Thorpe-le-Soken Surgery

Quality Report

The Surgery
High Street
Thorpe-le-Soken
Essex
CO16 0EA
Tel: 01255 861850
Website: www.**thorpe-le-sokensurgery**.nhs.uk/

Date of inspection visit: 01 December 2015
Date of publication: 24/03/2016

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Outstanding

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Thorpe Surgery on 01 December 2015. Overall the practice is rated as good. Specifically, we found the practice was good for safe, effective, caring and responsive services, and outstanding for well-led, services. The effects of these ratings apply to everyone using the practice, including all the population groups.

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

- Staff knew how and where to raise concerns and report safety incidents and near misses. The practice used all opportunities to learn from internal and external incidents to improve service quality.
- The practice used excellent communication to work with other local healthcare providers to improve their patient outcomes.
- Feedback obtained from patients about their care was consistently and strongly positive in both the responsiveness and caring aspects of their care and treatment.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the patients in their patient participation group. For example access to practice services had been improved by extending opening hours and reviewing when appointments are available.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available in the practice, on their website and was easy to understand.
- The practice had a statement of purpose which had safe, effective, responsive care as its top priorities.

We saw an area of outstanding practice :

- The clinical leadership and management team were fully committed to a systematic approach to work with patients and local healthcare providers. The practice matron role was developed to create collaborative links with both social care and clinical care organisations. The practice matrons were

Summary of findings

responsible for implementing the practice approach to Avoiding Unplanned Admissions' and visited patients identified as in need of frequent or recurrent care, whether this was in their own homes or residential care. The matrons communication weekly with; social services, district nurses, community matrons, palliative care, end of life teams, the practice GP care advisor and other community agencies was to share information and coordinate care for these identified patients. This information was documented and discussed weekly with the practice clinical team to ensure care and treatment was understood for these patients and the team could be proactive with their care to improve quality of life. When the practice population doubled after taking over another practices branch surgery they, recruited a salaried GP, increased their nursing staff and further developed the practice matron roles to take on certain previous GP responsibilities that would free-up their existing GPs to ensure patient care in their local area was not compromised.

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?

Good

The practice is rated as good for providing safe services.

- The practice had an effective reporting and recording system for significant events.
- When something went wrong, people received a sincere and timely apology. They were told about any actions taken to improve practice processes to prevent the same thing happening again.
- Openness and transparency about safety was encouraged at the practice. Staff members understood their responsibility to raise concerns and report incidents in a timely way; and were fully supported when they did.
- The practice had appointed a GP to lead on safeguarding, children and vulnerable adults and to safeguard them from abuse.

Risks to patients were assessed on a regular basis and were well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data produced by the practice showed the practice was performing highly when compared to neighbouring practices for their patient outcomes; which were all above the average in comparison with local and national quality outcomes framework (QOF) data for 2014-2015.
- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidance.
- The practice used innovative and proactive methods to improve patient outcomes and it linked with other local providers using their practice developed 'matron' role to share best practice and patient care. This was seen in the 'matron' holistic approach to assessing, planning and delivering care and treatment. This safe use of innovation and a pioneering approach to care and how it was delivered was actively encouraged.
- Clinical audits produced by the practice demonstrated quality improvements.
- Staff possessed the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of comprehensive appraisals provided to all staff members at the practice.
- The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care.
- They were innovative with their approach to provide multi-disciplinary person-centred care. For example they had developed the role of a practice matron to oversee the co-ordination and management of frail/elderly/vulnerable patients.

New evidence based techniques and technologies were used to support the delivery of high-quality care using the 'The Productive General Practice programme' which was in evidence at all levels within the practice.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice much higher in comparison with others practices nationally and locally for all aspects of care. Feedback from patients about their care and treatment was consistently and overwhelmingly positive.
- We saw that a passionate patient-centred culture within all practice service development decisions was their main focus for improved care.
- Staff members were enthusiastic and motivated to offer kind and compassionate care and worked to overcome any difficulties to achieve this. For example a social care professional we spoke with told us the reception staff members were excellent at identifying when the health of patients deteriorated and their need for extra support and knew how to address this.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.

