

Nuffield House Doctors Surgery

Quality Report

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Nuffield House Doctors Surgery on 27 October 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, it was not clear if patients always received an apology and explanation, although the provider was aware of the requirements of the duty of candour.
- The system in place for managing patient safety and medicine alerts was not effective.
- The practice had not completed a health and safety risk assessment or an infection control audit.

- Not all staff carrying out the role of chaperone had received a Disclosure and Barring Service (DBS) check and there was no risk assessment in place.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff received appraisals that identified their training needs in order to meet the needs of service users. However we found that the system for monitoring this training required strengthening as some staff had not received training in basic life support and health and safety and other training was out of date.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had identified a low number of patients who were carers.
- Data showed patient outcomes relating to interactions with GPs were low compared to the local and national average.
- The practice was aware of their clinical performance and where improvements were required they had an

Summary of findings

action plan in place for improvement. However exception reporting was much higher than CCG and national averages in relation to one mental health indicator.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said access to appointments via phone was difficult and the wait was sometimes long.
- The practice had a number of policies and procedures to govern activity, but these were overdue a review.
- The practice had suitable facilities and was well equipped to treat patients and meet their needs.
- Staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvements are:

- Ensure staff who act as chaperones either have a current Disclosure and Barring Service (DBS) check or a risk assessment has been completed.
- Implement an effective system for the management of patient safety and medicine alerts.
- Undertake a health and safety risk assessment as required by legislation.

In addition the provider should:

- Improve formal governance arrangements including systems for assessing, monitoring and mitigating risks to patients. Continue to review performance data to improve outcomes for patients.
- Consider ways to further improve patient satisfaction as identified by the national GP patient survey.
- Review and update policies, procedures and guidance.
- Implement a system for ensuring that all staff training is monitored and updated.
- Ensure that patients affected by significant events receive an explanation and a written apology where relevant.
- Ensure that clinical staff are registered with their appropriate bodies and have adequate insurance cover in place.
- Improve the exception reporting rate for patients suffering with poor mental health.
- Ensure that an infection control audit is completed and staff receive immunisations relevant to their role.
- Improve the identification of patients who are carers.

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 requires improvement for providing safe services and improvements must be made

- There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. Patients did not always receive an explanation and a verbal or written apology where appropriate.
- The practice had not completed a health and safety risk assessment or an infection control, audit in the last 12 months.
- Although the practice received medicine and patient safety alerts there was no system to show what action, if any, had been taken.
- Some staff acting as chaperones had not received a disclosure and barring service check and there was no risk assessment in place as to why one was not required.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- There was no system of checks in place to ensure that clinical staff were appropriately registered with their professional body and had adequate insurance in place. The system for ensuring that staff had received appropriate training, such as health and safety or basic life support required strengthening.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Staff had access to the latest clinical guidelines and best practice guidance and used these to assess and deliver patient care.
- The practice was aware of its performance both locally and nationally, however performance in some areas could be improved. For example, the percentage of patients with diabetes whose blood pressure was measured to be within a specific spectrum was lower than local and national average.
- Staff had opportunities for career progression and ongoing learning. All staff had received inductions and had regular performance reviews.

Requires improvement



Summary of findings

- The system for recording and monitoring staff training required strengthening to ensure that all staff had received appropriate training.
- We found all staff had received an appraisal and had a personal development plan.
- The practice completed audits which were relevant to the service and demonstrated quality improvement.
- The practice had positive working relationships with other health and social care staff.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey, published in July 2016, showed patients rated the practice lower than others for indicators relating to GP care and treatment, and in line with others for care and treatment related to nurses. For example, the percentage of patients that said they had confidence and trust in the last GP they saw or spoke to was lower than the CCG and national average. The percentage of patients who said that the last nurse they saw or spoke to was good at treating them with care and concern was in line with the CCG and national average.
- The practice computer system identified patients who were carers. The practice had identified a low number of patients who were carers.
- We saw that staff treated patients with dignity, respect and kindness.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The latest GP survey, published in July 2016, showed the practice was rated lower than the CCG and national average with regards to satisfaction with making an appointment and higher with regards to satisfaction about the practice opening hours.
- Feedback from patients both via comments cards and those patients we spoke with on the day were mixed with regards to ease of making appointments.
- The practice had accessible facilities and offered translation services for those patients for whom English was not their first language.

