

Dr Lort & Partners

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

Good



Are services safe?

Requires improvement



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

We carried out an announced comprehensive inspection at Dr Lort and Partners on 14 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider should/must make improvement are:

The practice should:

- Review the security of the medicines arrangements at the post office prescription collection point.
- Carry out a risk assessment of the medicines stored in the unlocked treatment room.
- Carry out a risk assessment in relation to the Control of Substances Hazardous to Health.

The practice must:

- Put in place suitable arrangements in place to track prescription stationery through the practice.

Summary of findings

- Ensure that prescription stationery is stored securely.

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 as there are areas where it must make improvements. There was a system in place for reporting and recording significant events, and lessons were shared to make sure action was taken to improve safety in the practice. However, not all risks to patients were assessed and prescription pads and blank prescription forms were not kept securely and tracked through the practice.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits demonstrated quality improvement. Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified, for example with regards to extended access at weekends.

Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There was an overarching governance framework which supported the delivery of the strategy and good quality care. The practice proactively sought feedback from staff and patients, which it acted on. The practice was in the process of reforming the patient participation group. There was a focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of this population group. For example, the practice was working with other GPs in the Uttlesford area to pilot a scheme which provided yellow folders to frail patients to ensure the safe transfer of information between providers. It was responsive to the needs of this population group, and offered home visits and rapid access appointments.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The percentage of patients with diabetes who had a foot examination and risk classification in the preceding 12 months was comparable to the national average. The practice managed new diabetic patients and offered insulin initiation. Longer appointments and home visits were available when needed.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Patients with children told us that they were able to get a prompt appointment for their child. Appointments were available outside of school hours and the premises were suitable for children and babies, as the premises were on the ground floor and easily accessible with a pushchair. There were changing facilities available. Separate multi-disciplinary meetings took place for children involving midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice was proactive in offering online services. Test results and appointment reminders could be sent by text message. There was a full range of health promotion and screening that reflected the needs for this age group. Appointments were available outside of working hours and pre-booked appointments were available on the weekends.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice offered longer appointments for people with a learning disability and was working with the learning disabilities nurse to improve the uptake for annual reviews for this population group. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 91.49% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was better than the national average of 83.82%.

Data showed that the practice was performing better than the national average for ensuring that patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan in place. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 2nd July 2015. These results relate to surveys collected in July to September 2014 and January to March 2015. The results showed that the practice was performing better than local and national averages in relation to the majority of questions asked. 255 survey forms were distributed and 121 were returned. This is a response rate of 47.5%.

- 83.6% found it easy to get through to this surgery by phone compared to a CCG average of 63.4% and a national average of 73.3%.
- 92.2% found the receptionists at this surgery helpful compared to a CCG average of 85.2%, national average 86.8%.
- 91.2% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 84.8% and a national average of 85.2%.
- 95.2% said the last appointment they got was convenient compared to a CCG average of 90% and a national average of 91.8%.
- 79.4% described their experience of making an appointment as good compared to a CCG average of 67.5% and a national average of 73.3%.
- 66.6% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 58.2% and a national average of 64.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards. All of the cards received were very positive about the standard of care received at

the surgery. In these, patients praised the way they were treated by the doctors and nurses and said they were able to get a prompt appointment. They told us the reception staff were helpful and that the premises were always clean.

The feedback from the Friends and Family test was good. For the month of October, six cards were received. These indicated that four of the six patients would be extremely likely to recommend Dr Lort and Partners to their friends and family and 1 was likely to do so. The other respondent indicated that they would be neither likely nor unlikely. The Friends and Family test helps services and commissioners understand whether patients are happy with the service being provided. The test asks patients whether they would recommend the service, in this case Dr Lort and Partners, to their friends and family.

We spoke with six patients during the inspection. They told us that the access to the surgery was good and that they were able to make an appointment when they needed one. They told us that the receptionists were helpful, as were the staff in the dispensary and that the GPs gave them time during their appointment to discuss their health concerns and to understand the treatment available.

We spoke with two members of the former Patient Participation Group. The Patient Participation Group comprises of patients from the practice who meet to discuss relevant matters. They told us how the surgery was attempting to reform the earlier PPG in a way which would be most effective. They told us that as far as they were aware, patients were happy at the surgery and found staff to be helpful.

Areas for improvement

Action the service **MUST** take to improve

- Put in place suitable arrangements in place to track prescription stationery through the practice.
- Ensure that prescription stationery is stored securely.

Action the service **SHOULD** take to improve

- Review the security of the medicines arrangements at the post office prescription collection point.
- Carry out a risk assessment of the medicines stored in the unlocked treatment room

Summary of findings

- Carry out a risk assessment in relation to the Control of Substances Hazardous to Health

Dr Lort & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and a pharmacist specialist.

Background to Dr Lort & Partners

Dr Lort and Partners is situated in Newport, Essex. It provides GP services to approximately 8050 patients living in Newport, Saffron Walden, Elsenham and surrounding villages. Dr Lort and Partners is one of 38 practices commissioned by the West Essex Clinical Commissioning Group. The practice holds a General Medical Services contract (GMS) with the NHS. This contract outlines the core responsibilities of the practice in meeting the needs of its patients through the services it provides.

The practice population has a comparable number of children aged 0 to 18 years than the England average. It has an increased number of patients aged over 65 years and over 75 years. Economic deprivation levels affecting children and older people are much lower than England average, as are unemployment levels. The life expectancies of men and women are higher than national averages. There are more patients on the practice's list that have long standing health conditions and there are slightly more patients with a caring responsibility than the England average. A majority of this data relates to the year 2013/2014.

The practice is governed by a partnership of four partners, two of which are male GPs and two of which are female GPs. One of those female partners is retiring from the practice and the Care Quality Commission are in the process of removing her from the Certificate of Registration.

The partners are supported by three female salaried GPs, one of which had been recruited a week prior to our inspection. The practice also employs two practice nurses, a health care assistant and a phlebotomist. Administrative support consists of a part-time practice manager, a part-time deputy practice manager as well as a number of reception and administrative staff.

Dr Lort and Partners is a dispensing practice. The dispensary is open from 8:00am – 6:15pm Mondays to Fridays and dispenses medicines to patients who live more than one mile from a pharmacy. There are four dispensers who work at the dispensary.

The phone lines to the practice are open between 8:00am and 6:30pm every weekday. Morning appointments are from 8:10am to 12:00pm and afternoon surgery times are from 2:30pm until 5:00pm Monday to Friday. Appointments are available later than this time in the event of an emergency.

Pre-bookable appointments are available on a Saturday at Saffron Walden Community Hospital and also Dunmow Clinic. This is due to extend to Sundays in the near future. The practice is participating in the Prime Minister's Challenge Fund in order to improve access to GP services.

The practice has opted out of providing 'out of hours' services which is now provided by Partnership of East London Co-operatives (PELC), another healthcare provider. Patients can also contact the NHS 111 service to obtain medical advice if necessary.

Dr Lort and Partners has not been inspected by the Care Quality Commission previously.

Detailed findings

The practice is registered to provide the following regulated activities: family planning; treatment of disease, disorder or injury; diagnostic and screening procedures; Maternity and midwifery services and surgical procedures.

Why we carried out this inspection

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

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

How we carried out this inspection

Before our visit to Dr Lort and Partners, we reviewed a range of information that we hold about the practice. We carried out an announced visit on 14 December 2015 and during our visit we spoke with four GPs, a healthcare assistant, a practice nurse, four reception/administrative staff, the practice manager, the deputy practice manager and the dispensers. We also spoke with six patients who used the service and two former members of the Patient Participation Group (PPG). The Patient Participation Group comprises of patients from the practice who meet to discuss relevant matters at the practice.

We reviewed 42 CQC comment cards where patients and members of the public shared their views and experiences of the service, as well as the results of the most recent Friends and Family test. We studied a number of documents including policies and procedures, audits and risk assessments.

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 whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. We found that these were recorded, investigated and discussed at relevant meetings.

Where action was identified as a result of the significant event, we saw that this was taken. This included when a significant event was identified and shared by another provider, which sought to ensure learning from other similar services. However, significant events were not periodically reviewed to identify themes or trends. The meeting minutes detailing the significant event were brief, and did not include details of the discussion or event to ensure that these could be reviewed and understood by staff who were unable to attend the meeting. However, patient records were updated when these related to individuals.

When there were unintended or unexpected safety incidents, patients were contacted promptly and provided with an explanation.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff. These clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

There were notices in the waiting room and treatment rooms which advised patients that chaperones were available, if required. We were advised that only nursing staff and the health care assistant performed this role, although we found that a member of the reception staff had performed this task as an emergency in the week prior to our inspection. This member of staff had not received

chaperone training or a DBS (Disclosure and Barring Service) check to ensure they were appropriate for this role. However, we were assured by the practice manager that this had not happened before and that DBS checking of all staff was to take place shortly after our inspection.

A DBS check identifies 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 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. There was an infection control policy in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed four personnel files and found that recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators. We found that medicines for use in an emergency were not stored securely and were not only accessible to authorised staff. There was no risk assessment in place to mitigate the potential risks to patients, visitors and staff.

There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed room temperature and fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. However, blank prescription forms for use in printers and those for hand written prescriptions were not handled in accordance with

Are services safe?

national guidance as they were not tracked through the practice and kept securely at all times. We raised this issue with the practice manager during our visit and a process for tracking the forms was put in place immediately, although we could not comment on the effectiveness on this as it was yet to be completed.

There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.

The practice had clear systems in place to monitor the prescribing of controlled drugs. They carried out regular audits of the prescribing of controlled drugs. Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance.

The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency annually reviewed.

We noted that patients had a choice of ways to order their repeat prescriptions, and that these requests were handled promptly. The practice provided a limited delivery service to older patients in one village and had made arrangements for older residents of another village to

collect their dispensed prescriptions at the post office. However the practice did not monitor how these medicines were stored or collected so we were not assured that the arrangements were safe.

Monitoring risks to patients

Most risks to patients were assessed and well managed, although some were outstanding.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a general risk assessment which considered specific hazards around the premises, such as slips and falls. The practice had a fire risk assessment completed in 2013 which identified actions to be taken. However, we identified that there was no sign displayed on the door to the room which housed the oxygen cylinder, despite this being identified in the 2013 risk assessment as a required action.
- A majority of electrical equipment was checked to ensure the equipment was safe to use, however, the electrical items in the kitchen had not been tested. Clinical equipment was checked to ensure it was working properly. The practice did not have risk assessments in place to monitor control of substances hazardous to health. It did have an infection control policy in place. We saw evidence that a legionella risk assessment was being carried out.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that there were enough staff on duty.

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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.

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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

The practice had systems in place to keep all clinical staff up to date, including regular clinical meetings. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 results published in 2013/2014 were that the practice secured 99% of the total number of points available, with 6% exception reporting. This was 1.9% better than the England average. Exception reporting is the means whereby certain patients are not included in the calculation of a practice's achievement so that the practice is not penalised for certain circumstances beyond their control.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed;

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 78.85% compared to the national average of 77.72%
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months was 150/90mmHg or less was 87.07% compared to the national average of 83.11%.
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients with schizophrenia, bipolar

affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 96.77% compared to a national average of 86.04%.

- Performance for dementia related indicators was better than the national average. For example, the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 91.49% compared with the national average of 83.82%.

Clinical audits demonstrated quality improvement.

We reviewed eight clinical audits that had been completed in the last two years. Three of these were completed cycles. The practice carried out clinical audit where a need was identified at the practice, such as a result of a significant event, or on a proactive basis. These were carried out in line with NICE guidelines as appropriate.

Where audits identified preventable risks to patients, action was taken to mitigate these for example, by reviewing patient's medications. Findings were used by the practice to improve services.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. They told us they felt confident approaching other members of staff if they were unsure of any aspect of their role. There were systems in place to ensure that staff were able to discuss issues of concern or improvement with a more senior member of staff. All staff had had an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire procedures and basic life support.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

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

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 services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

We saw evidence that multi-disciplinary team meetings took place. The practice held a multi-disciplinary team meeting for adults, and a separate one for children where issues concerning pregnant females, children and families were discussed with appropriate professionals such as the midwife, health visitor and school nurse.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, frail patients and those requiring advice on their diet and smoking. Patients were then signposted to the relevant service.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme, and carried out an inadequate smears audit. The practice's uptake for the cervical screening programme was 84.75%, which was better than the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Flu vaccination rates for the over 65s were 73.26%, which was comparable to the national average of 73.24%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff told us how they respected the confidentiality of patients and how they made sure that they communicated with them sensitively and discretely. We observed that members of staff were courteous and very helpful to patients.

- 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was a sign outside of the reception hatch advising patients to let the receptionist know if they would like a confidential discussion.

All of the 42 patient CQC comment cards we received were positive about the service experienced. Patients said GPs took the time to listen to their concerns, and took time to explain test results clearly and provided reassurance. They praised the GPs for their warmth and understanding.

We also spoke with two members of the former patient participation group. They also told us they were happy with the care provided by the practice.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 89.6% said the GP was good at listening to them compared to the CCG average of 87.2% and national average of 88.6%.
- 87.1% said the GP gave them enough time compared to the CCG average of 83.1% and national average of 86.6%.

- 96.9% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.7% and national average of 95.2%.
- 88.9% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81.8% and national average of 85.1%.
- 96.6% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88.4% and national average of 90.4%.
- 92.2% said they found the receptionists at the practice helpful compared to the CCG average of 85.2% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

Patients spoke highly of all of the staff at the practice. They told us they were involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were better than local and national averages. For example:

- 87.9% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77.4% and national average of 81.4%.

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

Patient and carer support to cope emotionally with care and treatment

A member of staff explained to us how they ensured that the notices in the entrance and waiting room were relevant and appropriate for the patients at the surgery. These included information on health promotion and awareness, as well as information for carers.

Are services caring?

Data from 2013/14 indicated that 19.7% of patients registered at the practice had a caring responsibility. The practice had worked with voluntary organisations such as Uttlesford Carers and the Alzheimer's Society to meet the needs of those with a caring role.

