# The Trinity Medical Practice

## Quality Report

1 The Drive
Mayland
Chelmsford
Essex
CM3 6AB
Tel: 01621745400

Date of inspection visit: 01/09/2016
Date of publication: 28/04/2017

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 | Outstanding ☆ |
| Are services safe? | Good ● |
| Are services effective? | Good ● |
| Are services caring? | Outstanding ☆ |
| Are services responsive to people's needs? | Outstanding ☆ |
| 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 The Trinity Medical Practice on 1 September 2016. Overall the practice is rated as outstanding.

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

- There was an open and transparent approach to safety within the practice. Effective systems were in place to report, record and learn from significant events. Learning was shared with staff and external stakeholders where appropriate.
- Feedback from patients about their care was consistently positive and was significantly above the local and national averages.
- There were established and embedded processes in place for managing medicines.
- Effective standards of cleanliness and hygiene were maintained throughout the practice.
- The practice had a system in place to ensure enough staff with the right skill mix were on duty to ensure safe care delivery.
- Bookable 10-minute appointments for patients who found it stressful to wait in a busy surgery were available from 12pm to 1pm daily and reserved for identified patients.
- Staff had received appropriate training to undertake their roles and responsibilities.
- The practice was approved for postgraduate medical education at Anglia Ruskin University, offering mentorship and supervision for those undertaking the medical prescribing course.
- The practice recognised the importance of the continuing development of staff skills, competence and knowledge to ensure high-quality care.
- The practice provided a highly responsive service to meet the needs of their patients across all population groups and tailored them accordingly.

# Summary of findings

- The practice held several different meetings with health care professionals to share and coordinate services for patients.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance.
- The practice proactively offered residents and people holidaying in local caravan parks, the opportunity to register at the practice to receive care and treatment when required.
- Staff used every contact as an opportunity to identify potential risks to patients health and signposted them to support to live healthier lives.
- There was a strong, visible, person-centred culture within the practice. Staff were highly motivated to offer care that was kind and promoted patient's dignity.
- Information about services and how to complain was available and easy to understand.
- The practice had a clear vision and a set of values, with patient's wellbeing as a priority.
- There was a clear leadership structure and staff felt supported by management.
- The practice actively sought the views from a wide range of stakeholders, including patients, staff, visiting professionals and commissioners about their experience of and quality of care and treatment delivered.

We saw several areas of outstanding practice:

- The practice recognised the risk to patients suffering from poor mental health, who did not collect their prescriptions. They had put a system in place to issue prescriptions on a weekly basis only for early detection of crisis. The practice had promoted itself as a place of safety for any person who felt vulnerable or in need. They advertised through the community press outlining its purpose, and a logo was displayed in the practice front window.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 4.5% of the practice list as carers. There were processes in place that alerted the GP if a carer had been admitted to hospital. There were plans in place to ensure the frail patient left at home would receive support. For these cases there was close liaison with the carer and the family of the patient so that alternative arrangements could be made to ensure there was continuity of care for the patient concerned.
- The practice had built a close liaison with the local school. They offered a minor injuries service where an injured child could attend the surgery for immediate triage and assessment. This resulted in a reduced A&E attendances and was less stressful for parent and child as they were seen in a familiar environment. The local school has a number of children identified with special educational needs; these children often have complex medical needs also. The GP liaises with the school to attend joint review meeting to establish timely interventions and resolution of issues.

**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 employed the services of a local pharmacist who attended the practice weekly to offer in depth medicine reviews for all patients.
- The practice had processes in place for monitoring prescriptions that had not been collected, particularly where patients had been identified as experiencing poor mental health.
- Patients were protected by a strong comprehensive safety system; we saw a strong focus on openness, transparency and learning if things went wrong.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- There were robust processes in place for ensuring the safe management of medicines.
- Effective standards of cleanliness and hygiene were maintained throughout the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice ensured there were enough staff on duty with an appropriate skill mix to ensure safe care for patients.

**Are services effective?**

Good

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance such as from the National Institute for Health and Care Excellence
- Patients care and treatment was planned and delivered in line with current evidence based guidance, best practice and legislation.
- Data from the Quality and Outcomes Framework (QOF) showed the practice were high achievers with 98% for clinical indicators within QOF. This was higher than the local average of 92% and national average of 94%.

# Summary of findings

- Data from the Quality and Outcomes Framework reflected that clinical outcomes for patients were consistently higher when compared with both local and national averages for other practices.
- There was participation in relevant local and national clinical audits and other monitoring activities.
- The practice was approved for postgraduate medical education at Anglia Ruskin University, offering mentorship and supervision for those undertaking the medical prescribing course.
- The practice held a variety of different meetings with health care professionals to coordinate and deliver shared care arrangements.
- Staff understood the relevant consent and decision making requirements of legislation and guidance.
- Staff used every contact as an opportunity to identify potential risks to patients health and signposted them to support to live healthier lives.
- The practice held an annual fund raising event that was used to improve the uptake of the flu vaccination and to opportunistically assess patients for a variety of undiagnosed health conditions.

**Are services caring?**

**Outstanding** ☆

The practice is rated as outstanding for providing caring services.

