice and available on their website.

The practice followed national guidelines around medicines prescribing and repeat prescriptions. Patients we spoke with told us they were given information about any prescribed medicines such as side-effects and any contra-indications. They told us that that the repeat prescription service worked well and they had their medicines in good time. They also confirmed that their prescriptions were reviewed and any changes were explained fully.

Cleanliness & Infection Control

We observed the premises to be clean and tidy. The practice had suitable procedures for protecting patients against the risk of infection. Hand sanitising gels were available for patient and staff use. These were located at the entrance, reception area and throughout the practice as were posters promoting good hand hygiene. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

We saw there were cleaning schedules in place for general and clinical areas and cleaning records were kept. There were infection control policies and procedures for staff to follow, which enabled them to plan and implement control of infection measures. These included procedures for dealing with bodily fluids, handling and disposing of surgical instruments and dealing with needle stick injuries. Staff recognised patients who may be more vulnerable and susceptible to infections, such as babies, young children, older people and patients whose immune systems may be compromised due to illness, medicines or treatments. Records we viewed showed that all clinical staff underwent screening for Hepatitis B vaccination and immunity. People who were likely to come into contact with blood products, or were at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. We saw that audits were carried out annually to test the effectiveness of the infection control procedures within the practice and to identify any areas where improvements were needed. The results of recent audits were seen and where areas for improvements had been identified there were action plans in place to ensure that these improvements were made.

The practice had a policy for the management, testing and investigation of legionella (a bacteria found in the environment which can contaminate water systems in buildings). We saw records that confirmed the practice was carrying out regular checks in line with this policy in order to reduce the risk of infection to staff and patients.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. Medical equipment including blood pressure monitoring devices, scales, thermometers and emergency equipment such as an automatic external defibrillator were periodically checked and calibrated to ensure accurate results for patients. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. Equipment used in the practice was regularly checked by staff and records were kept to show when these checks were carried out. Where appropriate equipment was serviced in line with the manufacturer's recommendations.

Staffing & Recruitment

The practice had suitable and robust procedures for recruiting new staff to help ensure they were suitable to work in a healthcare setting. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. Employment references and criminal records checks were obtained for all newly appointed staff before they started work at the practice. The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. There were procedures in place for managing under-performance or any other disciplinary issues.

Staff told us there were always enough staff to maintain the smooth running of the practice and to ensure that patients were kept safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements. Staffing levels were regularly reviewed to ensure that there was appropriate cover to deal with day-to-day appointments and home visits. There were arrangements in place to ensure that extra staff were employed if required to deal with any changes in demand to the service as a result of both unforeseen and expected situations such as seasonal variations (winter pressures), or adverse weather conditions.

Monitoring Safety & Responding to Risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy and a dedicated lead for facilities who had oversight for maintaining the practice health and safety practices. Health and safety information was displayed for staff to see.

Monthly checks and audits were carried out to identify areas of risks and where improvements were needed. The results of audits were shared with staff during weekly and monthly meetings as were actions and learning points.

The practice had policies and procedures in place for recognising and responding to risks. Staff we spoke with told us that they aware of these procedures. Staff were able to demonstrate that they were aware of the correct action to take if they recognised risks to patients; for example they described how they would escalate concerns about an acutely ill or deteriorating child or a patient who was experiencing a mental health issue or crisis.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. There were procedures in place for staff to refer to when dealing with emergency situations. We saw records showing all staff had received training in basic life support. Emergency equipment was available at dedicated points within the practice, including oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). All staff asked knew the location of this equipment and records we viewed confirmed these were checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis (allergic reaction) and hypoglycaemia (low blood sugar). Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A detailed and comprehensive business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. The plan identified key members of staff and their roles and responsibilities in identifying and managing risks to the provision of service from the practice. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. Staff we spoke with described how they had dealt with an

Good

Are services safe?

emergency situation in 2013 due to a power failure at the practice. Services were relocated to the branch surgeries and staff were available to transport patients where this was needed.

A fire risk assessment had been undertaken that included actions required to maintain fire safety. We saw records that showed staff were up to date with fire training and that regular fire drills were undertaken.