Views of external stakeholders were extremely positive and aligned with our findings. For example a manager from a large residential care home told us the GPs and nurses from the practice that visited patients, treated them in a very caring manner and did not rush their visits always taking time to talk to residents to make them feel valued.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

Summary of findings

- The practice worked closely with other organisations and with their local community to plan how services were provided and ensure they met patients' needs. For example when a local practice had to give up their branch surgery when they could not recruit GPs. The practice considered how they could support the patients that normally attended Kirby Cross surgery to ensure patient care locally would not be compromised. The practice applied and for and took over the branch surgery service provision, recruited a salaried GP, increased their nursing staff and were innovative in the development of their practice matron roles to take on certain GP previous responsibilities that would free-up their existing GPs to ensure patient care in their local area was not compromised. Thorpe-le-Soken surgery provided the branch surgery with the same level of access and support as their main surgery.
- Provision of services was designed and run in conjunction with its community to enable people from the local population to access services. The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example there were a number of issues that had been raised by the patients and addressed; these included extended opening hours, ease of access, confidentiality in the reception area and its layout, the prescription delivery service and Saturday flu clinics.
- Patients' suggestions had also guided the practice to offer patients access to appointments and services in a way and at a time that suited them best. The practice provided clinics, and consultations that ran throughout the day, with clinicians that were always available for the entire 12 hour period between 8am and 8pm every week day.
- The practice had good facilities and was well equipped to treat patients and meet patient needs.

Complaints were managed quickly, openly and in a constructive manner as part of the practice patient feedback system. Information about how to complain was available and easy to understand. Learning from complaints was shared with all staff members and other stakeholders during practice meetings and during the regular communication that took place with their patient participation group (PPG).

Are services well-led?
The practice is rated as outstanding for providing responsive services.

Outstanding ☆

Summary of findings

- The practice had a clear vision to deliver high quality care and promote good outcomes for their patients.

  Staff members knew this commitment and what their remit was in relation to this.
- There was a clear leadership structure and staff members told us they felt supported by management. The practice had a number of policies and procedures which we saw were regularly reviewed and updated to ensure they met good practice and clinical and information governance.
- There was an overarching governance framework which supported the delivery of good quality care. This included the arrangements to monitor assess and improve quality and identify risks.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. This had been extended to the new branch surgery, and patients that had joined the practice from that area came to speak with the inspection team to express their gratitude and appreciation of the leadership at the practice with regards the improvements they had experience over the last year.
- The provider was aware of and had a policy showing how they complied with the requirements of the Duty of Candour within the practice.
- The partners encouraged a culture of openness and honesty. There were systems in place to record and analyse notifiable safety incidents, and evidence was available reflecting this had been undertaken.
- The practice sought feedback from staff and patients with a proactive PPG that ensured feedback had been acted on.

Practice training records and innovative role development of staff members evidenced a strong focus for training and innovation at the practice.

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

Good

The practice is rated as good for safe, effective, caring and responsive services, and outstanding for well-led, services. The effects of these ratings apply to everyone using the practice, including for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Data produced by the practice showed patient outcomes were all above the average in comparison with local and national data for older people.
- The practice was responsive to the needs of older people, and offered home visits and urgent and longer appointments if required for those people within this population group with enhanced needs.
- The designated advanced nurse practitioner (matron) role developed within the practice liaised weekly with social services, district nurses, community matrons, palliative care, end of life, the GP care advisor, and other community agencies to share information and coordinate care for older people.
- Patients in this population group were booked for a 'Year of Care' (YOC) assessment. If concerns regarding mobility, frailty, or memory were found they were offered an assessment by the practice matron, either at home or within the surgery, to create a care plan to meet their on-going needs.
- The practice had systematically implemented emergency health care plans, avoiding hospital admission plans and 'do not attempt resuscitation' (DNAR) choices to reduce burdensome interventions and unnecessary admission to acute care. These plans were populated during internal practice discussion and with the use of a risk stratification tool. If older patients were at risk of admission, they had a care plan of on-going wishes and care needs. Patients were given the opportunity to consent to relevant information being added to the 'out of hour's' (OOH) software system, so this provider could deliver continuity of care.
- The practice identified patients who were carer's and offered them a carer's health assessment. The practice identified carers on their computer system to alert GPs, so if they attended for an appointment for their own care needs, the GPs could discuss with them any support they might need in their role as a carer.