- Patients were respected and valued as individuals and were empowered practically and emotionally as partners in their care.
- Data from the national GP patient survey showed patients rated the practice higher than others for all aspects of care.
- Feedback from patients who used the service, those who were close to them and stakeholders was consistently positive about the way staff treated people.
- Patients' individual preferences and needs were always reflected in how care was delivered.
- The practice offered a free loan service for medical equipment required by their patients, particularly after discharge from hospital.
- The practice had a bespoke palliative care service; the GP provided out of hours care to patients identified as being in the last 12 months of their life and those with complex medical needs, so they could access health care from the GP directly 24hours a day.

# Summary of findings

- There were processes in place that alerted the GP if a carer of a patient had been admitted to hospital to ensure that the patient received the care and support required through other means.
- There was a strong, visible, person-centred culture within the practice. Staff were highly motivated to offer care that was kind and promoted patient's dignity.
- Patients were given appropriate and timely support and information to cope emotionally with their care, treatment or condition.

**Are services responsive to people's needs?**

**Outstanding** 

The practice is rated as outstanding for providing responsive services.

- Services were tailored to meet the needs of individual patients and were delivered in a way that ensured flexibility, choice and continuity of care.
- The practice promoted itself as a place of safety for any person who felt vulnerable or in need.
- A dementia specialist nurse held a monthly clinic; appointments were over an hour long and were for patients, their family, or carers.
- The practice had built a close liaison with the local school and offered a minor injuries service and collaborated care for children with special needs.
- The practice offered people holidaying in caravan parks the use of the surgery if they had health issues whilst away from home.
- The practice recognised the needs of patients suffering with poor mental health and those recognised to be on the autistic spectrum and made appointments available to them between 12pm and 1pm outside of normal surgery hours, to reduce the stress of sitting in a waiting room with other patients.
- A Skype service was introduced in response to patient requests during the hours of 7pm and 9pm each Wednesday. This enabled improved access to patients who did not need to attend the surgery.
- The practice arranged for visiting community services to attend the practice for the benefit of patients and those people living locally.
- The practice held health related fundraising events each year that were used to improve the flu vaccination uptake and to opportunistically screen patients for other health conditions. This resulted in a higher than local and national uptake of flu immunisations.

# Summary of findings

- The practice wrote articles regarding topical health subjects such as hay fever, preparing for hot and cold weather, minor illnesses and general health advice for publication in the local newspapers and village monthly news. They also used this to promote health events at the practice, visiting external providers, and highlight schemes such as place of safety and there online services.
- 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff.

**Are services well-led?**

**Outstanding** 

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

- The practice had an ethos that patients were at the heart of their work, and that the service strove towards excellence.
- The practice consistently adapted to ensure it was responsive to patients' needs and their feedback.
- The leadership and governance at the practice prioritised high quality care to meet the needs of its patients across all population groups.
- The practice was able to articulate their priorities that formed their basis of their future strategic direction. This was supported by a comprehensive business plan with agreed actions, goals and objectives to reflect their aspirations.
- Practice staff and patient groups were welcomed to put forward proposals for consideration and were consulted on various aspects of decision making as part of an inclusive approach.
- A programme of continuous clinical and internal audit was also used to monitor quality and to support continuous improvement.
- The practice demonstrated a commitment to best practice performance and risk management systems and processes, regularly reviewing their operation, and ensuring staff had the skills and knowledge to use those systems and processes effectively.

# 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**

Outstanding ☆

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs in order to deliver care more effectively. Monthly meetings with wider members of the healthcare team were held to review more complex and vulnerable patients.
- There were processes in place that alerted the GP if a carer had been admitted to hospital. There were plans in place to ensure the frail patient left at home would receive support.
- The practice held health related fundraising events each year a 'flu-a-thon', where patients would be invited to attend the practice receive their immunisation have a mini health check and enjoy some activities for example food stalls, live music and pony rides.

**People with long term conditions**

Outstanding ☆

The practice is rated as outstanding 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 practice achieved above the local and national averages for their performance with a 99% achievement for clinical indicators.
- The practice employed the services of a local pharmacist who attended the practice weekly to offer in depth medicine reviews for all patients including those on polypharmacy and high risk medicines.
- The practice had a bespoke palliative care services; the GP provided out of hours care to patients identified as being in the last 12 months of their life and those with complex medical needs, so they could access health care from the GP directly 24hours a day.
- The practice held health related fundraising events each year a 'flu-a-thon', where patients would be invited to attend the practice receive their immunisation have a mini health check and enjoy some activities for example food stalls, live music and pony rides.

# Summary of findings

- Longer appointments and home visits were available when needed.
- Patients told us they felt that their long term condition care provided was of a high standard. This was supported by the high QOF performance. For example, the percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 85% compared to the CCG average of 73% and national average of 77%.
- All patients with a long-term condition received a structured annual review to check their health and medicines needs were being appropriately met.
- For those patients with the most complex needs and associated risk of hospital admission, the practice team worked closely with the local community health providers including the community matron and respiratory team to deliver a multidisciplinary package of care.

**Families, children and young people**

**Outstanding** ☆

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

- The practice promotes itself as a place of safety for any person who feels vulnerable or in need. So far, it has been used on a number of occasions, including domestic violence.
- The GP provided out of hours care to patients with complex medical needs, so they could access health care from the GP directly 24hours a day.
- The practice had built a close liaison with the local school and offered a minor injuries service and collaborated care for children with special needs.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice held quarterly meetings with the health visitor, and reviewed any children on a child protection plan at their own monthly clinical meeting.
- The practice provided neonatal checks, six week post-natal checks for new mothers and eight week baby checks.