Risks associated with service and staffing changes (both planned and unplanned) were required to be included on the practice risk log.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline their rationale for the delivery of patient care and treatment. Staff were familiar with current best practice guidance accessing guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. Information, new guidance and changes to current guidelines was made available to and shared with staff by email notifications and during staff meetings so as to ensure that practices were in line with current guidelines to deliver safe patient care and treatments. We found the GPs were utilising clinical templates to provide thorough and consistent assessments of patient needs. Records we saw showed us that the practice's performance for antibiotic prescribing was comparable to similar practices.

The practice had dedicated GP leads in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work which allowed the practice to focus on specific conditions. The healthcare assistants skills and knowledge was continually developed to help support the practice. Healthcare assistants we spoke with told us that they were involved in lead areas such as smoking cessation, unplanned admission avoidance and well person clinics.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

Staff from across the practice had key roles in the monitoring and improvement of outcomes for patients. These roles included data input, child protection alerts management and medicines management. The information staff collected was then collated by the practice manager and deputy practice manager to support the practice to carry out clinical audits.

The practice participated in clinical audits and peer review, which led to improvements in clinical care. Clinical audits and peer review are ways in which the delivery of patient treatment and care is reviewed and assessed to identify areas of good practice and areas where practices can be improved. The GPs told us clinical audits were often linked to medicines management information, safety alerts. We saw that clinical audits were carried out following safety alerts about side effects of some medicines for patients with particular medical conditions. Following the audit the GPs carried out medication reviews for patients who were prescribed these medicines and altered their prescribing practice, in line with the guidelines.

Doctors in the practice undertook minor surgical procedures in line with their registration under the Health and Social Care Act 2008 and NICE guidance. The staff were appropriately trained and kept up to date with their knowledge. They also regularly carried out clinical audits on their results and used that in their learning.

The GP partners showed us how the practice was making use of reference data collected by the NHS in order to gain an insight into the effectiveness of the practice. This included information taken from the Quality Outcomes Framework (QOF) system; part of the General Medical Services (GMS) contract for general practices where practices are rewarded for the provision of quality care. The practice's overall QOF score for the clinical indicators was in line with or higher than the local and national average, demonstrating that they were providing effective assessments and treatments for patients.

Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP went to prescribe medicines. We were shown evidence to confirm that following the receipt of an alert the GPs had reviewed the use of the medicine in question and where they continued to prescribe it outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

Effective staffing

The practice employed staff who were appropriately skilled and qualified to perform their roles. Robust checks had been made on new staff to ensure they were suitable for a role in healthcare. We looked at employment files, appraisals and training records for three members of staff. We saw evidence that all staff were appropriately qualified and trained, and where appropriate, had current professional registration with the Nursing and Midwifery Council (NMC) and General Medical Council (GMC). We saw that staff undertook relevant training and reflective practice to enable them to maintain continuous professional development to meet the revalidation requirements for their professional registration.

All new staff underwent a period of induction to the practice. There were tailored induction packs to support new staff according to their role and job description. Support was available to all new staff to help them settle into their role and to familiarise themselves with relevant policies, procedures and practices.

Training and development needs were identified through annual appraisal of staff performance. Staff had personal development plans, which were kept under review. We saw that where staff had identified training interests that arrangements had been made to provide suitable courses and opportunities. Nursing staff told us that they received regular clinical supervision, support and advice from the GPs when needed. The practice also had systems in place for identifying and managing staff performance should they fail to meet expected standards.

The practice had named GPs and nurses to act as leads for overseeing areas such as safeguarding, infection control, palliative care and treatment and staff training. One nurse had undertaken specialist training in the treatment of minor illness such as colds, flu, acute asthma, digestive complaints and urinary tract infections. This enabled the GPs to focus on more complex conditions.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. There were clear procedures for receiving and managing written and electronic communications in relation to patient's care and treatment. Correspondence including test and X ray results, letters including hospital discharge, out of hour's providers and the 111 summaries were reviewed and actioned on the day they were received. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances within the last year of any results or discharge summaries which were not followed up appropriately.

The practice held monthly multidisciplinary team meetings to discuss the needs of complex patents e.g. those with end of life care needs or children on the at risk register. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record.