Summary of findings

There was written information available to direct carers to various avenues of support available within the practice, and there were useful links and information available on the practice website.

The 'GP Care Advisor' attached to the practice provided, social financial benefit advice, and saw patients at the practice or visited them in their homes if they were housebound or less able to visit the practice. The advisor told me the practice used their services appropriately and always provided them with sufficient information to be able to support patients effectively.

People with long term conditions

Good

The practice is rated as good for safe, effective, caring and responsive services, and outstanding for well-led, services. The effects of these ratings apply to everyone using the practice, including for the care of people with long-term conditions.

- Clinical staff members had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Data produced by the practice showed patient outcomes were all above the average in comparison with local and national data for people with long-term conditions.
- Patients with long term conditions (LTC) were managed within the practice 'year of care programme'. This programme invited patients to attend the practice once annually to ensure that all of their necessary investigations and health reviews for their LTC(s) could be assessed and monitored in one appointment, saving them from attending the surgery on multiple occasions if they had more than one condition to be monitored. This was benefited patients with multiple LTC(s) particularly those with reduced mobility who found it difficult to attend several appointments.
- Patients on high-risk medicines or those taking medicines with side effects were offered regular medicine reviews. The dispensary team flagged up overdue medication reviews to the GPs who then organised reviews. The dispensary team and repeat prescription clerks also monitored for any over or under use of medicines and these were communicated to the GPs for review.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP or condition clinical lead worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- Longer appointments and home visits were available when needed for people within this population group.

Families, children and young people

Good

The practice is rated as good for safe, effective, caring and responsive services, and outstanding for well-led, services. The effects of these ratings apply to everyone using the practice, including 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 at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Parents of children told us that children and young people were treated in an age-appropriate way and recognised as individuals.
- The practice percentage of female patients aged 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %) was high at 82.3% in comparison to the local average of 76.7% and national average of 74.3%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw examples of joint working with midwives, health visitors and school nurses when required for collaborative patient care.

Working age people (including those recently retired and students)

Good

The practice is rated as good for safe, effective, caring and responsive services, and outstanding for well-led, services. The effects of these ratings apply to everyone using the practice, including for the care of working-age people (including those recently retired and students).

- The needs of the practice working age population, including those recently retired and students had been identified and the practice had adjusted their services to ensure they were accessible, flexible and offered continuity.
- The practice 'year of care programme' invited patients to attend the practice once annually to ensure that all of their necessary investigations and health reviews for their LTC(s) could be assessed and monitored in one appointment, saving them from attending the surgery on multiple occasions if they had more than one condition to be monitored. This was particularly appreciated by working age patients with a LTC(s) who found it difficult to attend multiple appointments.

Summary of findings

- The practice offered online appointment booking and repeat services as well as a full range of health promotion and screening that reflected the needs of this population group. The practice used further technology for working age people (including those recently retired and students) for example by sending text message reminders to reduce missed appointments and ensure these working people could plan their days.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for safe, effective, caring and responsive services, and outstanding for well-led, services. The effects of these ratings apply to everyone using the practice, including for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for vulnerable people and those with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The nurse practitioner matron at the practice took the lead role to visit vulnerable people in the local residential care and learning disability homes. This provided consistency and co-ordination of care for these patients. The practice matron service ensured palliative care patients were identified and provided end of life multidisciplinary care.
- Vulnerable patients were supported to access various support groups and voluntary organisations.
- Staff had received training to recognise the signs of abuse in vulnerable adults and children. Staff knew their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies and when to refer to the practice safeguarding lead.

The practice recognised the need to provide extra support for marginalised groups and maintained close links with a local traveller's community, delivering opportunistic health checks when able.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for safe, effective, caring and responsive services, and outstanding for well-led, services. The effects of these ratings apply to everyone using the practice, including for the care of people experiencing poor mental health (including people with dementia).

- The practice clinicians regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia referring them to the memory clinic and all patients in this population group had a dedicated care plan to support their care.
- Those deemed most at risk were placed on the avoiding unplanned admissions register and had collaborative care plans. Those at risk of medication abuse were put onto more frequently issued prescriptions and the dispensary team kept a record to ensure the prescriptions were collected or dispensed.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations. They made regular referrals to the GP care advisor to provide benefit advice and support.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Staff had received training and had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 02 July 2015 showed the practice was performing above the local and national averages for the following results. There were 246 survey forms distributed and 115 were returned this is a response rate of 46%.