**Working age people (including those recently retired and students)**

**Outstanding** ☆

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

# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended access to the GPs was provided on a Wednesday evening from 7pm to 9.30pm -through the use of skype and telephone consultations, this was to improve access for workers and commuters, and those in education, but was not restricted to these groups.
- Feedback from patients was consistently positive. They told us they could get an appointment quickly and at a time that was convenient to them. For example, the July 2016 national GP patient survey indicated that 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 74% and a national average of 76%.
- The practice actively promoted health-screening programmes to promote wellbeing.
- The practice provided new patient health assessment checks and NHS health checks.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

**People whose circumstances may make them vulnerable**

**Outstanding** ☆

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

- The practice promoted itself as a place of safety for any person who felt vulnerable or in need. It had been used on a number of occasions, including by lost and frightened patients, and those seeking shelter.
- The practice introduced special patient booked appointment slots between 12pm and 1pm for patients with a learning disability and those suffering with autism who might have found it stressful waiting in a bust surgery waiting room.
- The practice allows residents of caravan parks to use the surgery as their postal address for healthcare appointments.
- The practice offered a free loan service for medical equipment for patients, particularly after discharge from hospital.
- There were processes in place that alerted the GP if a carer had been admitted to hospital. There were plans in place to ensure that those patients they were caring for received continuity of care while the carer was hospitalised.

# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people and informed patients how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided bespoke care and support for end of life patients. Patients were kept under constant review by the practice in conjunction with the wider multi-disciplinary team.

**People experiencing poor mental health (including people with dementia)**

Outstanding ☆

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

- The Practice employed the services of a local pharmacist who attended the practice weekly to offer in depth medication reviews for all patients including those on polypharmacy and high risk medicines.
- The practice had processes in place for monitoring prescriptions that had not been collected. Patients suffering with poor mental health received weekly prescriptions so uncollected prescriptions could be recognised at an early stage and to check on the welfare of the patient.
- A dementia specialist nurse held a monthly clinic; appointments were over an hour long and were for patients, their family, or carers.
- The practice introduced special patient booked appointment slots between 12pm and 1pm. these were booked by reception and included patients with mental health issues who would not cope with waiting in an open surgery.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia whom they carried out advance care planning for.
- Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they and their carers were involved in and agreed with.

# Summary of findings

- QOF data showed 93% of patients with schizophrenia, bipolar affective disorder and other psychoses that had a comprehensive, agreed care plan documented in the record, in the preceding 12 months were higher than CCG and national average of 89%.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice had processes in place for monitoring prescriptions that were not collected from the dispensary, particularly where patients had been identified as experiencing poor mental health.
- For patients with dementia, written consent for relatives to share in medical information and treatment planning was encouraged and well documented.
- The practice told patients experiencing poor mental health and patients with dementia and their carers about how to access services including talking therapies and various support groups and voluntary organisations. Information was available for patients in the waiting area.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. 235 survey forms were distributed and 103 were returned. This represented a 44% response rate compared to the national rate of 38%.

- 95% of patients found it easy to get through to this practice by phone compared to the CCG average of 63% and the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 78%.

Due to an administrative issue, the practice did not receive CQC comment cards for their patients to complete about the services provided. Therefore, the practice arranged for a number of patients to attend the practice personally on the day of the inspection to provide us with their views on the practice. We spoke with 14 patients and two members of the PPG. Patients we spoke with were extremely happy with the care they received. They were complimentary about the staff, describing them as helpful, respectful and caring. Patients told us they felt involved in their care, and that the GP provided guidance and took the time to discuss treatment options with them.

The practice has received five star rating reviews since October 2013 on NHS choices.

The latest available results from the NHS Friends and Family Test (June 2016) showed that 100% of patients who responded were either likely or highly likely to recommend the practice to friends and family.

## Outstanding practice

- The practice recognised the risk to patients suffering from poor mental health, who did not collect their prescriptions. They had put a system in place to issue prescriptions on a weekly basis only for early detection of crisis. The practice had promoted itself as a place of safety for any person who felt vulnerable or in need. They advertised through the community press outlining its purpose, and a logo was displayed in the practice front window.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 4.5% of the practice list as carers. There were processes in place that alerted the GP if a carer had been admitted to hospital. There were plans in place to ensure the frail patient left at home would receive support. For these cases there was close liaison with the carer and the family of the patient so that alternative arrangements could be made to ensure there was continuity of care for the patient concerned.
- The practice had built a close liaison with the local school. They offered a minor injuries service where an injured child could attend the surgery for immediate triage and assessment. This resulted in a reduced A&E attendances and was less stressful for parent and child as they were seen in a familiar environment. The local school has a number of children identified with special educational needs; these children often have complex medical needs also. The GP liaises with the school to attend joint review meeting to establish timely interventions and resolution of issues.

# The Trinity Medical Practice

**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 telephone advice from a specialist advisor from the CQC medicines team.

## Background to The Trinity Medical Practice

The Trinity Medical Practice covers the entire Dengie Peninsula east of Chelmsford in Essex. The practice is a dispensing practice providing medical services to about 3500 patients.

The premises have been adapted from a single story building in the centre of the village. There are four clinical rooms, a spacious reception area with wellbeing promoting posters and leaflets.

