

# Dipple Surgery

## Quality Report

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

### Ratings

#### Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out a comprehensive announced inspection on 20 January 2016. We rated the practice as inadequate overall. The practice was rated as inadequate for providing safe, effective, caring and well-led services and requires improvement for providing responsive

services. As a result of the inadequate rating overall, the practice was placed into special measures for six months. Conditions were placed on the provider's registration. These included; ensuring there was sufficient clinical staff and managerial oversight of the practice, they were not

permitted to register any new patients, they were required to submit an action plan outlining how they were to address our concerns and time scales. These were supported with monthly progress reports submitted to the commission.

On 14 September 2016, we returned to the practice and carried out a comprehensive inspection. Overall, the practice was rated as requires improvement with the safe

domain being rated as inadequate. The practice remained in special measures and we issued the practice with a warning notice in relation to providing safe care and treatment at the practice.

The practice was required to be compliant with the warning notice by 20 October 2016. We conducted a focused inspection of the practice on 8 February 2017 to establish whether the requirements of the warning notice had been met. We found during this inspection that the practice had complied with the notice. However, the practice remained in special measures.

The full reports for 20 January 2016, 14 September 2016 and 08 February 2017 can be found by selecting the 'all reports' link for Dipple Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We then carried out an announced comprehensive follow-up inspection at Dipple Medical Centre on 06 July 2017. The practice was rated as requires improvement overall.

# Summary of findings

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

- Staff members knew how to raise concerns, and report safety incidents
- Safety information was appropriately recorded; and learning shared with all staff.
- The infection control policy met current guidance.
- Clinical audits were undertaken.
- Risks to patients and staff members had been assessed, and acted on appropriately.
- Staff members assessed and delivered patient care in line with current evidence based guidance.
- Staff showed they had the skills, knowledge, and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity, respect, and involved in their care and treatment decisions.
- Information about the practice services and how to complain was available and easy to access.
- The practice complied with the requirements of the duty of candour when dealing with complaints and significant events.
- Patient satisfaction results published in the national GP patient survey reflected that patients were not satisfied with the GPs at the practice across a number of areas measured.
- Patients said they were able to make an urgent appointment on the day.

- The practice facilities, and equipment was appropriate to treat patients and meet their needs.
- Room temperatures were recorded where medicines were stored. However, when the room temperature rose above acceptable levels we saw no measures had been taken to address this. Staff members felt supported by the GPs and practice management team.

The area where the provider must make improvement is:

- Improve patient satisfaction as identified in the national GP patient survey.

The areas where the provider should make improvements are:

- Reinforce arrangements to store medicines at the recommended room temperature, and take action when temperatures fall or rise beyond recommended levels.
- Improve the identification of carers, to allow staff to consider peoples caring responsibilities when arranging appointments or treatment.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff members knew how to raise concerns, and report safety incidents. Reviews and regular analysis seen, of safety incidents monitored for trends to avoid re-occurrences.
- When things went wrong patients received, reasonable support, truthful information, and a written apology when appropriate.
- Safety information was recorded appropriately and lessons learned identified. Lessons learned from incidents were shared with all staff members.
- The infection control policy met current national and local guidance, and audits had been carried out to monitor effectiveness.
- Room temperatures were recorded where medicines were stored. However, when the temperature rose above acceptable levels we saw no measures taken to address this.
- Risks to patients and staff members were assessed, documented, and acted on. Risks had been regularly reviewed, to check for themes or trends.
- The practice had arrangements and processes to keep patients safe and safeguarded from abuse.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed patients' treatment and care needs and delivered care in line with current evidence based guidance.
- Clinical audits at the practice showed improvements to patient outcomes and service quality. Four of these audits were completed audit cycles demonstrated an effective quality improvement process.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff members.
- Staff worked with other local health care professionals to understand and meet the range of patients' treatment needs.

### Are services caring?

The practice is rated requires improvement for providing caring services.

Requires improvement



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and involved in decisions about their care and treatment.
- Information for patients about practice services was easy to understand. This information was available in the practice and on their website.
- We saw staff treated patients with kindness and respect, and maintained patient information confidentiality at all times.
- The practice had identified 39 patients that were carers; this equated to 1% of the practice population.
- Patient satisfaction regarding caring and involvement of services from July 2017 GP patient survey was low. In the area of caring and involvement of services, patient satisfaction was lower than the previous year July 2016.

## Are services responsive to people's needs?

The practice is rated requires improvement for providing responsive services.

- Practice staff reviewed the needs of its local, practice population, and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services when identified.
- Patients told us they could make an appointment with a GP and urgent appointments were available the same day.
- The practice facilities and equipment was appropriate to treat patient's needs.
- Information about how to complain was available and easy to understand. Evidence we saw showed the practice responded promptly and appropriately to issues raised.
- Learning from complaints were shared with staff and regularly reviewed to monitor for any themes or trends to avoid re-occurrence.
- Patient satisfaction regarding access to services from July 2017 GP patient survey was low. In the area of access, patient satisfaction was lower than the previous year July 2016.