- 99% of respondents found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 97% of respondents found the receptionists at this surgery helpful (CCG average 85%, national average 86%).
- 94% of respondents were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 97% of respondents said the last appointment they got was convenient (CCG average 92%, national average 91%).
- 96% of respondents described their experience of making an appointment as good (CCG average 72%, national average 73%).
- 65% of respondents usually waited 15 minutes or less after their appointment time to be seen (CCG average 59%, national average 64%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards and all those received were extremely positive about the standard of care they received. A summary of comments received were; five star service, best practice in the area, amazing caring and kindness, best care in 62 years, is marvellous care in the Kirby branch surgery.

We spoke with 11 patients during the inspection. All 11 patients said that they were incredibly pleased with the care they received and thought that staff members were approachable, committed, respectful, kind, and caring. Furthermore all staff groups from reception, administration, dispensers, nurses, and GPs, were praised for the professional care they gave and said they felt listened to and involved in decisions about their treatment.

We were also told that the GPs and nurses 'went the extra mile' in their care provision for patients that needed more than the normal amount of support. We also spoke with eight members of the patient participation group who told us they could not fault the support they had received from the practice and the involvement and access to information they were included in.

Thorpe-le-Soken Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor, and a second CQC inspector.

Background to Thorpe-le-Soken Surgery

Thorpe-le-Soken Surgery provides primary care services and a dispensing service to its rural North Essex population of approximately 6100. The practice holds a General Medical Services contract and dispenses to 24% of their population. A year ago Thorpe-le-Soken Surgery had only 3500 patients. In response to a local gap in primary care provision, the practice took over a branch surgery where a local GP practice was unable to provide clinical care, due to their inability to recruit GPs and maintain the branch surgery. Thorpe-le-Soken Surgery had been successful with their GP recruitment and were able to apply and take over the care provision for those patients that have previously attended the branch surgery. This increased the practice population to over 6100.

The practice is a two GP partner practice that employs two salaried GPs, one full time and one part time. There are three female GPs and one male. The GPs are supported by the nursing team that comprise of two matrons (advanced practitioner roles) two practice nurses and three healthcare assistants. They are further supported by four members of staff that dispense medicine, seven reception staff members, an administrator, a medical secretary, a financial business manager and a practice manager. The practice provides good choice and availability between female and male clinical and non-clinical staff.

The practice is open between 8am and 8pm Monday to Friday. Appointments are available from 8am to 8pm daily. Extended hours are provided from 6.30pm to 8pm Monday to Friday.

Patients requiring a GP outside of normal practice working hours are advised to contact the 111 non-emergency services. Patients requiring emergency treatment can contact the out of hour's service which is provided by Care UK.

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 Thorpe-le-Soken Surgery 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

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

- Is it safe?

Detailed findings

- 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 01 December 2015. During our visit we:

- Spoke with a range of staff these included GPs, practice matrons, nurses, health care assistants dispensary staff, non-clinical administrative staff, secretaries, and a practice manager. We also spoke with 11 patients who used the service and other healthcare providers that could give their opinion with regards to the quality of service provided to them by the practice.
- We observed the respectful and helpful communication between patients and practice staff members.
- Reviewed 39 comment cards where patients and members of the public shared their views and experiences of the service.

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 and data available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

The practice had an effective reporting and recording system for significant events.

• Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.

• The practice carried out a thorough analysis of the significant events and discussed them during monthly clinical practice meetings. Their analysis had not identified any recurrent themes or issues.

- Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

We reviewed safety records, incident reports, national patient safety alerts and Medicines & Healthcare products Regulatory Agency (MHRA) alerts. We reviewed minutes of meetings where these were discussed. We found they were discussed in an open and non-judgemental way looking for learning opportunities to mitigate reoccurrences.