The practice has one GP (female), a regular locum, two practice nurses and two healthcare assistants. The clinical team are supported by a practice manager, dispensary staff, administration and office team.

The practice is open between 8am to 6.30pm and is closed for lunch from 1pm to2pm on Monday to Friday. Appointments can be booked on the day if requested before 10am on a wait to be seen basis Monday to Friday 8am to 11am. Emergency slots 12-12.30 for patients that have difficulties sitting in the reception area. Telephone consultations and home visits were booked in after emergency surgery.

The practice opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by Primecare services and patients who contact the surgery outside of opening hours are provided with information on how to contact the service. This information is also available on the NHS choices website.

The practice provides the following directed enhanced services:

- Dispensing medicines.
- Childhood immunisations and vaccinations.
- Dementia screening.
- Flu vaccinations.
- Unplanned hospital admissions avoidance.
- Improving on-line access.

Learning disabilities health checks.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 September 2016. During our visit we:

# Detailed findings

- Viewed information provided by the practice, which included feedback from people using the service about their experiences.
- Spoke with a range of staff (receptionists, practice nurses, practice manager, administrators and doctors) and spoke with patients who used the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

# Are services safe?

## Our findings

**Safe track record and learning**

There was an open culture in which all safety concerns raised by staff and people using the service were highly valued as integral to learning and improving safety.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed safety records, incident reports and minutes of meetings where these were discussed. Safety alerts were reviewed by the practice manager on the day the practice received them. Clinical alerts were sent to the GP and medicines alerts were sent to the dispensary team We saw evidence of two alerts that had been received between July and August 2016; these and been actioned and an audit trail was commenced.
- Dispensing errors recorded were investigated to identify learning from them. Action taken to mitigate risk was monitored and audited. There was a standard operating procedure in place and this was reviewed annually to ensure it was fit for purpose.

The practice had an embedded approach to safety alerts information received from several agencies including the Medicines and Healthcare Regulatory Agency (MHRA). The MHRA is an agency of the Department of Health and provides safety information relating to healthcare products and medicines. A clear audit trail demonstrate the effectiveness of the system in place. The practice provided evidence of how they had responded to alerts in checking patients' records and taking action to ensure they were safe.

**Overview of safety systems and processes**

The practice was proactively managing risks to patients and processes were embedded and recognised as a high priority of all staff. This included:

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding and staff knew who this was. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- The practice was a nominated place of safety for any person who felt vulnerable or in need. This was advertised through the community press as an article outlining its purpose and through the use of a logo that was displayed in the practice front window. Staff had received training and promoted its use verbally. This service had been used on a number of occasions, including domestic violence, lost and frightened patients, and those seeking shelter.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The chaperone recorded their attendance on the patient record system.
- 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 protocol 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 system was effective and they were prescribing safely there were arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice employed the services of a local pharmacist who attended the practice weekly to offer in depth medicine reviews for all

patients, they prioritised patients receiving polypharmacy and complex medical needs. This ensured prescribing safety and increased patient access by freeing up clinical staff .

- Blank prescription stationery was securely stored and there were systems in place to monitor its use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. A Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The GP was responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. We saw that medicines incidents or 'near misses' were recorded for learning. Dispensary staff were involved in reviewing incidents regularly and we saw that when necessary changes had been made to improve the quality of the dispensing process. The dispensary manager showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We noted that these procedures had been signed by dispensary staff to show that they had read them, but that practice managers and GPs who occasionally worked in the dispensary had not signed them although we were assured they had been read. These were signed prior to the end of the inspection.
- The practice had processes in place for monitoring prescriptions that were not collected, particularly where patients had been identified as experiencing poor mental health. Some patients were prescribed weekly prescriptions and these patients were closely monitored. If they did not collect their prescription this was highlighted to the GP who contacted the patient for a welfare check. If they were unable to be contacted this was escalated to the mental health team.
- The fridge used for the storage of medicines and vaccinations was monitored regularly for temperature control and records were kept. A cold chain policy and procedure was in place and being followed. The stock of medicines and vaccines was rotated and monitored and the system in use was efficient and effective. These were then followed up to ensure the patient was safe and well.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

**Monitoring risks to patients**

The practice had comprehensive processes in place to monitor and mitigate risks

- 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 poster displayed in the staff kitchen identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were 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, which alerted staff to any emergency.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. All staff had received annual basic life support training.

Good

# Are services safe?

- The practice was small and had a policy to minimise lone working. Staff who booked evening appointments tried to ensure the patients were known to the practice. Where this was not possible other staff remained on duty. There were instructions that the reception was to be locked if staff were left alone, for example if the GP was unexpectedly called out.

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.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

The practice demonstrated an holistic approach to assessing, planning and delivering care. Patients' care and treatment was planned and delivered in line with current evidence based guidance (including National Institute for Health and Care Excellence (NICE) guidelines), standards, best practice and legislation. For example;

- The practice had systems 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 patients' needs. For example the practice provided 24-hour ambulatory blood pressure monitoring as a means of confirming a diagnosis of primary hypertension as recommended by NICE clinical guidance.
- Patients identified as entering the last 12 months of their life were given the GP contact details so they could receive holistic care and not need to use the out of hours service. Anticipatory medicines were prescribed in a timely fashion.
- Care and treatment was based on risk assessments that balanced the needs and safety of patients registered at the practice with their rights and preferences
- During our inspection we looked at a number of areas in relation to the assessment of patient needs and the planning of care. We looked at patients with long term conditions, those nearing the end of their lives, those suffering from poor mental health and patients requiring referral to other healthcare professionals. We found that care and treatment was being provided in line with NICE guidance and this was being monitored by the practice to ensure there was a consistent standard of care provided.