**Requires improvement**



## Are services well-led?

The practice is rated good for being well-led.

- Because of the concerns raised at previous inspections, leadership and governance at the practice had improved. Staff had worked collectively towards making improvements to address concerns.

**Good**



# Summary of findings

- The practice had a clear statement of purpose to deliver high quality care and promote good outcomes for patients. Staff were clear about the new clinical governance changes at the practice and their responsibilities in relation to it.
- There was a clear leadership structure and staff told us they felt supported by management.
- The practice had a number of policies and procedures to govern activity. Governance was a standing item on practice meeting agendas and discussed at every meeting.
- There was an overarching governance framework, which supported the delivery of the practice strategy and quality of care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. This was seen when they were dealing with complaints and safety incidents.
- A culture of openness and honesty was encouraged amongst staff members. They were also involved with practice developments and decision making.
- The practice acted on feedback from staff members, and patients by implementing an action plan developed to improve service.
- We saw a strong focus on continuous learning at the practice and improvement at all levels. This was seen with the new processes and procedures put into place by leadership to improve safety and patient outcomes seen as concerns at previous inspections.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for caring, and responsive services. They are rated as good for safe, effective and well-led services. The area identified as requiring improvement affected all patients including this population group.

- The practice offered older people care to meet their needs.
- All older people had a named GP.
- Phlebotomy services were available for people in this population group.
- Home visits and urgent appointments were provided for those that needed them.
- Quarterly palliative care meetings operated to understand and discuss patients identified as frail, and at risk of deteriorating health.
- The nurse practitioner provided home visits for patients in care homes.
- Senior health checks, flu and shingles vaccinations were offered.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for caring, and responsive services. They are rated as good for safe, effective and well-led services. The area identified as requiring improvement affected all patients including this population group.

- Nursing staff and GPs had lead roles in chronic disease management.
- People with long-term conditions were provided a named clinician and a structured annual health review.
- Patients at risk of a hospital admission were identified as a priority, and personalised care plans had been produced to ensure their continuity of care.
- All people with long-term conditions had a named GP.
- Phlebotomy services were available for people in this population group.

**Requires improvement**



### Families, children and young people

The practice is rated as requires improvement for caring, and responsive services. They are rated as good for safe, effective and well-led services. The area identified as requiring improvement affected all patients including this population group.

**Requires improvement**



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances or at risk, for example, those who had a high number of A&E attendances.
- Immunisation rates were comparable with local and national practices, for all standard childhood immunisations.
- The practice followed up on children who failed to attend for their immunisations.
- Health visitors were available to families who had children under five years of age who were registered with the practice.
- Cervical screening data showed the practice was comparable with local and national practices.
- Appointments were available outside of school hours and college hours, and the premises were suitable for children and babies.
- On-line appointments and prescriptions were available.
- The practice scheduled six week checks with the mother and baby on receipt of their discharge letter from hospital.

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

The practice is rated as requires improvement for caring, and responsive services. They are rated as good for safe, effective and well-led services. The area identified as requiring improvement affected all patients including this population group.

The needs of the working age population, those recently retired, and students had been identified, and services had been adjusted. For example:

- The practice had extended hours on a Wednesday until 7.30pm and early mornings from 7.30am on a Tuesday. They offered online services to book appointments, to order repeat prescriptions, and to receive text alerts.
- Telephone appointments were offered daily for patients unable to attend the surgery.
- Travel health advice and immunisations were available.
- Occupational vaccinations to support those needing them for work purposes.
- A full range of health promotion and screening was available at the practice to reflect the needs of this population group.

Requires improvement



## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for caring, and responsive services. They are rated as good for safe, effective and well-led services. The area identified as requiring improvement affected all patients including this population group.

Requires improvement





# Summary of findings

- The practice recognised patients living in vulnerable circumstances including, homeless people, travellers and those with a learning disability.
- Patients with poor literacy levels were supported by staff to understand and access services.
- The practice offered longer or double appointments for patients with a need.
- The practice clinical members of staff worked with other health care professionals in the case management of vulnerable patients.
- Staff had received training in safeguarding children and vulnerable adults.
- Staff members knew how to recognise the signs of abuse and were aware of their responsibilities concerning the sharing of information regarding safeguarding concerns.
- All staff members had recently undergone safeguarding training of vulnerable adults and children.
- The GP safeguarding lead at the practice attended forums, and provided reports for other agencies.
- Information was available for vulnerable patients about how to access various support groups and voluntary organisations.