There was a clear system in place for when a patient had passed away. Systems were updated promptly and staff at the practice were made aware so that the bereaved family were treated with sensitivity. The practice would then send the family a card to convey their sympathy.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Pre-bookable appointments were available on a Saturday at Saffron Walden Community Hospital and also Dunmow Clinic with a GP or healthcare assistant. This was due to extend to Sundays in the near future. The practice was participating in the Prime Minister's Challenge Fund in order to improve access to GP services.
- The results of blood tests could be sent by text message if the patient requested, as could appointment reminders.
- The practice offered blood tests to all patients at the practice. At the time of our inspection, this was not part of a contractual arrangement although this was to be the case next year.
- There was accessible parking with clear access to the front door.
- The practice offered venesection for patients living with haemochromatosis. This is a treatment which involves the removal of blood for the ongoing management of the disease.
- There were longer appointments available for all patients at their request.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

Access to the service

The phone lines to the practice are open between 8:00am and 6:30pm every weekday. Morning appointments are from 8:10am to 12:00pm and afternoon surgery times are from 2:30pm until 5:00pm Monday to Friday. Appointments

are available later than this time in the event of an emergency. In addition to pre-bookable appointments, urgent appointments were also available for people that needed them.

Dr Lort and Partners is a dispensing practice. The dispensary is open from 8:00am – 6:15pm Mondays to Fridays and dispenses medicines to patients who live more than one mile from a pharmacy. There are four dispensers who work at the dispensary.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than local and national averages for a majority of questions asked, although it performed slightly worse in relation to the practice's opening hours. People told us on the day that they were able to get appointments when they needed them.

- 61.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 68.3% and national average of 74.9%.
- 83.6% patients said they could get through easily to the surgery by phone compared to the CCG average of 63.4% and national average of 73.3%.
- 79.4% patients described their experience of making an appointment as good compared to the CCG average of 67.5% and national average of 73.3%.
- 66.6% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 58.2% and national average of 64.8%.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. We looked at the six complaints received in the last year. We saw that these were responded to promptly by the most appropriate individual; for example, the GP responded to clinical complaints and the practice manager responded to those regarding administrative matters.

Complaints were discussed at meetings or with the individuals involved. Lessons were learnt and action was taken to as a result to improve the quality of care. Most patients we spoke with were confident in making a complaint, and further information could be obtained from reception or from the practice website.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. This was shared and understood by staff that we spoke with.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Staff were encouraged to take ownership of areas of specific interest. Staff that we spoke with were proud and confident in their chosen areas of responsibility.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice
- Some opportunities for identifying, recording and managing risks had been overlooked, such as in relation to drugs in the treatment rooms and the Control of Substances Hazardous to Health. It had recently been identified that the legionella risk assessment had not been completed and we saw evidence that this was now in hand.

Leadership, openness and transparency

The partners in the practice demonstrated that they prioritised high quality care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to them.

When there were unexpected or unintended safety incidents the practice gave affected patients reasonable support and truthful information.

There was a clear leadership structure in place and staff felt supported by management. They were aware of who to go to in the event of a query or concern, and of policies, procedures and lead roles held by the GPs. They said that they were kept updated about the recent retirement of a

partner from the organisation and the recruitment of a new salaried GP at the practice. This was also detailed on the practice website to ensure that patients were also aware of the changes.

Staff told us that the practice held regular team meetings and those they felt confident to raise queries or concerns. Staff kept a log of queries or concerns which they would raise at practice meetings.

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 was in the process of reforming the patient participation group (PPG) and had identified what changes needed to be made to ensure an active membership. The Patient Participation Group comprises of patients from the practice who meet to discuss relevant matters. We saw that an article had been included in a local magazine to attract new members.
- It had gathered feedback from patients through the and through surveys and complaints received. Staff had an annual appraisal, as well ongoing discussions with the management team and regular meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, two members of staff explained how they had changed their seating arrangement in the reception area following a discussion with the practice manager. They told us how this had led to more open communication and more efficient working. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The practice was working with other GPs in the Uttlesford area to pilot a scheme which provided yellow folders to frail patients to ensure the safe transfer of

Are services well-led?

Good 

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

information between providers. These were handheld notes which the patient was encouraged to keep in a designated place in their homes so that these could be quickly accessed in the event of an emergency.

- The practice was also taking part in the Prime Minister's Challenge Fund to improve access to GP services.

One of the GP partners was appointed End of Life lead for the Uttlesford Locality of the West Essex Clinical

Commissioning Group. They had developed processes and procedures to ensure that appropriate information was shared and recorded when patients nearing the end of their lives had been identified. They were also in the processes of addressing and considering further issues in relation to vulnerable patients in the locality, for example by facilitating improved hand over processes with the Out of Hours provider.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The provider did not have suitable arrangements in place to track and store prescription stationery.
Maternity and midwifery services	Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Surgical procedures	
Treatment of disease, disorder or injury	