Summary of findings

- The practice had implemented a triage system following the outcome of the national GP patient survey to ensure that clinical staff were seeing the most appropriate and urgent patients face to face.
- 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.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- There was a clear leadership structure in place.
- The systems in place for ensuring that risks to staff and patients were identified and mitigated required strengthening.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- There were systems in place for notifying about safety incidents however it was not clear whether patients were always received an explanation and an apology where relevant.
- The practice sought feedback from staff and patients, which it acted on. There was a small patient participation group which had a supportive role.

Requires improvement



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 requires improvement for the care of older people. The practice is rated as good for providing caring and responsive services and requires improvement for providing safe, effective and well-led services. The evidence which led to these ratings applies to all population groups, including this one.

- The practice offered longer appointment for patients with complex needs or multiple medical conditions.
- All older patients had a named GP.
- The practice offered personalised care to meet the needs of the older people in its population, they worked with patients and their families to ensure this was achieved.
- The practice was responsive to the needs of older people in their practice population. They provided information about community facilities to these patients and worked with multi-disciplinary teams from health and social care to keep patients in their own homes where this was their preference.
- The practice offered planned home visits for patients with enhanced needs, as well as urgent ones.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice is rated as good for providing caring and responsive services and requires improvement for providing safe, effective and well-led services. The evidence which led to these ratings applies to all population groups, including this one.

- The practice nurse took the lead in reviews and management of patients with long term conditions.
- The practice performance for diabetes indicators was in line with and for one indicator lower than the CCG and national averages. For example, the number of patients who had received a foot examination and risk classification was in line with the CCG and national average.
- Longer appointments were available due to complex needs or multiple medical conditions this was available. Housebound patients could also request a home visit.

Requires improvement



Families, children and young people

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

Requires improvement



Summary of findings

for providing caring and responsive services and requires improvement for providing safe, effective and well-led services. The evidence which led to these ratings applies to all population groups, including this one.

- There were systems and processes in place to enable staff to identify and take appropriate action to monitor and safeguard children and young people living in disadvantaged situations. For example, where a child did not attend a booked appointment this was followed up.
- Immunisation rates were in line with CCG and national averages for all standard childhood immunisations.
- The premises were suitable for children and babies and appointments were available outside of school hours if required.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The practice is rated as good for providing caring and responsive services and requires improvement for providing safe, effective and well-led services. The evidence which led to these ratings applies to all population groups, including this one.

- The practice offered online appointment booking and prescription requests.
- The percentage of women aged 25-64 who had a cervical screening test in the past 5 years was in line with the CCG and national average.
- The practice operated a telephone triage system, where patients were offered a telephone consultation with the GP and if necessary the GP would book them in for a face to face appointment following the call.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice is rated as good for providing caring and responsive services and requires improvement for providing safe, effective and well-led services. The evidence which led to these ratings applies to all population groups, including this one.

- The practice held a register of patients living in vulnerable circumstances including homeless people, temporary patients' living in a women's' refuge and those with a learning disability.

Requires improvement



Summary of findings

- If patients required a longer appointment due to complex needs or multiple medical conditions this was available.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice sign-posted vulnerable patients to various support groups and voluntary organisations.
- There were established systems and processes in place to ensure patient safety and enable staff to identify and take appropriate action to safeguard patients from abuse. Staff knew how to recognise signs of abuse in vulnerable adults.
- Although we saw evidence that the practice was meeting the needs of some carers, the number of carers on their practice register was low. The practice had identified 100 patients as carers (0.7% of the practice list).