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

The practice is rated as requires improvement for caring, and responsive services. They are rated as good for safe, effective and well-led services. The area identified as requiring improvement affected all patients including this population group.

- The practice made referrals to memory clinics.
- The practice provided regular blood monitoring for patients on high risk medicines.
- Patients on the practice mental health register were invited for annual reviews.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had received training in dementia awareness.
- Patients could self-refer to access mental health services provided at the practice by Therapy for You.
- The practice worked with multi-disciplinary professionals to support patients experiencing poor mental health, including those with dementia.
- We found staff were familiar with the details of the Mental Capacity Act.

**Requires improvement**



## Summary of findings

- Staff members told us they would find a suitable quiet area for patients to wait if they were feeling anxious, depressed, or too unwell to wait in the busy waiting room.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2017 showed the Dipple Medical Centre performed in line with local and national averages. 346 survey forms were distributed and 101 were returned. This represented 29% of the practice's patient list.

- 63% of respondents found it easy to get through to this practice by phone compared with 66% locally and 71% nationally.
- 43% of respondents describe their experience of making an appointment as good compared with 67% locally and 73% nationally.
- 63% of patients described the overall experience of this GP practice as good compared with 80% locally and 85% nationally.
- 42% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with 70% locally and 77% nationally.

As part of our inspection, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 49 patient Care Quality Commission comment cards. All the comments were positive with many of them noting the improvements seen over the last six months.

We spoke with four patients during the inspection. They told us staff members, were approachable, committed, and caring. They were happy with the clinical care they received since there had been greater continuity with GP availability.

A local healthcare provider told us they had excellent communication links with the practice and could rely on them to support patients being cared for.

## Areas for improvement

### Action the service **MUST** take to improve

Improve patient satisfaction as identified in the national GP patient survey.

### Action the service **SHOULD** take to improve

Reinforce arrangements to store medicines at the recommended room temperature, and take action when temperatures fall or rise beyond recommended levels.

Improve the identification of carers, to allow staff to consider peoples caring responsibilities when arranging appointments or treatment.

# Dipple Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector, included a GP specialist adviser, and a second CQC inspector.

### Background to Dipple Surgery

The practice is located in a purpose built health centre on a main road with parking facilities. It occupies a proportion of the east wing of the building with a neighbouring surgery that shares a patient waiting area, patient toilets and a staff kitchen.

Dipple Medical Centre is part of a large organisation called Malling Health (UK) Limited. Malling Health (UK) Limited is a separate legal entity that operates under an umbrella of Integral Medical Holdings (IMH). IMH have a range of GP primary care sites throughout the UK, walk in centres and urgent care centres. The organisation resources include staff, leadership and information governance that is shared across their sites.

The practice population has high levels of deprivation amongst children and older people. The life expectancy of the male and female patients within the area is lower than local and the national averages. The practice has a website detailing opening times, online services, health information and details about how to access local services. The practice has a patient population of approximately 3788 patients and they hold an Alternative Provider Medical Services (APMS) contract.

The clinical team comprises of two locum GPs currently both male, a physician associate female, a nurse prescriber female, a practice nurse, and a health care assistant both

female. The clinical team is supported by an administrative team of six staff with a variety of roles and overseen by a deputy practice manager. The Malling Health area manager supports the deputy manager on a daily basis to develop this locations practice manager role.

The practice is open and appointments are available between 8am and 6.30pm on Monday to Friday. Extended surgery hours are offered on a Tuesday morning from 7.30am and on Wednesday until 8pm. The practice does not provide out of hours care but directs their patients to the NHS 111 service. Out of hours, care is provided by IC24 who are commissioned by Basildon and Brentwood Clinical Commissioning Group (CCG).

### Why we carried out this inspection

We undertook a comprehensive inspection of Dipple Medical Centre on 20 January 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe, effective, caring and well-led services and requires improvement for providing responsive services. The practice was rated as inadequate overall and placed into special measures for a period of six months.

We also imposed conditions on the provider's registration. This was to ensure there was sufficient clinical staff and managerial oversight of the practice. The practice was not permitted to register any new patients.

We undertook a further announced comprehensive inspection of Dipple Medical Centre on 14 September 2016. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

# Detailed findings

During the inspection on 14 September 2016, we found safe services were inadequate, effective services were good and caring, responsive, and well-led services required improvement. The practice was rated requires improvement overall and placed into an extended period of special measures for a further six months. The practice was issued a warning notice for improvement.

We then undertook a focused inspection at Dipple Medical Centre on 8 February 2017 to check that improvements had been made and that the requirements of the warning notice had been met. We found the practice had complied with the notice. The practice remained in special measures.