**Management, monitoring and improving outcomes for people**

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 99% of the total number of points available, which was above the CCG average of 95% and the national average of 95%. The practice had an exception reporting rate of 8% which was below the CCG average of 9% and the national rate of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice had an appointed lead for QOF activities and performance was regularly monitored and discussed at team meetings.

Feedback from patients confirmed they felt that the long term condition care provided was of a high standard and this was supported by the high QOF performance. There were 11 indicators for the management of diabetes and these were aggregated. The aggregated practice score for diabetes related indicators was 100% compared with the CCG average of 85% and the national average of 90%.

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 85% compared to the CCG average of 73% and national average of 77%.
- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 82% compared to the CCG average of 74% and national average of 78%.
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 82% compared to the CCG average of 75% and national average of 80%.

These checks identify that patients' diabetes was being well managed and that conditions associated with diabetes such as nerve damage, heart disease and stroke would be identified and minimised.

The practice performance for the treatment of patients with conditions such as hypertension (high blood pressure), heart conditions and respiratory illness was above or within the range of the national average for example:

- The percentage of patients with hypertension whose blood pressure was managed within acceptable limits was 82% compared to the CCG average of 82% and national average of 83%.
- The percentage of patients with asthma who had a review within the previous 12 months was 72% compared to the CCG average of 71% and national average of 75%.

Good

# Are services effective?

## (for example, treatment is effective)

- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had an assessment of breathlessness using the Medical Research Council scale was 97% compared with the CCG and national average of 90%.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses that had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93% compared with the CCG and national average of 89%.

The practice kept a record of all home visits (including out of hours service visits). This was updated each week. The practice monitored the reason and frequency of these visits to identify whether patients might be at risk of deterioration in their condition.

The practice was signed up to the national avoiding unplanned admissions enhanced service and also a locally agreed enhanced service which focused specifically on vulnerable patients and those over 65 years of age. The practice used computerised tools to identify patients who were at high risk of admission to hospital. Patients on this register had annual reviews of their collaborative care plans, which we were shown. We saw that after these patients were discharged from hospital they were followed up by the GP to ensure that all their needs were continuing to be met.

All staff were actively engaged in activities to monitor and improve quality and outcomes (including clinical and non-clinical audits).

- There had been several audits completed in the last two years. These included an audit of contraception devices. The audit looked at failure rates, infection and other complications. Outcomes included patients identified as affected by complications were counselled and given alternative options if indicated. This was in line with NICE guidance.
- The practice had undertaken an audit to identify any patients with poor mental health problems who were not already included on the mental health register. Patients who were recorded on the register were highlighted for additional advice and treatment including annual screenings.
- The practice had undertaken a full audit cycle of antibiotic prescribing. The audit involved reviewing the records of all patients receiving a prescription for the medicine and assessing whether local guidelines had been followed in all cases. Positive outcomes included a reduction in the prescribing of the medicine when it was re-audited.
- There had been three audits with two full cycles in response to MHRA alerts. The first audit cycle identified areas for improvement and the subsequent audits identified improvements had been sustained.

**Effective staffing**

The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme, they had undergone extended training and updates to ensure nationally recognised evidence based guidance was being incorporated in their care delivery.
- All staff spoken with in the day told us that they received an annual appraisal from their line manager and said that it acknowledged their contribution to the practice and identified areas of improvement and learning. They were encouraged to complete a form prior to the appraisal interview to highlight their performance throughout the year and to identify any learning and/or development needs they might have. They told us their performance was graded and objectives set for them for the forthcoming year. They felt these objectives were linked to the overall aims and objectives of the practice. Staff told us that the practice were very positive in making available additional training for them.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. 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)

- The practice was approved for postgraduate medical education at Anglia Ruskin University, offering mentorship and supervision for those undertaking the medical prescribing course.

**Coordinating patient care and information sharing**

Staff and services were committed to working collaboratively and had found innovative and efficient ways to deliver joined-up care to people who use services.

- The patients care and treatment was designed to make sure it met their needs. This included risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice held monthly multi-disciplinary meetings were held at the practice to assess the range and complexity of patients' needs, and to plan ongoing care and treatment for vulnerable patients including those at high risk of hospital admission and vulnerable patients. This meeting included a GP who met with representatives from community based services including district nursing team staff, a community matron, a physiotherapist or occupational therapist, a community psychiatric nurse, and a social services representative. Minutes were produced from the meeting as a reference for other clinicians within the practice.
- The practice regularly reviewed patient data and this included patients that were requesting frequent appointments, urgent care list and OOH contacts, this information would be fed into their MDT frailty meetings with other providers. The GP reviewed all unplanned admissions from their frailty register within 48 hours of discharge.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

**Consent to care and treatment**

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

- < >taff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it.
  When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. All clinical staff demonstrated a clear understanding of the Gillick competency test. (This is used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in and agreed with.
- Written consent was obtained for minor surgery procedures where the relevant risks, benefits and possible complications of the procedure were explained.