Information Sharing

The practice had systems in place to provide staff with the information they needed. An electronic patient record EMIS was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Records we saw showed us that that multidisciplinary meetings took place at the practice with a range of other health professionals in attendance to co-ordinate care and meet the needs of the patients. Palliative care meetings took place monthly and doctors and managers from the practice met with Macmillan nurses to ensure there was a joined up approach to care and treatment for the patient.

Consent to care and treatment

We saw that the practice had a consent policy and consent forms. Patients and staff told us that they were asked for their consent prior to any treatment being carried out. The practice nurse confirmed written consent was always obtained from parents prior to immunisations given to their child. We also spoke with parents of young children. They told us the clinicians confirmed their relationship with the child and whether they agreed that their child could be immunised before care was provided.

Clinician's demonstrated an understanding of legal requirements when treating children. They understood Gillick competency. This is used to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Nurses and GPs we spoke with were aware of the Mental Capacity Act 2005. The Mental Capacity Act is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so.

Good

Are services effective?

(for example, treatment is effective)

Patients with learning disabilities and those with dementia were supported to make decisions through the use of care plans which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it).

Health Promotion & Prevention

All newly registered patients were offered routine medical check-up appointments with a health care assistant. Patients between 40 and 74 years old who had not needed to attend the practice for three years and those over 75 years who had not attended the practice for a period of 12 months were encouraged to book an appointment for a general health check-up.

There was a range of health promotion leaflets available in the waiting area with information to promote good physical and mental health and lifestyle choices. We saw information about mental health, and domestic violence advice and support was prominently displayed in waiting areas with helpline numbers and service details. Information available included advice on diet, smoking cessation, alcohol consumption, contraception within the practice and on the website. Sexual health and smoking cessation sessions were provided. There were also leaflets signposting patients to other local and national support and advice agencies. Information about health promotion was available on the practice website and patients were encouraged to access a local NHS supporting self-care booklet.

Information about the range of immunisation and vaccination programmes for children and adults were well signposted throughout the practice and on the website. Through discussion with staff and from records viewed we saw that the practice performed well and had a high uptake for both childhood and adult immunisation and vaccinations.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We spoke with three patients and reviewed the most recent data available for the practice on patient satisfaction, including comments made by patients who completed comment cards. We also looked at information from the national patient survey and a survey of patients undertaken by the practice's Patient Participation Group. The evidence from all these sources showed patients were generally satisfied with how they were treated and that this was with compassion, dignity and respect. For example 71% of patients who completed the national patient survey said that the last GP they saw was good at listening to them, 67% said that their GP was good at treating them with care and concern.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 22 completed cards and the majority were positive about the service experienced. Patients said they felt the practice provided excellent care and treatment. Patients commented that staff were kind, efficient, helpful and caring. They said staff were respectful and treated them with dignity.

Staff were aware of the practices' policies for respecting patients' confidentiality, privacy and dignity. Reception staff told us that where patients wished to discuss any personal matters that they could use the practice manager's office, which was located close to the reception area. We saw that the practice switchboard was located in a room away from the reception desk which helped keep patient information private. Records showed that relevant staff had undertaken training on how to chaperone a patient, and were aware of the procedure. There were signs in the waiting areas and consulting rooms explaining that patients could ask for a chaperone during examinations. Patients we spoke with told us that they knew that they could have a chaperone during their consultation should they wish to do so.

The practice was easily accessible to patients with mobility issues. There were hearing loop facilities for patients who were hearing impaired. It was the practice policy that doctors and nurses came out to the waiting area to meet and greet patients at the time of their consultation and to assist patients who required help, such as patients with young children or those with mobility difficulties.

The practice had a range of anti-discrimination policies and procedures and staff told us if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected they would raise these with the practice manager. The practice manager told us she would investigate these and any learning identified would be shared with staff. There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us referring to this had helped them diffuse potentially difficult situations.

Care planning and involvement in decisions about care and treatment

The practice had policies and procedures in place for obtaining patient's consent to care and treatment where people were able to give this. The procedures included information about people's right to withdraw consent. GP's and nurses we spoke with had a clear understanding of 'Gillick' competence in relation to the involvement of children and young people in their care and their capacity to give their own informed consent to treatment. They were knowledgeable about the Mental Capacity Act and the need to consider best interests decisions when a patient lacked the capacity to understand and make decisions about their care.

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 64% of practice respondents said the GP involved them in care decisions and 73% felt the GP was good at explaining treatment and results. While both these results were below average compared to CCG area, patients we spoke with during the inspection told us that nurses and GP's were extremely caring and spent time ensuring that they understood their treatment. The Practice Manager and GPs we spoke with told us that they were working on the areas identified within the survey to improve patient's experience.

Patients we spoke to on the day of our inspection told us that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. They told us that information in relation to their health and the treatment that they received was explained

Good

Are services caring?

to them in a way that they would understand. Patient feedback on the comment cards we received was also positive. The majority of the 22 patients who responded told us that they were happy with their involvement in their care and treatment.

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 patents this service was available. Translation facilities were available on the practice's website.

Patient/carer support to cope emotionally with care and treatment

The practice had policies and procedures in place for identifying and support patients who voluntarily spent time looking after friends, relatives, partners or others, who needed help to live at home due to illness or disability. Patients who were carers for others were invited to complete a 'carers registration' so that they could be identified and provided with information and support to access local services and benefits designed to assist carers.

The practice had arrangements for obtaining patients' wishes for the care and treatment they received as they approached the end of their lives. Patients' wishes in respect of their preferred place to receive end of life care were discussed and doctors worked with other health care professionals and organisations to help ensure that patients' wishes were acted upon. Information was available about the support available to patients who were terminally ill and their carers and families. For example patients and carers were advised of the local hospice 24 hour helpline.

Staff told us families who had suffered bereavement were called by their usual GP. This call was either followed by a patient consultation the practice, or a home visit where this was more appropriate. There was a variety of written information available to advise patients and direct them to the local and nationally available support and help organisations.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood and was responsive to the different needs of the population it served and acted on these to plan and deliver services. We saw that the practice monitored individual clinical capacity and this ensured they were able to meet patient needs. Appointment times were flexible to meet the needs of patients from the different population groups. Pre-bookable early morning and late evening appointments each evening were available. Home visits with GPs and nurses were available where patients were unable to attend appointments at the practice. We saw that on occasions the practice had provided Saturday morning appointments to meet the increased patient demand.

The practice had an active Patient Participation Group (PPG). These groups are made up of patient representatives and staff at the practice who work together to review and address issues so as to help improve patient's experiences. We spoke with two members of the PPG during our inspection. They told us that the practice was proactive in listening to and responding to patients views and suggestions for improvements. For example following a high number of comments about lengthy waiting times patients experienced when trying to get through to the practice by telephone the practice manager carried out an analysis of telephone calls. They found that the practice received in excess of 300 telephone calls per day. An analysis of the busiest times for telephone calls was carried out. As a result of the findings extra staff were employed to take calls during the busier periods and on days when the volume of telephone calls was high. The practice also introduced an online booking system. This allowed patients to book, cancel or reschedule appointments and reduced the need for patients to contact the practice by telephone. The practice manager reported that this system had improved the service provided to patients with over 700 patients per month using the online system and a reduction in patients using the telephone system to 350 patients per month using this to cancel or reschedule appointments.

Over 2% of the patient population were older people who lived in local care homes. The practice carried out weekly visits to treat and review patients in addition to visits made at the request of staff to review patients.

We found the practice had a high referral rate to diabetic specialist services. Nurses and GP's attributed this to the early detection of conditions through the health assessment and screening checks provided by the practice nurses. Patients told us, they were informed of their test results promptly and that the GP discussed the results with them if further treatment was required.

The practice used the national Gold Standards Framework for advanced planning in the care of patients who were receiving palliative care and treatment. A register of patients who were receiving palliative care was maintained and there were regular internal and multidisciplinary meetings to discuss patient and their families care and support needs. Patients who were carers were offered support through the carer's support group.

Tackling inequity and promoting equality

The practice understood and responded to the different needs of patients from different ethnic backgrounds and those who may be vulnerable due to social or economic circumstances. The practice manager told us that there were a number of patients from the travelling population who were provided services from the Nazeing branch surgery. They told us that staff were aware of the specific needs of these patients and that adaptations to the appointment system were in place with extended appointment times to provide routine screening and health checks when patients booked appointments or attended for same day appointments.

Access to the service

Staff at the practice understood the needs of the practice population and had developed an appointment system to meet the needs of patients from the different population groups. Details of the services available, how to book, change or cancel appointments were posted throughout the practice and displayed on the website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Information on the out-of-hours service was provided to patients.

Patients could access, change or cancel booked appointments via the practice 24 hour telephone booking system and through the practice website. Appointments were available from 8 am to 6.30 pm on weekdays. Pre-booked early morning and appointments from 7am on Tuesdays and Wednesdays; and late evening appointments up to 8pm on Mondays and Thursdays were available. The practice operated a non-clinical triage system for assessing and responding to the needs of patients with a new condition or a flare up of existing conditions. The reception staff asked a series of questions and patient responses were used to determine the most appropriate consultation with a GP or one of the practice nursing staff. Emergency appointments were available each day and the practice operated a duty doctor system so that all patients received a telephone consultation or a face-to-face appointment as needed.

The GPs and the practice manager told us that they had recently introduced 'remote access' systems whereby patients could send photographs of skin conditions such as skin rashes. The GP could then decide if an appointment, prescribed medicines or advice was required. They told us that they were also looking into providing consultation via SKYPE to facilitate patients who could not easily attend the practice for appointments.

Patients were generally satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to and they could see another doctor if there was a wait to see the doctor of their choice.

The practice was situated on the ground and first floor of the building with services for patients located on the ground floor. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

The majority of the practice population were English speaking patients. There were arrangements for supporting patients whose first language was not English. Written information and translation facilities were available in a variety of languages.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy is in line with recognised guidance and contractual obligations for GPs in England and there is a designated responsible person who handles all complaints in the practice.

There was clear written information available to patients, which described the complaints process and how they could make complaints and raise concerns. This information included details of the timelines for investigating and responding to complaints and concerns. This information was available within the practice and on the website. Patients were advised what they could do if they remained dissatisfied with the outcome of the complaint or the way in which the practice handled their concerns. The complaints information made reference to escalating complaints to the Parliamentary and Health Services Ombudsman, a free and independent service set up to investigate complaints that individuals have been treated unfairly or have received poor service from government departments and other public organisations and the NHS in England.

Staff were aware of these procedures and the designated person who handled complaints. Doctors, nurses and administrative staff told us that the practice had an open culture where they felt safe and able to raise concerns. They told us learning from complaints and when things went wrong was shared through meetings and that there were mechanisms in place for making improvements as needed to help minimise risks to patients.

We looked at 27 complaints received in the last twelve months and found these were investigated thoroughly and sensitively. All complaints whether written or verbal were recorded and investigated consistently in line with the practice's complaints procedures. Ongoing and recent complaints or concerns were discussed at regular staff meetings to help ensure that staff were aware of any issues and learning from complaints and concerns. Patients we spoke with confirmed that when they had cause to complain or raise concerns that these were dealt with promptly and thoroughly.

Are services well-led?

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

Our findings

Vision and Strategy

The Limes Medical Practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff we spoke with were aware of the vision, values and future plans for the practice. The practice promoted an ethos by which patients received high quality care and where they were in charge of their healthcare. Patients we spoke with confirmed that they were encouraged and supported to do so. The practice website included information about the practice ethos and policies.

The practice had clear leadership systems in place and a number of GPs and nurses took the lead in overseeing areas such as managing risks and improving quality and safety outcomes for patients. There were comprehensive risk assessments for clinical risks and other risks associated with the practice, including clinical practice, environment, equipment and staffing. We saw that all areas of risk were reviewed regularly.

The practice was active in focusing on outcomes in primary care. We saw that the practice had recognised where they could improve outcomes for patients and had made changes accordingly through reviews, audits and listening to staff and patients.

Governance Arrangements

There were arrangements in place to ensure the continuous improvement of the service and the standards of care. The policies and procedures were clear, up to date and accessible to staff. Staff told us there were clear leadership arrangements and everyone was aware of their roles and responsibilities within the team. The majority of staff had lead roles, these included infection control, palliative care, safeguarding, managing facilities and staff had oversight for procedures within the practice to help inform other staff and improve standards and safety.

There were clear policies and procedures in place, which underpinned clinical and non-clinical practices. Roles and responsibilities were clearly defined and identified. We saw evidence that processes and procedures were working and in practice. The practice had robust systems for monitoring and reviewing the delivery of patient care and treatment. A range of audits and checks were regularly carried out to ensure that patients were treated in safe and appropriate premises and that they received safe and high quality care and treatments.