On 6 July 2017, we undertook a follow-up inspection. This inspection was carried out following a period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

## How we carried out this inspection

Before visiting, we reviewed a range of information we held about Dipple Medical Centre and asked other organisations to share what they knew. We carried out an inspection on 06 July 2017. During our visit we:

- Spoke with a range of staff members, the practice manager, the GPs, nurse practitioner, administrative staff members, and receptionists.
- Spoke with four patients on the day of inspection.
- Observed how staff members spoke with patients, to their carer's and/or family members.

- Reviewed processes, policies, and procedures developed to keep patients safe and assure clinical and information governance.
- Reviewed comment cards where patients and members of the public had shared their views and experiences of the practice.

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 (QOF) data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### What we found at the inspection on 20 January 2016

We found there was no policy in place for the dissemination, actioning and monitoring of patient safety information. Incidents were not sufficiently investigated; risks and learning were not identified and appropriately mitigated by taking remedial actions such as educating staff. Medicines were not stored appropriately and staff had not followed guidance regarding reporting irregularities in fridge temperatures. Not all clinical staff were aware who the safeguarding lead was and not all staff were included in discussions relating to patient safety information and significant incidents.

### What we found at the inspection on 14 September 2016

The practice was rated inadequate for providing safe services. Significant incidents learning had not been revisited to ensure changes had been embedded. Findings from the infection prevention control risk assessment were not used to inform the cleaning provision. Some patients remained on medicine combinations that could have been detrimental to their health and a patient medicine alert had not been actioned in a timely and appropriate manner.

### What we found at this focused inspection on 08 February 2017

At this inspection, we found the practice had complied with the requirement notice. The practice had a safe and effective system in place to ensure the timely actioning of patient safety and medicine alerts. We checked patient records and found that patients were being reviewed in accordance with guidance.

### What we found at this inspection on 06 July 2017

#### Safe track record and learning

- The practice had developed an effective system for reporting and recording significant events.
- Staff informed the practice manager of incidents that arose, and when lessons were identified, these were shared with all staff.

- The duty of candour responsibilities were seen in correspondence when managing significant events and complaints. (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).
- When things went wrong with care and treatment, people were updated about the incident. They received reasonable support, truthful information, a written apology, and were told about any actions to improve processes to prevent any re-occurrence.
- We saw safety incidents and events were monitored to check for themes or trends.
- We viewed the system in use to manage patient safety and medicine alerts from the Medicines and Healthcare Regulatory Agency (MHRA). The agenda and minutes of meetings also showed alerts were discussed and shared with staff to understand patient or practice risk.
- We found the actions taken to improve safety at the practice. For example, MHRA alerts were investigated and treatment or medicine changes made when relevant. There was also evidence of searches undertaken, to identify patients affected by alerts.

#### Overview of safety systems and processes

- The practice had policies for staff guidance to safeguard children and vulnerable adults. These reflected both national legislation and local contact referral details.
- The safeguarding lead held level three training for children and adults. We found staff knew who the contact person was at the practice if they had a concern. The safeguarding lead attended safeguarding meetings and provided reports for other agencies.
- Staff demonstrated they understood their responsibilities regarding safeguarding and had received training that was relevant to their role.
- Notices in consulting and treatment rooms advised patients that chaperones were available if required. Staff that acted as a chaperone were trained and had received a 'Disclosure and Barring Service' (DBS) check relevant for this role. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. The premises were clean and tidy. There was a nurse lead for infection control that accessed the local infection prevention teams, for additional training and to keep up-to-date with best practice.

## Are services safe?

- The infection control policy had been reviewed and met current national guidance. Staff had received infection control training during their induction and we saw records of staff hand washing competency checks.
- Cleaning audits had been carried out, and regular reviews showed the monitoring of practice cleaning processes.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- The practice had a policy for handling repeat prescriptions, which included monitoring the healthcare checks and test results provided for patients taking high-risk medicines. On the day of the inspection, we checked evidence of searches undertaken for patients prescribed high-risk medicines and found that they had been reviewed effectively.
- Blank prescription forms and pads were stored securely. When staff removed blank prescriptions from the store, we saw they recorded numbers on the forms and the location of the printer to be used.
- The nursing team used Patient Group Directions (PGDs) to administer medicines in line with national legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- The health care assistant trained to administer vaccines and medicines used patient specific prescriptions or directions (PSDs). PSDs are written instructions, signed by a doctor, or non-medical prescriber, for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- All medicines seen were stored at the correct temperature. The practice followed their 'cold chain procedure' for medicines that needed to be stored in a fridge. (Cold chain is a term used to describe the temperature conditions in which certain medicines need to be kept during storage and distribution). However, when the room temperature rose above acceptable levels, we saw no measures had been taken to address this.