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice is rated as good for providing caring and responsive services and requires improvement for providing safe, effective and well-led services. The evidence which led to these ratings applies to all population groups, including this one.

- The percentage of patients experiencing poor mental health who had received an annual health check was higher than the local and national average. However exception reporting was higher than the local and national average.
- The percentage of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, was comparable to the CCG and national average.
- Exception reporting for some of this population group was higher than the CCG and national average.
- The practice worked closely with mental health professionals to deliver coordinated care in the community.
- Longer appointments were available for patients experiencing poor mental health.
- The practice sign-posted patients to local voluntary support services.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 276 survey forms were distributed and 122 were returned. This represented a 44% response rate.

- 61% of patients found it easy to get through to this practice by phone compared to the CCG average of 64% and the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 85%.
- 84% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.

- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were mostly positive about the standard of care received. Comment cards were positive regarding the care and support received by staff but five patients commented negatively about the appointment system.

We spoke with five patients during the inspection. Four patients said they were satisfied with the care they received and that staff were good. One new patient told us that they had joined the practice following positive recommendations. Three out of the five patients told us that access to appointments was an issue.

Areas for improvement

Action the service **MUST** take to improve

- Ensure staff who act as chaperones either have a current Disclosure and Barring Service (DBS) check or a risk assessment has been completed.
- Implement an effective system for the management of patient safety and medicine alerts.
- Undertake a health and safety risk assessment as required by legislation.

Action the service **SHOULD** take to improve

- Improve formal governance arrangements including systems for assessing, monitoring and mitigating risks to patients. Continue to review performance data to improve outcomes for patients.
- Consider ways to further improve patient satisfaction as identified by the national GP patient survey.

- Review and update policies, procedures and guidance.
- Implement a system for ensuring that all staff training is monitored and updated.
- Ensure that patients affected by significant events receive an explanation and a written apology where relevant.
- Ensure that clinical staff are registered with their appropriate bodies and have adequate insurance cover in place.
- Improve the exception reporting rate for patients suffering with poor mental health.
- Ensure that an infection control audit is completed and staff receive immunisations relevant to their role.
- Improve the identification of patients who are carers.

Nuffield House Doctors Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist adviser.

Background to Nuffield House Doctors Surgery

The practice is situated in Harlow, Essex in an NHS owned rented building shared with health visitors and speech and language therapists. There are a few parking bays for patients who are disabled or with limited mobility, otherwise there is a public car park available close by.

The list size of the practice at the time of our inspection is approximately 13250. There are two female GP partners and four male GP partners, one male and four female practice nurses. There are a number of other staff carrying out administrative and clerical duties, led by a practice manager.

This practice is a teaching and training practice and has medical students and GP registrars in their final stage of training. GP registrars are fully qualified doctors and will have had at least two years of post-graduate experience. Medical students may observe patient consultations and examinations with the patient's consent.

The practice is open between 8am and 6.30pm on Mondays to Fridays and is closed at the weekends. GP appointments times are from 9am to 12 noon and 3pm to 5.30pm. In addition to this, GPs are available for patients needing an

urgent appointment or requiring home visits. Practice nurse appointments are from 9.30am to 6pm on Mondays; 8.40pm to 6pm Tuesday to Thursday. There are separate sessions for minor surgery and contraceptive implants.

When the practice is closed patients are advised to call 111 if they require medical assistance and it cannot wait until the surgery reopens. There is also a pre bookable weekend service, via Stellar Healthcare, across West Essex which is based at seven different locations. Appointments are made through the practice.

There are slightly higher than local and national average levels of income deprivation affecting children and older people at this practice. The numbers of older people, babies, children and working age people registered at the practice was in line with the national average.

Why we carried out this inspection

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.

Detailed findings

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 27 October 2016.

During our visit we:

- Spoke with a range of staff including GPs, nursing and administration staff.
- Observed reception staff speaking with patients.
- Spoke with patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed an anonymised sample of the treatment records of patients.