Overview of safety systems and processes

The practice had systems and processes embedded into the practices to keep people safe and safeguarded from abuse, which included:

- The practice arrangements to safeguard children and vulnerable adults from abuse reflected relevant legislation and local requirements within their policy. The policy was accessible to all staff and clearly outlined the contacts for further guidance if staff had concerns about a patient's welfare. Staff members we spoke with could identify the practice GP lead. All GPs were trained to an appropriate level. The GPs attended safeguarding meetings when possible or provided reports when necessary. Staff had received training relevant to their role and knew their responsibility with regard to safeguarding.
- A notice in the waiting room advised patients that chaperones could be requested, if required. All staff who acted as chaperones was trained for the role and had received a disclosure and barring check (DBS check). (DBS
- Standards of cleanliness and hygiene were observed and the premises were visibly clean and tidy. The practice nurse was the infection control 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.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there was a system in place to record and monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable their Health Care Assistants to administer vaccinations.
- We reviewed five personnel files and found that appropriate recruitment checks had been carried out prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through DBS.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a current up-to-date poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment had been checked to ensure it was safe to use and clinical equipment was checked and serviced to ensure it was

working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises, substances hazardous to health, infection control and legionella.

The practice manager planned and monitored the number and mix of staff that was needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure that enough staff was on duty during opening hours. We were told staff covered one another during annual leave periods and the GPs used a regular locum.

Arrangements to deal with emergencies and major incidents

The practice could respond to emergencies and major incidents.

- The practice instant message system in all the consultation and treatment rooms which could alert staff to any emergency. We were told this system had been checked recently to check staff response.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks, this equipment had been regularly checked to ensure they were safe for use. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date and safe for use.

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. The practice manager told us there were copies held off site to ensure accessibility should the premises not is inaccessible.

Good

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. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

Data produced by the practice showed the practice was performing highly when compared to neighbouring practices for their patient outcomes; which were above the average in comparison with local and national quality outcomes framework (QOF) data for 2014-2015. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to support monitor outcomes for patients. The most recent published results showed their achievement of 95% of the total number of points available, with 10% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was 86% and this was better than the local CCG average of 82% although lower than the national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 80.% this was similar to the CCG average of 80% and the same as the national average of 80%.
- Performance for mental health related indicators was 92% which was better than the CCG average of 90% and marginally below the national average of 92%.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented, monitored and maintained.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, to improve the quality of referrals to the dermatology department at the hospital. The first cycle in 2013 of the audit showed three referrals could have been improved, the second cycle of the audit in 2015 showed all referrals were appropriate and could not be improved showing the research and training had improved patient referral quality.

Effective staffing

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

- The practice induction programme for newly appointed clinical and non-clinical members of staff covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate their training template which showed role-specific training and update training for relevant staff roles. The continuing development of staff skills, competence and knowledge was recognised as integral to ensure high-quality care for patients.
- The practice developed two 'matron' roles and gave them extra training to provide a holistic approach for patients in assessing, planning and delivering care and treatment in the community and associated residential homes.
- Training requirements for staff were identified through appraisals, meetings and staff requests to develop practice services. Members of staff had access to appropriate training to cover the range of their work. Clinical supervision, facilitation and support was available for the revalidation of doctors. All staff members had received an appraisal within the last 12 months.
- Staff received up-date training that included: safeguarding, fire procedures, basic life support, and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Good

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

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

- This included patient care plans, medical records, risk assessments, investigations, and test results. Information such as NHS patient information leaflets were also available both in the practice and on the practice website.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.
- The practice used the 'matron' roles to improve patient outcomes as they linked with other healthcare providers on a weekly basis to share best practice and patient care.
- The GPs actively encouraged the use of innovation and a pioneering approach to patient care and the way it was delivered.
- New evidence based techniques and technologies were used to support the delivery of high-quality care using. The practice used a GP practice improvement tool, and this was in evidence at all levels within the practice. The improvement tool was a pro-active NHS provider innovation programme that supports GP practices with ideas and templates to innovate and provide best practice care.

The practice worked with other local healthcare providers to improve their patient outcomes in a multi-disciplinary person-centred manner. For example they had developed the role of a practice matron to oversee the co-ordination and management of frail/elderly/vulnerable patients. The matrons worked with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan their ongoing care and treatment. Each week the matrons fed back the work. The matrons held the responsibility to meet the contract for 'Avoiding Unplanned Admissions' to hospital and visiting patients identified as in need of frequent and recurrent care, whether this was in their own homes or residential care. The matrons liaised weekly with social services, district nurses, community matrons, palliative care, and end of life, the practice GP care advisor and other community agencies to share information and coordinate care for these identified patients. This communication time was scheduled into the matron's diary to ensure they maintained these strong collaborative lines of communication for partnership working. This information was documented and discussed weekly with the practice clinical team to ensure care and treatment was identified for these patients and the team could be proactive not reactive with their focus on improving their continued quality of life. Patients receiving this level of care locally reduced the practice hospital admissions rate by providing care closer to patients' homes and reduced the burden on hospital services. The hospital emergency admission rate for this practice was lower than the national average.

This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a weekly basis and that care plans were routinely reviewed and updated. Complimentary services from a local pharmacy provided extra services for the local practice population. For example flu vaccinations, new medicine reviews, health checks, and inhaler techniques to improve medicine compliance and effectiveness.

Consent to care and treatment

Staff sought patients' consent to care and treatment and the practice policy was in alignment with local and national legislation and guidance.

- < >taff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- In the event that a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. For example; the healthcare assistants and practice nurses were trained to case find patients who may be vulnerable, frail, elderly or in need of additional monitoring. When identified these patients

Good

Are services effective?

(for example, treatment is effective)

were booked to see a GP or matron. For these patients' the practice ensured they had discussed consent to information share with their relatives or next of kin. The practice had found this particularly reassuring for family members who may only be able to visit on a weekly or monthly basis and appreciated being updated by the practice care team. Consent was obtained for each family member that the patient wished the practice to share information with.

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 and those requiring advice on their diet, smoking and alcohol cessation and. Practice nurse's and Healthcare assistants had been trained to identify patients that needed greater support, they were signposted to the relevant service or clinician at the practice for example matron or GP.
- Diet advice was available on the premises and smoking cessation advice was available from a local support group and the local pharmacy.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. This was evident looking at the practice's uptake for the cervical screening programme which was 100%; this was above the CCG average of 98.9% and the national average of 97%. There was a policy to offer reminders and advice for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 95.8% and five year olds from 93% to 100%. Flu vaccination rates for the over 65s were 75%, and at risk groups 54%. These were also above CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. The HCA's had been provided extra training to ensure patients requiring extra support were identified and treated appropriately where abnormalities or risk factors had been identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 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.

All of the 39 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. This was aligned with the comments we received from other healthcare professionals who used the services by the practice.

We also spoke with eight members of the patient participation group. They also told us they felt extremely fortunate to be registered and involved with the care provided by the practice. They told us they were involved in the practice decision making process and proposals for improved patient care. They further told us their opinions were respected and felt they were given a credible role at the practice with regards to their improvement programme. Comment cards received, highlighted that staff responded compassionately when patients needed help and were provided personalised support when required. The cards we received were also overwhelmingly positive in respect of every aspect in particular their caring attitude at the practice. Another example of the practice caring attitude came from a manager from a large residential care home. They told us the GPs and matrons visiting from the practice treated patients in a very caring manner and did not rush their visits, they always took time to talk to residents which made them feel valued and supported. Results from the national GP patient survey published on 02 July 2015 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:

- 95% of respondents said the GP was good at listening to them compared to the CCG average of 86% and national average of 88%.
- 95% of respondents said the GP gave them enough time (CCG average 85%, national average 86%).
- 98% of respondents said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 96% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 100% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).

  97% of respondents said they found the receptionists at the practice helpful (CCG average 8%, national average 86%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt completely involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and were always provided plenty of time during consultations to make informed decisions about the choice of treatment(s) available to them. Patient feedback on the comment cards we received were also extremely positive and aligned with the comments received on the day of inspection.

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 well above local and national averages. For example:

- 94% of respondents 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%.

Good

Are services caring?

- 98% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 84%).

We saw that a passionate patient-centred culture within all practice service development decisions was their main focus for improved care. This was reiterated when we spoke with eight members of the patient participation group. They said they could not fault the support they had received from the practice and that the motivation of the practice was to improve patient care and to involve and include the patient participation group to that end.

Staff told us that translation services were available for patients who did not have English as a first language. Staff knew those patients that needed support; for example those patients who were unable to read or write, the practice had processes to support them.

Patient and carer support to cope emotionally with care and treatment

Notices and leaflets in the patient waiting room told patients how to access a number of support groups and organisations. There was also information available on the practice website to explain how the practice approached their support of carers. The practice's computer system alerted GPs if a patient was also a carer and a register of carers was in place.

We saw staff were enthusiastic and motivated to offer kind and compassionate care and worked to overcome any difficulties with patients to achieve this. For example a social care professional we spoke with told us the reception staff members were excellent at identifying patient health deterioration and their need for extra support. The staff had been trained to recognise this and knew how to address problems whether the need was clinical or social.

Staff told us that if families had suffered bereavement, their usual GP contacted them and/or the practice sent a sympathy card. This initial contact was either followed by a patient consultation at a time and location to meet the family's needs and/or by giving them advice regarding how to find a support service.

Good

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 successfully with the NHS England Area Team and the local Clinical Commissioning Group (CCG). Secondary care and additional services were discussed and identified with the practices within the local CCG. The practice took over the responsibility to provide primary medical services to approximately 2700 additional patients when a local practice had to give up their branch surgery when they could not recruit GPs. The practice considered how they could support the patients that normally attended Kirby Cross surgery to ensure patient care locally would not be compromised. The practice took over the branch surgery, recruited a salaried GP, increased their nursing staff, and development of their practice matron roles to take on certain GP responsibilities that would free-up their existing GPs to ensure patient care in their local area was not compromised. Thorpe-le-Soken surgery provided the branch surgery with the same level of access and support as their main surgery.

They had implemented suggestions for practice improvements and made changes to their service delivery as a consequence of feedback from both patients and from their patient participation group. Matters addressed included extended opening hours, for ease of access every week day. Provision of services was designed and run in conjunction with the community to enable people from the local population to access services. Patients could access appointments and services in a way and at a time that suited them best. They provided clinics, and consultations that ran throughout the day, including clinicians that were always available at the practice for the 12 hour period between 8am and 8pm every week day.

This information was documented and discussed weekly with the practice clinical team to ensure care and treatment was identified for these patients and the team could be proactive not reactive with their focus on improving their continued quality of life. Patients receiving this level of care locally reduced the practice hospital admissions rate by providing care closer to patients' homes and reduced the burden on hospital services. The hospital emergency admission rate for this practice was lower than the national average. This included providing complimentary services with a local pharmacy to provide extra and enhanced services for the local practice population. For example flu vaccinations, new medicine reviews, health checks, and inhaler techniques to improve medicine compliance and effectiveness.

- There were longer appointments available for people with a learning disability, those with complex clinical needs, and older patients. This was sensitively explained in the practice leaflet and on the practice website.
- Home visits were available for patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, baby changing facilities, hearing loop and translation services available.
- The practice was working with the patient participation group to install automated doors at the entrance to the practice to improve access to the building.
- Other reasonable adjustments had been made to improve the flow of patients to the reception desk and provide greater confidentiality for patients when talking to receptionists. These included patients being asked to queue a few steps back before being asked forward to speak to a receptionist.

Access to the service

The practice was open between 8am and 8pm Monday to Friday. Appointments were available from 8am to 8pm daily. Extended hours were provided from 6:30pm to 8pm Monday to Friday.

Patients requiring a GP outside of normal practice working hours were advised to contact the 111 service and the call was then allocated to the most appropriate service. This service was available between 8pm until 8am Monday to Friday and through the weekend until 8am Monday morning. The Out of hour's (OOH) was provided by Care UK in the North East Essex CCG area.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was well above local and national averages. People told us on the day that they never had any problems gaining appointments when they needed them.

- 94% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 74%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 99% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 96% patients described their experience of making an appointment as good (CCG average 72%, national average 73%.
- 65% patients said they usually waited 15 minutes or less after their appointment time (CCG average 59%, national average 64%).

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Complaints were considered part of the practice feedback system and fundamental to building a relationship with their population.

- We looked at 18 complaints received in the last 12 months and found they were managed quickly, openly and in a constructive manner as part of the practice patient feedback approach. Information about how to complain was available and easy to understand within the practice and on their website. Learning from complaints was shared with practice staff to strengthen their understanding for the improvements and changes made as a result. Complaints and learning was also shared as part of the regular communication that took place with their patient participation group (PPG).
- Its complaints policy and procedures were aligned with local and national recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. These included a notice in the waiting room, information in the practice leaflet and on the practice website. The information outlined how to complain; what to do, what the practice would do, how to complain on behalf of someone else, options regarding where to complain, and the full contact details of groups and support agencies available.

Lessons learnt from concerns and complaints had been acted on and improvements made to ensure future quality of care. For example, one complaint highlighted the problem of a vaccine supply experienced at the practice. This was identified and steps were taken to ensure these issues were not repeated. The annual analysis of complaints showed there were no specific themes or recurrent trends for the practice to address.

Are services well-led?

Outstanding ☆

(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.

- The practice had a statement of purpose and a patient's charter which was available on the practice website.
- The practice had a robust strategy and supporting business plan which reflected the future vision for the practice which they considered was an on-going process.
- The practice had a clear strategy in place to develop a new branch surgery to provide high quality care for their new patients and worked with their staff to achieve this.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The practice policies and procedures supported the governance framework and they were followed by staff members to ensure that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- The practice took ownership of their own specific policies and they were available to all staff members.
- All staff had a comprehensive understanding of performance at the practice.
- A programme of continuous clinical and internal audit which was used to monitor patient quality and to deliver improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had a robust system in place regarding notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave people affected by an incident support, truthful information, and a verbal and written apology with an explanation of the steps to be taken to ensure there was no reoccurrence in the future.
- Written records of verbal interactions as well as written correspondence were kept to ensure accuracy.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff members told us that they were invited and attended regular practice team meetings. Staff members told us that there was an open culture within the practice and they had the opportunity to raise any issues that could be added to the agenda before the meeting, or verbally at team meeting, and felt confident and felt supported if they did.
- Staff members also said they felt respected, valued and supported, particularly by the partners in the practice.

All staff were asked their opinion and involved in discussions about how to develop the practice. The partners also encouraged all members of staff to identify any opportunities to improve the service delivered by the practice.

This leadership structure had been extended to the new branch surgery, and patients that had joined the practice from that area came to speak with the inspection team to express their gratitude and appreciation of the with regards the improvements they had experienced over the last year. It was clear that the strategy implemented by the practice had achieved the objective of providing high quality care in a relatively short period of time.

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.

Are services well-led?

Outstanding ☆

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

- It had gathered feedback from patients through the patient participation group (PPG) and via the surveys and complaints they had received. There was an active PPG which met on a quarterly basis, carried out patient surveys and submitted proposals for improvements to the practice management team.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues or management. Staff members told us they felt involved and engaged to improve the running of the practice.

The practice had achieved patient satisfaction rates in the national GP patient survey, published in January 2016 that were well above the local and national averages across most of the areas measured. This was confirmed when speaking with patients and reviewing the comments made by them on CQC comment cards.

The leadership of the practice had taken into account new premises, an increase in patient size and they had planned and implemented a strategy that provided a high standard of services for their patients, leading to quality services being provided, demonstrated by high satisfaction rates amongst their patients.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice.

The PPG supported the practice improvement process, for example, changes to the appointment system and for the future, automated doors for improved access.

The practice team was forward thinking and had identified areas locally to improve outcomes for patients after taking over the branch surgery. The clinical leadership and management team were fully committed to a systematic continuous improvement approach to work with patients and local healthcare providers. The practice matron role was developed to create collaborative links with both social care and clinical care organisations.

The practice matrons were responsible for implementing the practice approach to 'Avoiding Unplanned Admissions' to hospital and visited patients identified as in need of frequent or recurrent care, whether this was in their own homes or residential care. The matrons communicated weekly with; social services, district nurses, community matrons, palliative care, end of life teams, the practice GP care advisor and other community agencies was to share information and coordinate care for these identified patients. This information was documented and discussed weekly with the practice clinical team to ensure care and treatment was understood for these patients and the team could be proactive with their care to improve quality of life.

When the practice population doubled after taking over another practices branch surgery they, recruited a salaried GP, increased their nursing staff and further developed the practice matron roles to take on certain previous GP responsibilities that would free-up their existing GPs to ensure patient care in their local area was not compromised.