### Monitoring risks to patients

- Risks to patients were assessed and well managed.
- There were procedures in place to monitor and manage risks to patients and staff.
- There was a health and safety policy available and a poster in the office area that identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out fire drills and checks on the equipment to fight fire.
- All electrical equipment had been checked to ensure it was safe to use. Service contracts for clinical equipment were up to date.
- The practice had a variety of other risk assessments in place to monitor the safety of the premises such as, control of substances hazardous to health, infection control, and legionella (Legionella is a term for a particular 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 care and treat patients' at the practice.

### Arrangements to deal with emergencies and major incidents

- The practice had adequate plans in place to respond to emergencies and major incidents.
- An instant messaging system on the computers in all the consultation and treatment rooms could be used to alert practice staff to any emergency.
- All staff had received annual basic life support training and there were emergency medicines available. (This included the locum staff the practice relied on)
- There was a defibrillator and oxygen available with adult and children's masks and a first aid kit and accident book available.
- Recommended emergency medicines by the Resuscitation Council UK were accessible and known to staff in a secure area of the practice.
- The practice had a business continuity plan to cover major incidents such as power failure or building damage. The plan included emergency contact numbers for staff members, was available.



# Are services effective?

(for example, treatment is effective)

## Our findings

### What we found at the inspection on 20 January 2016

We found there was no system in place for the dissemination and embedding of clinical best practice. There were some patient records not accurately coded due to clinical oversight. The practice was an outlier for medicine prescribing patterns within their locally. Multidisciplinary working had stopped.

### What we found at the inspection on 14 September 2016

The practice was rated good for providing effective services.

### What we found at the inspection on 08 February 2017.

We did not inspect effective services during this inspection.

### What we found at this inspection on 06 July 2017.

#### Effective needs assessment

The clinical staff members assessed patients' using current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice ensured all clinical staff were up to date, and had access to NICE guidelines on their computer desktops. This information guided staff to deliver care and treatment to meet patients' needs.
- The practice monitored NICE guideline updates through regular monitoring and checks. For example, they ran a search of the patient record system to check for patients prescribed a painkilling medicine that was no longer recommended. The search showed no patients had been prescribed this medicine.

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

The practice used information collected for the Quality and Outcomes Framework (QOF), and 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 results published for 2015/2016 showed 87% of the total points

available were achieved; this was 5% below local and 8% below national practices achievements. Unpublished data from the practice computer system for 2016/2017 showed the total points achievement had improved to 92%.

The practice exception reporting for 2015/2016 at 6.7% was comparable with local and national practices. The practice exception reporting for 2016/2017 at 6.9% this was also comparable with local and national practices. (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).

Data from the Quality and Outcomes Framework (QOF) showed the majority of patient outcomes were comparable to local and national practices. However, there were a number of QOF indicators significantly below average in 2015/2016.

Data from 2015/16 showed:

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016), was 50%. This was lower than 78% for local and 78% for national practices. However, unpublished data from the practice computer system for 2016/2017 showed the achievement had improved to 75%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 69%. This was lower in comparison with the local average of 87% and the national average of 89%. However, unpublished data from the practice computer system for 2016/2017 showed the achievement had improved to 100%.

We saw clinical audit was used to identify improvement.

- We saw the details of five clinical audits carried out in the last two years. Four of these audits were completed audit cycles. One of these completed audit cycles showed the improvements made in the monitoring of high risk medicine to improve patients review processes and outcomes.
- The practice participated in local audits, national benchmarking, accreditation, re-validation, and medicine management audits.

#### Effective staffing



# Are services effective?

## (for example, treatment is effective)

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

- The practice induction programme gave training in safeguarding, infection prevention and control, fire safety, health and safety, and information confidentiality for new members of staff.
- Recently recruited members of staff had evidence of in their records of their induction programme training.
- The practice manager demonstrated how they monitored role-specific training and update needs for staff on a spreadsheet. This included mandatory and role specific training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training that included an assessment of competence annually. Staff members that administered vaccines could demonstrate they were up to date with current immunisation programmes.
- Learning needs for staff were identified during their appraisals, meetings, and when the practice reviewed its development needs.
- Staff members had access to appropriate training including external, and e-learning to cover the scope of their work. This included on-going support, clinical supervision, and facilitation and support for revalidating GPs and nurses. All staff we spoke with had received an appraisal within the last 12 months.
- We saw evidence of training in personnel records that included safeguarding, fire safety awareness, basic life support, and information governance.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to staff in an accessible format through the practice computer patient records system, and the intranet system.

- This included care and risk assessments, care plans, medical records, investigations, and test results.
- The practice shared relevant information with other services in an appropriate and timely way, for example when referring patients to other services, and for the 'Out of Hours' provider.

- Staff worked with health and social care professionals during multidisciplinary meetings to plan treatment, and on-going care. This included when patients moved between services, or referred, and discharged from hospital.
- Meetings took place with health care professionals on a regular basis. Care plans were reviewed and updated for patients during these meetings.