**Supporting patients to live healthier lives**

Staff were consistent in supporting patients to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health, and every contact with a patient was used to do so.

- We noted a culture among all staff to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering weight loss advice for overweight patients and smoking cessation advice to smokers.
- The practice focused on helping patients understand their conditions, and signposted patients to relevant services such as Empower for patients newly diagnosed with diabetes, exercise on prescription, smoking cessation and healthy lifestyle clinics.

Good

# Are services effective?

## (for example, treatment is effective)

The practice had a similar to local and national average of new cancer cases. They told us they encouraged their patients to attend national screening programmes. Data from the National Cancer Intelligence Network showed the practice had comparable performance in comparison with local and national rates of screening for their patients in some areas. For example;

- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to participate in national screening programmes for bowel and breast cancer screening. For example, 68% of women aged between 50 and 70 had attended screening for breast cancer which was slightly lower than both the CCG average of 75% and national average of 72%. Bowel cancer screening was similar to local and national averages, for example at 54% compared with the CCG average of 60%.

Outstanding ☆

# Are services caring?

## Our findings

**Kindness, dignity, respect and compassion**

There was a strong, visible, person-centred culture within the practice. Staff were highly motivated to offer care that was kind and promoted patient's dignity. We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with respect.

- Staff made sure patients privacy was respected when they received treatment. We saw curtains were provided in consulting rooms.
- All reasonable efforts had been made to ensure that discussions about care, treatment and support only took place in an area that could not be overheard. We observed that consultation room doors were closed and there was a quiet room available for patients who wanted to discuss sensitive issues or appeared distressed.
- Staff were aware of their responsibilities for patient confidentiality and knew what they needed to do to ensure patient information was kept secure.

Feedback received from patients we spoke with on the day, told us that patients consistently felt that they were treated with compassion, dignity and respect by clinicians and the reception team. Results from the national GP patient survey in July 2016 showed the practice was above local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the CCG average of 86% and the national average of 87%.

These findings were corroborated by outcomes from surveys carried out by the patient participation group.

We spoke with community-based staff who told us that the practice team communicated with them effectively, and that GPs were approachable and accessible. They told us that the practice worked in collaboration with them and responded promptly to address patients' needs.

**Care planning and involvement in decisions about care and treatment**

Patients told us they felt involved in decision making about the care and treatment they received. They 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. Patients spoken with on the day were complementary, positive and aligned with these views.

We saw that personalised care plans were in place for the practice's most vulnerable patients with long term conditions and complex care needs and those results from health reviews were shared with patients.

Results from the national GP patient survey, published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 95% said the last GP they saw was good at explaining tests and treatments (CCG average of 84%, national average of 86%).
- 95% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average of 85%).

Nursing staff received similar positive results. For example:

- 99% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 90%, national average of 90%.
- 97% said the last nurse they saw or spoke to was good at involving them in decisions about their care (CCG average of 87%, national average of 85%).

Outstanding ☆

# Are services caring?

Staff told us that translation services were available for patients who did not have English as their first language. They also told us the information available to patients could be provided in alternative language or formats if this was required by the patients.

**Patient and carer support to cope emotionally with care and treatment**

Patient's emotional and social needs were seen as important as their physical wellbeing. There was a large amount of information leaflets available in the waiting area. These provided information on how patients could access a number of support groups and organisations and included signposting patients to counselling services and advocacy services. Information about health conditions and signposting information was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 153 patients as carers (4.5% of the practice list). There were processes in place that alerted the GP if a carer had been admitted to hospital. There were plans in place to ensure the frail patient left at home would receive support. For these cases there was close liaison with the carer and the family of the patient so that alternative arrangements could be made to ensure there was continuity of care for the patient concerned.

New carers were recorded upon registration and were provided with a carer's information pack there were systems in place to identify and support a patient that was already registered and became a carer. The practice encouraged carers to receive vaccination against the flu virus, and offered support to carers as and when this was required. This included access to visiting organisations for example the Farleigh Hospice 'HOP (Hospice Outreach Programme)' truck that visited monthly; The Dengie One Project, that visited alternate months, providing access to multiple community services including a library, community policing (including property labelling and home safety checks), computer skills teaching and several other organisations . The practice offered access to visiting organisations to all local residents, not just the registered population.

The palliative care services were tailored to meet the needs of patients and were delivered in a way to ensure flexibility, choice and continuity of care. the staff were firmly committed in the belief that patients at the end of life and their families benefited greatly from a continuity of care that only their family GP would be able to provide. The GP provided out of hours care to these patients and those with complex medical needs, so they could access health care from the GP directly 24hours a day. This group of patients were given the mobile number of the GP and the practice manager they were told they could access their GP at any time.

The practice offered a free of charge medical equipment loan service to patients that needed it, included when patients had been discharged from hospital.

Following bereavement, the GP would call or visit relatives or carers to offer condolences and assess if any additional support might be required. Information was available to signpost relatives or carers to appropriate services such as counselling where indicated.

Outstanding ☆

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

We saw evidence of a proactive approach to understanding the needs of different groups of patients and how they delivered care in a way that meet the patients' needs; this was accessible and promoted equality. This included people with protected characteristics under the Equality Act, for example people who may be approaching the end of life, sexual orientation, people who were in vulnerable circumstances or who had complex needs.

- The practice had analysed the needs of their patients and compared them with the services available to them locally, which often meant a considerable distance to travel for patients to access them. The practice recognised that it would benefit their patients if the services were provided more locally to enable the patients to understand and manage their conditions more effectively. These events were advertised to patients at the surgery. The practice arranged for these services to attend the practice throughout the year on a staggered basis and advertised this to their patients. Such services included the Farleigh Hospice Outreach Programme staffed by a Macmillan nurses and a dementia specialist. We were told by the practice that these were well attended and popular with their patients.
- There were longer appointments available for patients with a learning disability or poor mental health. Practice staff had a flexible approach to appointments to ensure those who were difficult to reach could still get the care they needed.
- For patients with dementia, written consent for relatives to share in medical information and treatment planning was encouraged and well documented.
- Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they and their carers were involved in and agreed with.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The Dengie One Project visited the practice bi-monthly and provided access to multiple community services. These included midwifery, diagnostics including ultrasound and aneurysm screening, psychological therapies, smoking cessation and weight management.
- Computer skills teaching were encouraged for the older population to enable them access to the internet.
- A dementia specialist nurse held a monthly clinic. The practice established this service because they were aware that patients living with dementia in a rural setting could be isolated and other services were not always visible or accessible.
- The surgery was located next to the village school and the practice had a higher than national average number of registered patients under 16 year olds. They also had a number of professional fostering families. We saw evidence that the practice had built a close liaison with the school and offered a minor injuries service that patients could access. We were told that this reduced hospital attendances and caused less distress to the child and parent, as they were seen in a familiar environment.
- The practice had identified that the school had a number of special educational needs (SEN) children. This term describes the needs of a child who has a difficulty or disability which makes learning harder for them than for other children their age. SEN children often have complex medical needs. This required multiagency involvement. We were shown systems of cooperation that included meetings scheduled in the afternoon to allow the GP to attend. The head teacher had direct access to the GP, with a reciprocal arrangement from the GP to the head teacher. This allowed for timely intervention and resolution of issues.
- The practice introduced special patient booked appointment slots between 12pm and 1pm. these were booked by reception and included patients with mental health issues and genetic patients who would not cope with waiting in an open surgery. For example a child with Special Educational Needs that did not cope well around strangers in the waiting room the patient would wait outside the practice and reception would inform them when the GP was ready to see them.
- The practice had holiday and residential caravan parks within its catchment area. Residents were unable to use the site as a postal address when registering with the practice. The surgery accepted these patients and for the purposes of referral to other services and secondary

care and the surgery address was used for correspondence. When the surgery received post, for example appointment letters, the receptionist would contact the patient via phone to collect their letter.

- The practice was located in a rural village with only one local shop selling contraceptive devices. The practice identified that the teenage population may have found it embarrassing to use. The practice became registered as a 'C-Card' site; clinical and pharmacy staff had received training to promote sexual health.
- The safe use of innovative approaches to care and how it was delivered was evidenced. For example, the practice had a number of children on the autistic spectrum. On occasion if a child was too anxious to enter the surgery so the GP went to the child in the car to assess and start to build up a positive relationship.
- The practice had a scheme to loan equipment free of charge to patients who are unable to purchase it themselves. For example nebulisers, walking aids and wheelchairs.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately were referred to other clinics for vaccines available privately.
- For five years the practice held an annual charitable event they called a Flu-a-thon. This was advertised to the patients of the practice who were encouraged to attend as a social event and to increase the uptake of vaccinations against the flu virus. During this activity the staff took the opportunity to undertake a mini health check on patients, including blood pressure and atrial fibrillation (AF) screening. The practice has seen a year on year increase in uptake of vaccinations and identified some asymptomatic patients with AF. We were told that this event had been attended by the Director of Immunisations for Public Health England and the GP was invited to present their systems as an example of best practice at the National immunisation Conference.
- A mini-flu-a-thon was also organised as a follow-up to the main event specifically aimed at the house bound residents at the local sheltered accommodation in which tea and cake would be served to the residents while being vaccinated. At both events patients who required pneumonia and shingles vaccination would be offered these at the same time.

**Access to the service**

We saw that the next available routine appointment with a GP was available on the day of our inspection.

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

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 78%.
- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and the national average of 76%.

The practice offered a variety of appointments these included;

- On the day appointments Monday to Friday 8am to 11am wait to be seen session. (Have to be booked in by 10am to be seen on the day).
- GP consultations were available by Skype for patients to access on Wednesday evenings from 7pm to 9pm. This was to improve access for workers and commuters, and those in education, but was not restricted to these population groups. This reduced the need for patients to attend the surgery and increased appointment availability at during the day. Telephone consultations were available and patients were called back after 12pm.
- Home visits were scheduled after the telephone appointments these include both urgent and planned visits.
- There were nine bookable appointments to have medication reviewed by a pharmacist on Wednesdays.
- Practice nurse appointments were available Monday to Friday 8am to 1pm and 2pm to 6pm.
- Phlebotomy appointments were available Monday to Friday 9 to 9.30 walk-in but patients are able to book earlier if they have work needs.
- On the last Saturday of the month, the practice offered appointments from 7am to 10am. The surgery dispensary was also open at that time.

Outstanding ☆

# Are services responsive to people's needs?

## (for example, to feedback?)

- The practice was proactive in offering online services as well as a full range of health promotion and screening.

**Listening and learning from concerns and complaints**

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A complaints leaflet was given to patients which included information on how to report concerns to the practice as well as to external organisations. We also saw information on the practices website.

We looked at two complaints received (one written and another was verbal) in the last 12 months and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care.

# 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**

There was compassionate, inclusive and effective leadership. Leaders demonstrated they had high levels of experience, capacity and capability required to deliver sustainable care. Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Leaders had a thorough understanding of issues, challenges and priorities in their service, and the community.

- The practice had an ethos that patients were at the heart of their work, and that the service strove towards excellence.
- The practice consistently adapted to ensure it was responsive to patients' needs and their feedback.
- The practice was able to articulate their priorities that formed their basis of their future strategic direction. This was supported by a comprehensive business plan with agreed actions, goals and objectives to reflect their aspirations.
- Practice staff and patient groups were welcomed to put forward proposals for consideration and were consulted on various aspects of decision-making as part of an inclusive approach.

We saw a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans. Plans were consistently implemented, and had a positive impact on quality and sustainability of services.

**Governance arrangements**

Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes. 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.
- Practice specific policies were implemented and were available to all staff on the shared computer drive. These policies were subject to a proactive scheduled review and at the time of inspection all polices were within date.
- A comprehensive understanding of local population needs and performance was maintained and this was supported by the effective use of intelligence such as Public Health profiles, QOF reporting, and the use of the Primary Care Web tool. A programme of continuous clinical and internal audit was also used to monitor quality and to support continuous improvement.
- The practice demonstrated high levels of achievement in the Quality and Outcomes Framework across all clinical health indicators.
- The practice demonstrated commitment to best practice performance and risk management systems and processes, regularly reviewing their operation, and ensuring staff had the skills and knowledge to use those systems and processes effectively. When problems were identified there were processes in place to address quickly and openly.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Staff told us they worked as a team and supported each other in achieving effective patient care.
- The practice continuously monitored its effectiveness when new ways of working were implemented. This ensured resource was allocated accordingly, patient healthcare needs met and patient experience maximised. As a result of the practice's new model of working, for example introducing skype consultations, GP appointment availability had increased, waiting times for urgent appointments decreased and the practice had noted a reduction in those requesting a telephone consultation.

**Leadership and culture**

All staff we spoke with told us the partners were approachable and always took the time to listen to all members of staff. The majority of staff had worked within the practice for many years and one staff member told us they would not choose to work anywhere else.

# Are services well-led?

Outstanding ☆

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people information, reasonable support and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- There was a clearly defined management structure in place and staff were supported. Staff told us there was a culture of no blame within the practice.
- Staff told us the practice held regular team meetings and we saw minutes of meetings to confirm this. Staff told us they could raise any issues at team meetings.
- We were told by staff that the practice had a positive attitude to training and development. Staff felt that the practice supported them to retain and enhance their skills and expertise and offered them opportunities to develop their careers. We saw evidence that staff had progressed through the career structure within the practice.
- Staff said they felt respected, valued and supported, particularly by the leaders in the practice. All staff were involved in discussions about how to run and develop the practice, and the leaders encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Overall, feedback indicated a very high level of staff satisfaction with staff telling us they enjoyed working at the practice and that they felt proud of their role and the role the surgery played within the community.

The GP and practice manager each carried out additional roles which supported and developed the local health community, these included;

- The GP was the chair for the North Essex Local Medical Committee (LMC). They used these meetings to keep up to date with local issues. This information would be shared at the local CCG and staff meetings.
- The practice was approved for postgraduate medical education at Anglia Ruskin University, offering mentorship and supervision for those undertaking the medical prescribing course.
- The practice offered a minor injuries service and Special Educational Need children collaborative care meetings to the adjacent school
- The practice wrote articles regarding topical health subjects such as hay fever, preparing for hot and cold weather, minor illnesses and general health advice for publication in the local newspapers and village monthly news. They also used this to promote health events at the practice, visiting external providers, and highlight schemes such as place of safety and there online services.

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

Throughout the inspection we saw evidence of consistently high levels of constructive engagement with staff and patients, including all equality groups. Rigorous and constructive challenge from people who use services, the public and stakeholders was encouraged and seen as a vital way of holding services to account. Services were developed with the full participation of those who use them, staff and external partners as equal partners. The practice took a leadership role in its health system to identify and proactively address challenges and meet the needs of the local population.

- The practice had an active Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who worked with the practice to improve services and the quality of care. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, continuing access to skype consultations as patients requested it continue.
- The practice continuously gained higher than local and national percentages from the national patient survey and the friends and family test. These were reviewed by the practice to identify areas for improvement.

# Are services well-led?

Outstanding ☆

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

- The practice gathered and used feedback from staff through staff meetings, appraisals and discussion.
- The latest available results from the NHS Friends and Family Test (August 2016) showed that 100% of patients who responded were either likely or highly likely to recommend the practice to friends and family.
- The practice actively recorded all compliments received and shared these with staff.

**Continuous improvement**

The leadership had a strong focus on performance management, continuous learning and improvement at all levels within the practice. The practice team demonstrated a clear proactive approach to seeking out, supporting and embedding new ways of working either solely within the practice or in conjunction with others and participated in local programmes and pilot schemes which would lead to improved outcomes for patients in the area.