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.

- There was an incident recording system which supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Significant incident forms and the evidence of the analysis showed that when a significant incident directly affected a patient: a thorough investigation was completed. The practice told us that a note would be made on the patient's clinical record regarding the incident. Some members of staff told us that patients received an explanation and a verbal or written apology with an outline of actions taken to avoid repetition of the incident. However we found evidence that this was not consistently applied by the practice.
- We reviewed incident reports, safety records and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. Staff told us that incidents and near misses were discussed with them.
- The practice received patient safety and medicines alerts from the MHRA (Medicines and Healthcare Products Regulatory Agency). We found that these were received by the lead GP who decided what action needed to be taken and also by the lead nurse who told us that they disseminated the information to the other nurses. We were told that searches of the patient record system were made to identify those patients affected by the alerts and changes made to their medicines where necessary. However we found that there was no evidence available that reflected that appropriate action had been taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.

- There were established systems and processes in place to ensure patient safety and enable staff to identify and take appropriate action to safeguard patients from

abuse. These systems took into account the latest relevant legislation and Thurrock council requirements. Staff were aware of their responsibilities regarding this. One of the GPs took the lead role for safeguarding. The GPs supplied reports as required for safeguarding meetings. Safeguarding concerns were discussed at regular multi-disciplinary safeguarding meetings which a variety of health and social care staff attended. If children did not attend for routine immunisations then the practice would send several reminder letters and then refer to the health visitors for follow up.

- Staff had received training on safeguarding children and vulnerable adults that was relevant to their role and at an appropriate level. We found that all GPs were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role, however not all had received a Disclosure and Barring Service (DBS) check, although this was in process. (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 practice agreed during the inspection not to allow staff without a DBS check to act in this capacity until the outcome of their DBS check was known. We received evidence following our inspection that all reception staff were now DBS checked.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead and had been in this role for six months. The practice nurse informed us that there had not been an infection control audit completed within the last year. Training had been completed in hand hygiene to ensure that patients were protected. There was no system in place to ensure that staff received appropriate immunisations relevant to their role. There was an infection control protocol in place.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. For example, we saw a copy of the letter sent out by the practice to all patients prescribed an opioid

Are services safe?

(This is a group of medicines used to control pain and is classed as a controlled drug), advising them of the need for regular reviews. We found that patients were being reviewed at appropriate intervals.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The practice attended bi-monthly locality meetings designed to look at medicines optimisation. Information on any updates and changes were discussed and shared with the appropriate staff. We viewed a folder containing evidence of the sharing of information. The practice carried out regular medicines audits, with the support of the local medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants (HCAs) were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We viewed seven 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. The practice did not have an effective system in place to ensure that clinical staff remained registered with their professional bodies or that medical indemnity insurance was in place.

Monitoring risks to patients

Some risks to patients were not sufficiently assessed and managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. The practice completed fire risk assessments and carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had some other risk assessments in place to monitor safety of the premises such as

control of substances hazardous to health. We saw evidence that the landlord of the premises completed checks and maintenance for the fire extinguishers and for legionella testing for the building. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However there was no health and safety risk assessment in place as required by legislation.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. In the case of unexpected staff shortage due to sickness or other reason the practice told us that they would work out what the essential work to be covered was and try to cover this internally. For example, if a GP was unwell there was built in capacity for the remaining GPs to provide cover.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- GP staff received basic life support training via their monthly training sessions. There was no evidence to demonstrate whether other staff had attended an update of this training.
- The practice had a defibrillator available on the premises and oxygen with adult masks. A first aid kit and accident book were available.
- We spoke with staff regarding emergency medicines and found that they were kept in a secure area of the practice that was easily accessible to staff in the case of an emergency. We checked the medicines and found them to be stored securely and within their expiry date, with a system for checking the dates in place.
- 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. However the plan had not been reviewed for several years.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Staff had access to guidelines from National Institute for Health and Care (NICE) and online resources and used this information to deliver care and treatment that met patients' needs. Staff were able to provide us examples of how they used latest guidance when delivering care to patients.