### Consent to care and treatment

We saw evidence that staff sought patients' consent to care and treatment in line with the practice policy, which met current legislation and guidance.

- Staff understood the practice consent and decision-making procedure, including how the Mental Capacity Act 2005 was applied for this process. < >.
- For example: Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking, and alcohol cessation.
- Patients were signposted to relevant service needed. Information in leaflet format, posters and the notice boards were seen in the waiting room, and on the practice website.
- The uptake of the cervical screening programme was 77%, compared with 78% locally, and 75% nationally.
- The practice provided reminders to patients who did not attend their cervical screening test.
- Patients were encouraged to attend national screening programmes for bowel and breast cancer screening with posters in the waiting room and information on the website.
- There were arrangements to ensure results were received for all samples sent for the cervical screening programme. This included follow-ups for women referred when they received an abnormal result.
- Childhood immunisation rates for were above local and national averages.
- Patients also had access to appropriate health assessments and checks including new patient's health checks, and NHS health checks for patients aged 40–74 with appropriate follow-ups when issues or concerns were found.

# Are services caring?

## Our findings

### What we found at the inspection on 20 January 2016

Data from the National GP Patient Survey, published in January 2016 showed patients rated the practice lower than others for some aspects of care. Patients told us staff treated them with compassion, dignity and respect. However, not all felt supported and listened to by the clinical team. The practice had produced an action plan in response to below average satisfaction scores but had not reported on progress.

### What we found at the inspection on 14 September 2016

The practice was rated requires improvement for providing caring services. Data from the National GP Patient Survey, published in July 2016 showed patients rated the practice lower than others for some aspects of care. The practice had reviewed all their carer's and offered health checks and vaccinations to them. However, they accepted further work was required to identify any other parties who may benefit from additional support and the number of carers identified were still low.

### What we found at the inspection on 08 February 2017.

We did not inspect caring services during this inspection.

### What we found at this inspection on 06 July 2017.

#### Kindness, dignity, respect and compassion

During the inspection, we found all staff members courteous and helpful to patients, this included treating people with dignity and respect.

- Patients' said their privacy and dignity during examinations, investigations and treatments was respected and maintained by staff members. The provision and use of curtains or screens to surround examination couches supported privacy.
- Consultation and treatment room doors were closed to ensure conversations could not be overheard.
- Staff at the reception desk told us they recognised when patients appeared distressed or needed to speak about a sensitive issue. They told us a private place away from the waiting room could always be found for patients to discuss their problems privately.

We received 49 patient Care Quality Commission comment cards. The comments were all positive, several of the comments complimented how well children were treated.

Results from the national GP patient survey published in July 2017, showed the practice results were lower compared with local and national averages for satisfaction of consultations with GPs and nurses. When compared to last year's local average there were some improvements.

For example:

- 71% of patients said the GP was good at listening to them, compared with 84% locally, and 89% nationally. When compared against last year's local average this was a 1.5% improvement.
- 61% of patients said the GP gave them enough time, compared with 82% locally, and 86% nationally. When compared against last year's local average was 1% lower.
- 75% of patients said they had confidence and trust in the last GP they saw, compared with 94% locally, and 95% nationally. When compared against last year's local average this was 5% lower.
- 63% of patients said the last GP they spoke to was good at treating them with care and concern, compared with 80% locally, and 86% nationally. When compared against last year's local average this was 4% lower.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern, compared with 89% locally and 91% nationally. When compared against last year's local average this was a 3 % improvement.
- 78% of patients said they found the receptionists at the practice helpful, compared with 83% locally and 87% nationally. When compared against last year's local average this was a 2% improvement.

The practice had carried out their own patient survey, in response to the lower than average national survey results to gain the insight of patient's satisfaction attending the practice. The practice survey with patient comments and ideas, carried out in June 2017, showed patients were more positive about their care than in the national survey. However, patients were not so positive about GP continuity or access. The practice survey covered patient satisfaction and asked patients to provide comments and ideas to improve patients experience at the practice. An action plan compiled in response to the comments and ideas suggested was in the process of being implemented when

## Are services caring?

we inspected. The practice had also analysed the national GP patient survey results for July 2016 and produced an action plan to address areas of low satisfaction. This action plan had been risk assessed, prioritised, and discussed with staff to develop a practice improvement plan. However, the July 2017 data showed little improvement.

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

During the inspection, the four patients we spoke with told us they felt involved in decision making about their care and treatment. Patients also said clinicians listened, supported them, and during consultations gave them enough time to make decisions about treatments available.

Results from the national GP patient survey published in July 2017 showed patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were lower compared with local and national averages. When compared to last year's local averages there were some improvements.