Monthly clinical governance meetings were held between the GPs and the practice manager. During these meetings decisions about clinical issues were discussed and any outstanding issues were reviewed and where appropriate resolved. We saw that the arrangements for patient appointments were regularly discussed to see if these could be improved. Other regular staff meetings were held where the day to day business of the practice such as skill mix, safety issues, new initiatives and clinical matters were discussed. Meetings were recorded and we were able to see that decisions had been made and communicated effectively. Any actions arising from these meetings were clearly documented, allocated to staff for completion, and followed up at subsequent meetings.

We saw the practice had achieved an overall achievement of level two with the 'information governance (IG) toolkit'. The IG toolkit is an online system which allows NHS organisations and partners to assess themselves against department of health IG policies and standards. It also allows members of the public to view participating organisations' IG toolkit evaluations. Level two is a satisfactory achievement for primary care services using this toolkit.

Leadership, openness and transparency

We found the practice manager and partners held regular practice meetings and this included reviewing the register of all accidents/incidents and significant events which had taken place, including lessons learned from them. There were also ongoing checks of the safe running of the practice such as legionella testing, infection control monitoring and fire safety.

All staff we spoke with including trainee GPs told us that they felt very well supported within the practice. They told us that the practice was friendly and that the GP partners were supported and the practice was well managed.

The practice manager and clinicians were aware of the needs of the practice population and tailored the service to meet the needs of the local population groups. The clinical team had lead areas of responsibility as did each member of staff such as the practice nurses who led on infection prevention control and diabetes services. All worked closely and effectively to ensure patients received timely and appropriate care.

We found there was daily monitoring of the patient appointment system to ensure the system was accessible and responsive to patient needs. Patients who repeatedly failed to attend appointments were identified and written to advising them of the importance of attending appointments. The practice manager showed us evidence that the numbers of patients who did not attend scheduled appointment had significantly reduced with the implementation of the 24 hour telephone booking and the online appointment booking system.

Practice seeks and acts on feedback from users, public and staff

The practice had an active Patient Participation Group (PPG) The PPG is a forum made up of patient representatives and staff who discuss changes within the practice and how services could be improved for patients. The PPG had over 350 members with many participating virtually by email. There were posters and information on the practice website informing patients about the group and how to join.

The PPG conducted annual patient surveys. The results from the most recent survey, which was carried out in 2014 showed that the majority of patients were very happy with the care and treatments that they received. As a result of comments made by patients about difficulties getting through to the surgery on the telephone, an analysis of telephone calls was conducted and extra staff were employed to handle calls on busier days and during busier periods during the day. A 24 hour automated telephone appointment booking service system was also introduced and patients could make, cancel and reschedule appointments via the practice website.

Patients we spoke with told us that they were aware of the Patient Participation Group. Those who were unable to be part of this group told us that they were always listened to by staff at the practice. Members of the Patient Participation Group said that they were able to help inform and shape the management of the practice in relation to patient priorities, any planned practice changes and the outcomes from local and national GP survey

Management lead through learning & improvement

The practice had management systems in place which enabled learning and improved performance. We spoke with a range of staff who confirmed they received annual appraisals where their learning and development needs were identified and planned for. Staff told us that the practice constantly strived to learn and to improve patient's experience and to deliver high quality, safe and effective care. We saw that there were robust arrangements for learning from incidents, significant and serious events and complaints. Care and treatment provision was based upon relevant national guidance, which was regularly reviewed.

Records showed that regular clinical audits were carried out as part of the quality improvement process to improve the service and patient care. Completed audit cycles showed that essential changes had been made to improve the quality of the service, and to ensure that patients received safe care and treatment.

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring.

We looked at five staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training and that they had staff away days to promote team building.

The practice is a GP training practice with over a decade of providing both undergraduate and post graduate training. The practice was involved in the undergraduate teaching of medical students from St Bartholomew's Hospital and The Royal London (QMC) medical students, and several GPs and nursing staff in the practice regularly taught medical students. GP registrars (GPs in training) who we spoke with during our inspection told us that they were well supported.