Management, monitoring and improving outcomes for people

The practice used the information collected 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).

- The most recent published results, from 2015 to 2016, indicated the practice achieved 97% of the total number of points available compared with the CCG average of 94% and the national average of 95%.
- Data showed that overall exception reporting for the practice was 11% which was in line with the CCG average of 10.1% and national average of 9.8%. (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 2015 to 2016 showed:

Performance for diabetes related indicators was in line with the CCG and national average for four out of the five clinical indicators recorded. Examples of data included ;

- The percentage of patients with a record of an annual foot examination and risk classification was 89% compared to the CCG average of 86% and national average of 89%.
- The one area where they were lower related to the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less. The practice average was 65% compared with the CCG average of 74% and the national average of 78%.

We spoke with the practice regarding this data and found that they were aware of it. They had a new lead nurse for this area and were aiming to improve the quality of care for this patient group.

Performance for mental health related indicators was in line with or higher than the CCG and national average;

- For example, the percentage of patient's, with a diagnosis of schizophrenia, bipolar affective disorder and other psychosis, who had had an agreed care plan documented in their records was 96% compared to a CCG average of 88% and national average of 89%. However exception reporting for this particular indicator was high at 48% as compared with the CCG average of 21% and the national average of 21%.
- We discussed exception reporting with the practice, they told us that patients were contacted three times by letter and then if no response was received they were excepted. There was no evidence of clinical review or plans in place to reduce this exception reporting rate.

There was evidence of quality improvement including clinical audit.

- Some audits were completed following changes in best practice guidelines from NICE. For example they had completed an audit on antibiotic use in the treatment of urinary tract infections. The outcome had prompted discussion within the practice regarding the medicines used to treat urinary tract infections and a review of these to improve the quality of care offered to patients.
- There had been seven clinical audits completed in the last two years. The majority of these were single cycle audits. This is where improvements had been identified and implemented but a second audit had not taken place yet to measure the effect of changes.
- We looked at two completed audits on the day of our inspection and these related to the treatment of patients with chronic kidney disease and dermatology. Both audits had identified areas for improvement and subsequent audits had demonstrated improvements in the care and treatment of patients.
- The practice participated in local audits, national benchmarking and peer review meetings once a year.

Effective staffing

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to deliver effective care and treatment. However the system in place for monitoring staff training to ensure it was up to date required improvement.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. This included ongoing support, informal one-to-one meetings, mentoring and support for revalidating GPs. Staff we spoke with had received an appraisal. We saw evidence to support that all staff had received appraisals.
- Although staff told us that they had access to appropriate training to meet their learning needs the system in place for monitoring staff training required strengthening. The records held did not reflect the staff training that had been undertaken or whether there was a need for refresher training. We found that staff had not received regular training updates. For example, we viewed six staff files for different staff roles and found that there was no record that infection control training had been completed by staff in the preceding 3 years. Records held in staff files showed that some staff had last received health and safety and fire safety training in 2009. We spoke with the practice manager who informed us that staff at the practice had last received health and safety and fire safety training in 2009.

Coordinating patient care and information sharing

Staff had access to information they required to plan and deliver patients' care and treatment through the practice's records system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals 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.

Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs or those whose health was at risk of deteriorating. For example, the practice held an unplanned admissions meeting every eight weeks which was attended by GPs, nurses, practice manager, social services and the care manager. Staff liaised with other professionals on outside of these meetings too. Staff had working relationships with school nurses, health visitors, social workers, the community matron and other community nurses.

Consent to care and treatment

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

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Staff were able to give us examples that showed that when providing care and treatment for children and young people, they carried out assessments of capacity to consent in line with current relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse would assess the patient's capacity and document this appropriately.

Supporting patients to live healthier lives

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

- Health promotion advice, blood pressure checks and smoking cessation advice were available from the practice nurse and health care assistant.
- Those with other needs were signposted to the relevant services.

The practice's uptake for the cervical screening programme was 74%, which was comparable to the CCG average of 76% and the national average of 74%. There were systems

Are services effective?

(for example, treatment is effective)

in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Data for other national screening programmes such as bowel and breast cancer showed that the practice uptake was in line with or slightly lower than the local and national average. For example, the uptake of screening for bowel cancer by eligible patients in the last 30 months was 52% for the practice, compared to 58% for the local and national average. The uptake of screening for breast cancer by eligible patients in the last 36 months was 70% for the practice, compared to the local average of 70% and the national average of 72%.

The number of patients with a diagnosis of cancer on the practice register was 0.3% lower than the local and national average.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example,

- The percentage of childhood 'five in one' Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenza immunisation vaccinations given to under one year olds was 98% compared to the local average of 95% and the national average of 93%.
- The percentage of childhood Mumps, Measles and Rubella vaccination (MMR) given to under two year olds was 95% compared to the local average of 93% and the national average of 91%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was 96% compared to the local average of 96% and the national average of 83%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Where abnormalities or risk factors were identified during these health checks, these were followed up appropriately.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were polite to patients, tried to accommodate their preferred requests for appointments and other services and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- We saw notices advising patients that a private area could be offered if they wanted to discuss issues privately. Staff could also use this if patients appeared distressed.

We found that as a result of a medical emergency the responding GP had felt that the privacy of the affected patient could have been improved therefore the practice purchased screens to place around the patient for privacy if the nature of the emergency meant they needed to be seen in a public area.

28 of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. The majority of patients said they felt the practice offered a good service and staff were helpful, friendly and caring. Comment cards stated that staff listened, cared and were understanding.

Patients we spoke with on the day of inspection told us that they felt treated with dignity and respect.

Results from the national GP patient survey, published in July 2016, showed patients experience of the service was mixed. The practice was lower than average for its satisfaction scores on consultations with GPs and in line with averages for nurses. For example:

- 79% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.

- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Although the scores for GPs were lower than CCG and national averages, 84% of patients responding to the survey would describe their overall experience of the surgery as good compared to the CCG average of 82% and the national average of 85%.

We spoke with the practice regarding some of the lower scores and found that they were aware of the data. They had an action plan in place and were reviewing the effect of those actions on patient satisfaction through analysis of complaints.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They felt treatment options were explained enabling them to make an informed decision about care and treatment. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey, published in July 2016, showed patients responses to questions about their involvement in planning and making decisions about their care and treatment depended on whether the contact was with a GP or a nurse. Results were in line with local and national averages for consultations with nurses but below with GPs. For example:

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.

Are services caring?

- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The action plan in place had also addressed the low satisfaction data with GPs and complaints analysis was also being used to measure the effectiveness of the changes.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available from a translation agency for patients who did not have English as a first language. This could be either face to face or telephone translation.
- There was a hearing loop available

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of local and national support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 100 patients as carers (0.7% of the practice list). The practice carer identification form had carers pack attached which sign-posted identified carers to support services and gave information about access to support via social services.

Staff told us that if families had suffered bereavement, their usual GP contacted them. Posters for Cruse bereavement counselling were also in reception.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice were aware of the needs of their patient population:

- There were pre-bookable appointments at a weekend 'hub'.
- The practice had implemented triage appointments system to ensure that patients who needed to be seen on the same day were given priority.
- Longer appointments were available for those patients that required them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There was a toilet with a wide access door, which had baby changing facilities.
- The practice was wheelchair accessible.
- There was a hearing loop and translation services available.
- All consultation rooms were located on the ground floor.

Access to the service

The practice was open between 8am and 6.30pm on Mondays to Fridays and was closed at the weekends. GP appointments times were from 9am to 12 noon and 3pm to 5.30pm. In addition, GPs had daily slots for emergency patients. Practice nurse appointments were from 9.30am to 6pm on Mondays; 8.40pm to 6pm Tuesday to Thursday. There were separate sessions for minor surgery and contraceptive implants. There was also a pre-bookable weekend and evening service across West Essex which was based at seven hub sites. Appointments were made through the practice.

Results from the national GP patient survey, published in July 2016, showed that patient's satisfaction with how they could access care and treatment was mixed compared with the local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 76%.

- 61% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 73%.

Patients' feedback on the day of the inspection were aligned with this data. Four of the patients we spoke with told us that they found it difficult to make an appointment. One other patient told us that they experienced no problems in making an appointment. The practice operated a telephone triage system, where patients were offered a telephone consultation with the GP and if necessary the GP would book them in for a face to face appointment following the call.

The practice was in the process of recruiting a further GP and practice nurse who were due to start in December 2016. This was to address the issues patients were experiencing with availability of appointments.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The policy for home visits was available on the practice website for patients to view. Patients were encouraged to ring prior to 10.30am for home visit requests. Requests were passed to the duty GP who would contact the patient for more details, prior to determining the necessity for a visit.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, an ambulance would be called.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. However it needed reviewing. A copy of the procedure was available for patients to from reception.
- The practice manager handled all complaints in the practice, with clinical input from the GP.
- We saw that there were posters in the waiting area and information on the website to help patients understand the complaints system.

We looked at fifteen complaints received in the last 12 months in detail and found these were satisfactorily

Are services responsive to people's needs?

(for example, to feedback?)

handled and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, one complaint related to patient treatment by a clinician. The

clinical notes were reviewed by the GP and a written explanation was provided to the patient. Where there was learning from complaints we saw evidence that these were discussed at either clinical or practice meetings.

Are services well-led?

Requires improvement 

(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 that included working as a team for the benefit of the patients and to meet their needs. The practice was aware of their areas for improvement and had action plans in place to improve, as part of their vision and strategy.

Governance arrangements

There was a governance system in place but some areas of it required improvement to ensure that it was more effective in supporting the delivery of their strategy and good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were available to all staff; however the majority were overdue for a review.
- Systems to monitor staff training required strengthening.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions required improvement.

Leadership and culture

On the day of inspection we found that the leadership in the practice required strengthening to ensure that the practice was providing safe and effective services.

The partners in the practice told us that they were aware of their improvement areas and were working to improve the quality of care, access to services and safety of patients. Staff told us the partners were approachable and open to suggestion and feedback from all members of staff.

The partners encouraged a culture of openness and honesty. Staff told us that they would not hesitate to raise concerns if they felt that there were issues with treatment of either staff or patients by members of staff within the organisation.

Staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us they had the opportunity to raise any issues both at team meetings and outside of these and felt confident that action would be taken to resolve these concerns.
- Staff told us that they felt involved in the development of the practice.

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 tried to form a patient participation group (PPG) to gather feedback, however they only had a small number of patients at the time of the inspection. They provided feedback and their main role was fundraising for equipment for use at the practice.
- The practice received feedback from patients through the NHS Friends and Family test and through surveys and complaints received. The practice told us that following the results of the last patient survey published in July 2016 and other patient feedback; they had changed their phone system to a local number for ease of their patients. They had also changed to a four phone line system with the ability to have up to 50 lines in the queuing system. The practice had instigated a triage system for appointments to enable GPs to have more time with patients to focus on areas where patient satisfaction was lower.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal conversations. Staff told us they felt able to give suggestions for areas of improvement.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>Some staff members acting as chaperones had not received a disclosure and barring service check and there was no risk assessment in place as to why one was not required.</p> <p>The system for acting on patient safety and medicine alerts was not effective. There was no audit trail in place to evidence that patients affected by such alerts had been reviewed.</p> <p>A health and safety risk assessment had not been undertaken at the practice as required by legislation.</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Surgical procedures	
Treatment of disease, disorder or injury	