For example:

- 61% of patients said the last GP they saw was good at explaining tests and treatments (compared with 80% locally and 86% nationally). When compared against last year's local figures this was a 7% improvement.
- 66% of patients said the last GP they saw was good at involving them in decisions about their care (compared with 75% locally and 82% nationally). When compared against last year's local averages this was a 10% improvement.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care (compared with 82% locally and 85% nationally). When compared against last year's local averages this was 3% lower.

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

Staff members told us they had access to translation services for patients who did not have English as their first language.

Information leaflets were accessible and the practice website provided information that could be translated into many other languages.

The practice had a hearing loop, which was prominently sign posted with easy to read instructions.

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

Notices in the patient waiting room, told patients how to access support from voluntary groups and organisations if they were a carer.

- Coded treatment templates guided staff members to check if patients had caring responsibilities.
- Coded alerts on patient's records notified staff if patients were also carers and ensured they were given extra consideration when arranging appointments to meet their caring and healthcare needs and responsibilities.
- The practice had identified 39 patients that were carers; this equated to 1% of the practice population.
- The practice bereavement process offered families suffering bereavement contact from a GP. In the waiting room there was information, self-help guides, and benefit advice available, this was also available on the practice website.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### What we found at the inspection on 20 January 2016

Patients said they found it difficult to make an appointment with a named GP and there was an absence of continuity of care. The practice had high A&E admissions, these were not monitored to reduce attendance and address unmet needs. Complaints were not thoroughly investigated or appropriate explanations given to complainants. Learning from complaints was not shared

### What we found at the inspection on 14 September 2016

The practice was rated requires improvement for providing responsive services. The practice had not reviewed the findings of the national GP patient survey. An action plan had not been produced or monitored progress or try to improve patient experiences of the service.

### What we found at the inspection on 08 February 2017.

We did not inspect responsive services during this inspection.

### What we found at this inspection on 06 July 2017.

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

The practice reviewed the needs of its local population and worked with both the NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where identified. CCGs are local clinically led statutory NHS bodies responsible for the planning and performance management of health care services for their local area.

The practice had arrangements to demonstrate their responsiveness to people's needs:

- Longer appointments were available for patients with a learning disability.
- Home visits were available for older patients or those with a clinical need affecting their ability to attend the practice.
- Same day appointments were available for children and those patients with medical problems that required an urgent same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.

- Nursing staff members had received extra training to meet practice population needs and support patients and locum GPs working at the practice for continuity.
- Access for those with reduced mobility was available, in the single storey building.
- The practice had 17 patients living with a learning disability. We saw they had all been offered, and received an annual health check.

#### Access to the service

The practice was open and appointments were available between 8am and 6.30pm Monday to Friday. Extended surgery hours were offered on a Tuesday morning from 7.30am and on Wednesday until 8pm. The practice did not provide out of hours care but directed their patients to the NHS 111 service. Out of hours, care was provided by IC24 who were commissioned by Basildon and Brentwood Clinical Commissioning Group (CCG).

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower compared with local and national practice averages. The July 2017 results were lower compared with the July 2016 results.

- 60% of patients were satisfied with the practice's opening hours (compared with 71% locally and 76% nationally). Data for 2016 was 69% (compared with 73% locally and 76% nationally).
- 63% of patients find it easy to get through to this surgery by phone (compared locally with 66% and nationally 71%). Data for 2016 was 69% (compared with 71% locally and 73% nationally).
- 60% of patients were able to get an appointment to see or speak to someone the last time they tried (compared locally with 82% and nationally 84%). Data for 2016 was 69% (compared with 71% locally and 73% nationally).

People told us on the day of the inspection that they were able to get urgent appointments however regular appointments took several phone calls before they were successful. The practice satisfaction survey in June 2017 revealed problems with access to appointments. In response to this issue, the practice employed more locum GPs with longer contracts, and continued to advertise for permanent GPs.

#### Listening and learning from concerns and complaints

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had effective arrangements to handle complaints and concerns.

- The complaints policy and procedures recognised guidance and contractual obligations for GPs in England. They were also compliant with local requirements. The practice manager was the named designated staff member to lead and manage all complaints. There was information available in the practice and on their website support patients that wanted to complaint.

- Complaints and concerns were a standing agenda item at the practice meetings to ensure complaints received were discussed and any lessons learned were shared with staff.
- There had been nine complaints received from the practice in the last 12 months. We saw they had been well documented, managed and complainants had received an apology when appropriate. We saw the practice had reviewed their complaints and produced a report to monitor trends and avoid re-occurrences.

# Are services well-led?

Good 

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

## Our findings

### What we found at the inspection on 20 January 2016

The practice did not actively seek feedback from patients and did not consistently respond positively to views shared. The patient participation group (PPG) reported feeling frustrated and not valued. Staff meetings were infrequent and not consistently recorded. The administrative and clinical teams operated separately with no team working. Clinical care was fragmented, because not all clinicians were informed of or involved during clinical meetings.

### What we found at the inspection on 14 September 2016

The practice was rated requires improvement for providing well-led. The practice had and continued to perform poorly in the national GP patient survey. We found the practice had not

specifically addressed these concerns. Clinical and administrative audits were in place or being established, to inform and monitor quality and to make improvements. However, they were in their infancy and needed time to embed. There was no overarching governance framework to support the delivery of good quality care. Furthermore an absence of structures and procedures to support the delivery of services locally.

### What we found at the inspection on 08 February 2017.

We did not inspect well-led services during this inspection.

### What we found at this inspection on 06 July 2017.

#### Vision and strategy

The practice had a patient charter setting out patients' rights and responsibilities. Since the last inspection, they had worked extensively to improve areas identified at previous inspections. They recognised that the practice faced, and continued to face difficulties in recruiting long-term permanent GPs.

The practice aims and objectives were:

- To improve the health of the local population and the wider area.
- Use patient comments and suggestions to plan new services.

#### Governance arrangements

Malling Health (UK) Limited own the location know as Dipple Surgery. Malling Health (UK) Limited is a legal entity that provides a range of NHS Primary Care Services from a variety of locations throughout the UK. Resources were shared across their locations and included staff members, knowledge, leadership, expertise, policies and procedures.

The practice used policies procedures and processes to support the delivery of good quality care. These outlined the use of the practice systems to ensure:

- Recently reviewed practice specific policies were available and staff members could access them.
- The practice monitored their performance to ensure maintenance, and improvement of patient outcomes. This was shown in their improved local and national patient satisfaction and Quality Outcome Framework (QOF) achievement results.
- Audits had been undertaken to understand and improve patient outcomes. For example: undiagnosed diabetes, A&E attendances, high risk medications, and long term condition monitoring.
- Risks were well managed, and we saw actions had been taken when needed to ensure patients and staff member's safety. These were documented, prioritised, and followed-up.

#### Leadership and culture

Malling Health (UK) Limited could demonstrate many years of experience and told us they had provided a new leadership structure for the practice, since our inspections. This included a lead to oversee and implement improvement to the practice clinical governance. Regular online meeting access by the offsite leadership was held with the practice to provide consistent support.

- Staff told us the GPs working at the practice were approachable and would always listen to them.

Leadership and culture were exhibited by:

- Malling Health (UK) that encouraged a culture of openness and honesty.
- We saw complaints and safety incidents complied with the requirements of the 'Duty of Candour' to be open and honest.
- Learning from complaints and incidents were shared with all staff to embed improvement at practice level.



# Are services well-led?

Good 

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

- The leadership structure was clear, and staff told us they felt supported by the management team.
- Staff members said they were involved in the regular practice team meetings.
- We were also told by staff they felt confident to raise any topic and were supported when they did.
- Staff members said they felt respected, valued, and understood their roles and responsibilities within the practice team.

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

The practice encouraged and valued feedback from patients, the public and staff members. They used feedback gathered to modify practice improvements.

- The practice monitored feedback from patients through patient surveys, patient participation group (PPG) comments, and 'Friends and Family' comments cards.
- The practice carried out their own patient survey in June 2017. This revealed problems with access and the lack of appointments. In response, an action plan had been written and the practice was in the process of implementing this.
- The practice gathered feedback from staff members during staff meetings, appraisals and during ad-hoc discussions.

## Continuous improvement

There was a clear focus on learning and improvement within the practice. The re-structured leadership at the practice had been noticed by the patients that provided comments on the cards we left and on the practice survey. This improvement work involved all staff members, and focused on area of concern found during previous inspections. Staff members told us this had united the practice team to work on common goals, and strive to provide an improved quality service for patients.

The work involved:

- Conducting a practice patient satisfaction survey. This survey revealed access to appointments was an issue.
- Implementation of clinical leadership in relation to practice governance.

The new leadership introduced quality initiatives:

- A system to manage and alert clinicians to medicine alerts from MHRA or NHS England.
- A system to manage internal patient safety alerts.
- A procedure to circulate new clinical guidance from NICE.
- Monitoring all prescriptions, hospital discharges and ensuring appropriate action taken, or a follow up arranged.

## Requirement notices

### Action we have told the provider to take

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

| Regulated activity   | Regulation  |
|--|---|
| Diagnostic and screening procedures<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation : 17 Good Governance</b></p> <p><b>17(2)(e) Seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.</b></p> <ul style="list-style-type: none"><li>• The practice failed to improve patient experience and satisfaction of the service, over the last two years as reflected in the national GP patient survey data.</li></ul> <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |