

Riverside Health Centre

Quality Report

Station Rd,
Manningtree
Essex
CO11 1AA
Tel: 01206 397070
Website: www.riversidehealthcentre.org.uk

Date of inspection visit: 25 October 2016
Date of publication: 12/01/2017

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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	12
Areas for improvement	12

Detailed findings from this inspection

Our inspection team	13
Background to Riverside Health Centre	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection at Riverside Health Centre on 25 October 2016. Overall the practice is rated as good.

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 recorded and lessons learned were identified and shared with staff members.
- Risks to patients and staff members were assessed and documented regularly including those associated with; premises, equipment, medicines, fire safety, and infection control.
- The dispensary policies and procedures were appropriate to keep people safe
- Patient care and treatment was planned using current clinical guidance.
- Patient comments were enthusiastic and positive about the practice.

- Information regarding how to complain was available at the practice and on their website.
- Patients told us there were urgent appointments available on the day they requested.
- The practice had appropriate facilities and equipment to treat patients and meet their health and treatment needs.
- The practice patient participation group (PPG) could demonstrate their involvement with practice development.
- Staff members told us they were supported in their working roles by the practice management and the GPs.
- The leadership structure was clear and staff felt supported by management.

The area where the provider should make improvement:

- Record near misses when dispensing to minimise the chance of similar errors re-occurring.

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.

- There were arrangements in place to raise concerns, and report safety incidents. Incidents and lessons learned whilst investigating incidents were shared with staff members at practice meetings.
- When things went wrong patients received an explanation or apology when appropriate.
- The practice had developed processes to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and managed, these included premises, equipment, medicines, and infection control.

The dispensary procedures and policies had been recently reviewed and were designed to keep people safe.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcome averages were above local and national practices.
- Patient care was planned and provided in a way that reflected best practice and followed recommended current clinical guidance.
- GPs, nursing and administrative staff members had the skills, local community knowledge, and experience to deliver effective care and treatment in a primary care environment.
- Clinical audits were undertaken at the practice to improve the patient outcomes and service quality they provided.
- Arrangements showed staff members received supervision and annual appraisals.

Regular meetings every eight weeks with multidisciplinary and palliative teams supported staff members to understand and meet the varied complexities of their patient needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the 'National GP Patient Survey' published in July 2016 showed patients rated the practice higher than other local and national practice averages for numerous aspects of satisfaction.

Good



Summary of findings

- Patients told us they were treated with compassion, dignity, and respect. They also told us they were involved in decision making about their care and treatment. These responses were in line with the GP patient survey results.
- We saw staff members behave respectfully, with consideration, and ensured they maintained patient information confidentiality.
- Information for patients about the services available at the practice was on their website and in the waiting room; this was easy to understand and accessible.

The practice recognised patients who were carers on their computer records, the number identified was, 88 this equates to 1.6% of their practice population.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Daily meetings briefed all staff members about the up-coming day's business and any issues concerning patients or staff members before opening the practice.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where identified.
- Patients said they found it easy to make an appointment with a GP and had continuity of care. We were also told us that urgent appointments were available on the same day they were requested.
- The practice had good facilities and was well equipped to treat patients and meet their various health needs.
- Five blood pressure machines had been purchased to loan out to patients enabling them to monitor their blood pressure at home.

Information about how to complain was available in the practice and on their website. They had received four written and three verbal complaints in the last year; we saw these had been well documented and well managed.

Good



Are services well-led?

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

- The practice had a strategy to deliver high quality care, and promote good outcomes for patients. The staff members knew their roles in relation to the practice strategy.
- There was a clear staffing structure and staff members told us they felt supported by management.

Good



Summary of findings

- The practice had policies and procedures to govern activity and held regular monthly meetings where changes to their policies and procedures were discussed.
- The GPs and management promoted a culture of openness and honesty. They had procedures to manage notifiable safety incidents; these were shared with all staff members to keep them well informed.
- The practice sought feedback from staff and patients, which they used for development and improvement work. The patient participation group (PPG) actively supported the practice by offering their opinions and advice when requested.

There was a strong focus on continuous learning, development of their services, and improvements at all levels; this was evidenced in staff records, patient satisfaction and their quality outcome framework (QOF) achievements.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments when needed or requested.
- All older people had a named GP assigned to them and were informed who this was.
- GP's provided a routine weekly ward round at a specialist residential care home to ensure they received continuity of care.
- The practice nurse had completed specialist dementia training which enabled opportunistic dementia screening to the most vulnerable.
- The practice provided a phlebotomy service which included home visits for frail/housebound patients for medicine monitoring.
- An agenda item at the palliative care meetings was to understand and discuss patients identified as frail that could be deteriorating.
- The practice provided a room for abdominal aortic aneurysm (AAA) screening of all males over the age of 65 years within their locality; this service provision was not only for Riverside Health Centre patients.
- The practice had a good uptake for shingles and flu vaccinations and actively campaigned across a variety of media, for example; prescription repeat forms, the auto arrival screen, posters, on their website and opportunistically during routine appointments.
- Senior health checks were booked in advance and offered, on an ad hoc basis to maximise their uptake.

The ground floor purpose built practice was wheelchair accessible.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Personalised care plans had been created, agreed with patients, and shared to ensure continuity of care.

Diabetic quality data from 2015 to 2016 showed:

Good



Summary of findings

- The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c is 64 mmol/mol or less in the preceding 12 months, was 69% (local practices 75% and nationally 78%).
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 63% (local practices 78% and nationally 78%). The practice realised these results were poor and worked with the local diabetes support organisation to improve their patient outcomes.

Other services provided by the practice for this population group were:

- Longer appointments and home visits when needed.
- A named GP and a structured annual review enabled patient's health and medicine requirements to be maintained and met.
- An emergency mobile phone number was given to those patients with a greater risk of hospital admission; this gave them fast access to a clinician for advice.
- Five blood pressure machines had been purchased to loan out to patients in this population group; to monitor their blood pressure at home. This had helped with diagnosing essential hypertension and monitoring the efficacy of patient's treatment..
- A patient's named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care.
- The practice nurses had received specialist training in diabetes, asthma, and chronic obstructive pulmonary disease, to support the GPs manage long term condition patients.
- Clinicians used clinical templates designed to ensure patient's received the blood tests, and diagnostic checks required before repeat prescriptions were provided.
- There was a practice based blood taking service to support patients in this population group that would struggle to access local hospitals blood taking clinics.

Regular medicine monitoring searches were undertaken for patients taking high risk medicine and medicines that require extra monitoring. This ensured patient conditions could be kept stable when taking these medicines.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to follow up children living in disadvantaged circumstances or at risk; for example, children and young people who had experienced a high number of A&E attendances. Children that 'do not attend' (DNA) appointments were managed promptly. GP's had good communication with local school nurses, head teachers and "Special Educational Needs Co-ordinators" (SENCO). A SENCO is responsible for the day-to-day operation of the school's "Special Educational Needs policy; all mainstream schools must appoint a teacher to be their SENCO. The GPs found the good communication with local SENCO's was very helpful to identify children in potentially disadvantaged circumstances, or those with behavioural or other challenging problems.
- The practice told us they saw all babies, children and young people on the day.
- On-line appointments were available for both advanced and on the day appointments.
- Immunisation rates were high for all standard childhood immunisations and flu in comparison with practices locally and nationally. The high uptake for 2015 prompted NHS England to ask the practice to share their processes to enable others to improve their uptake.
- Parents of children we spoke with told us they were treated in an age-appropriate manner; that staff members encouraged children to ask question, and the language used during consultations to explain treatment was easy to understand.
- Patients aged 25-64, attending cervical screening within the target period of 3.5 or 5.5 years coverage was 83% (compared locally 83% and nationally 82%).
- Appointments were available outside school and college hours.
- Midwives and health visitors held clinics at the practice on a weekly and monthly basis respectively. The practice nurses said there was positive joint working with their community professional colleagues.
- The GPs held weekly baby clinics to provide immunisations and perform baby & post-natal checks. Educational leaflets were provided to support parents when required.
- There was a range of contraception including fitting and removal of intrauterine contraceptive devices and other contraceptive implant devices were offered.

A clinical and administrative safeguarding lead at the practice monitored and updated the child safeguarding register, performing an audit every six months.

Summary of findings

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified at the practice and they had adjusted the services offered to ensure they were accessible, flexible and provided continuity of care.
- Although the practice did not offer extended hours they did offer on-line services to support working patients for example; appointment booking, repeat prescription management, and telephone consultations where appropriate. These services gave patients access to the practice when they needed and enabled them to arrange their time around their health needs.
- Those that had requested the service received text messages regarding appointment reminders and the results of any diagnostic tests they had received. Patients telephone details were updated with patients each time they had a verbal or face-to-face contact to check their details were correct.
- There was a full range of health promotion and patient screening that reflected the needs of this population group, for example “NHS Health Checks” for 40 - 74 year olds.

Private employment medicals and insurance reports were available, to support patients that required them for work.

Good



People whose circumstances may make them vulnerable

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

- The practice had identified patients living in vulnerable circumstances; this included those with a learning disability, homeless people, or travellers.
- The practice clinical members of staff worked with other health care professionals in the case management of vulnerable patients. They worked closely with local care homes to provide, treatment planning, and home visits when needed.
- There were 55 patients identified by the practice as living with a learning disability and they had all been offered an annual assessment and health check. The practice also offered longer appointments for patients with a learning disability.
- The practice provided information to vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise the signs of abuse in vulnerable adults and children. They were aware of their responsibilities concerning the sharing of information and the documentation

Good



Summary of findings

of safeguarding concerns. The practice safe guarding policy set out the details about how to contact the relevant local agencies during normal working hours and out of hours for staff members.

- The practice encouraged all patients living with a learning disability to attend their annual reviews. To enable those patients that wanted a review received one the GPs visited care homes and patients residences when needed.
- All staff had undergone safeguarding training and could recognise the signs of abuse in vulnerable adults and children. Staff members were aware of their responsibilities regarding information sharing and discussed this with leads if they were unsure.
- The GP safeguarding lead at the practice attended regular forums; this included sharing 'lessons learned' recently at a local level with practices concerning a case with 'mental capacity assessments'.

GPs attended a local brain injury unit each week to provide a ward round that ensured patients received consistent care. They work alongside other allied health care professionals to deliver advice support and care.

People experiencing poor mental health (including people with dementia)

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

Mental health quality data from 2015 to 2016 showed, the practice performance was higher than the national and local practice averages for example:

- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (compared with 83% locally and 89% nationally).
- 87% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months at the practice, (compared with 83% locally and 84% nationally).

Other services provided by the practice for this population group were:

- Working with multi-disciplinary teams in the case management of patients experiencing poor mental health, this included those with dementia.
- GPs visited a local dementia residential home weekly for a weekly ward round.

Good



Summary of findings

- Clinicians worked with other health care professionals to ensure the appropriate advice support and treatment was provided.
- GPs worked closely with the mental health trust consultants and regularly communicated by telephone or email for advice on medicine and education.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations such as 'Health in Mind' and 'IAPT' services.
- The practice followed up patients who had attended accident and emergency that may have been experiencing poor mental health.
- Staff members had an understanding of how to support patients with mental health needs or dementia.
- They had worked with the 'Alzheimer's Society' to offer a special 'Dementia help clinic' for patients and their carers within the practice.
- Patients with mental health issues had an appropriate alert placed on their records; this allowed staff members to recognise any extra needs these patients may need.
- The practice told us they offered patients in this population group on the day appointments to ensure patients in mental health crisis could access a clinician and receive the support they needed.
- Practice 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.

Those patients at risk of medicine abuse were placed on a weekly prescription regime. The dispensary team monitored the prescriptions of patients at risk by ensuring their previous prescription had been collected before another prescription was dispensed.

Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results were published in July 2016. The results showed the practice was performing higher than local and national averages.

23 survey forms were distributed and 131 were returned. This represented a 57% response rate compared against the national response rate of 38%.

- 94% of patients who responded found it easy to get through to this practice by phone (compared with locally 71% and nationally 73%).
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried (compared with locally 84% and nationally 85%).
- 89% of patients described the overall experience of this GP practice as good (compared with locally 72% and nationally 73%).
- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area (compared with locally 75% and nationally 78%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all extremely positive about the standard of care patients received. Comments on the cards confirmed staff were friendly, polite, helpful, and indicated they felt supported by the practice services provided. Three of the cards complimented specific staff members with regards to the particular service they provided at the practice

We spoke with seven patients during the inspection. All seven patients voiced satisfaction with the care they received and thought staff members were approachable, committed, compassionate and caring. An external community health care professional told us, there was excellent communication with the practice staff members, and when they visited the practice they found it clean, hygienic and suitable to keep people safe. When we asked patients about the dispensing service we were told they received a good service in relation to obtaining their repeat prescriptions.

Areas for improvement

Action the service **SHOULD** take to improve

- Record near-misses when dispensing to minimise the chance of similar errors re-occurring.

Riverside Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector the team included a GP specialist advisor and a pharmacy specialist advisor.

Background to Riverside Health Centre

Riverside Health Centre provides primary care services to approximately 5591 patients in the villages of Manningtree, Lawford, Mistley, Bradfield and the surrounding areas. They hold a General Medical Service (GMS) contract for the services they provide. The practice provides a dispensing service for 2380 patients; this equates to 43% of their patient population and is available during practice opening hours daily. The deprivation score is low for this practice area in comparison with other local and national GP practices.

The practice is registered as a partnership of one male and two female GPs. The GPs are supported by one male nurse practitioner, two female practice nurses, and two female healthcare assistants. The dispensary team comprises of two part time dispensers. The management and administration team comprise of two managers and four other staff members with a range of roles; secretaries, audit clerk, administrators and receptionists. The staff members hold a combination of roles and work patterns of full and part time hours.

The practice opening hours are 8am to 1pm they close for one hour and then re-open at 2pm to 6pm Monday to Friday. The clinical sessions run from 8.30am to 11.30am and then restart at 3.30pm to 5.30pm Monday to Friday.

The practice has opted out of providing GP out of hour's services. Patients calling the practice outside normal practice working hours are advised by the answerphone message to contact the 111 non-emergency services. Patients requiring urgent treatment are advised to contact the out of hour's service which is provided by Care UK.

Why we carried out this inspection

We carried out a comprehensive inspection of Riverside Health Centre 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 practice was 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 held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 October 2016. During our visit we:

- Spoke with a range of staff, the practice manager, the GPs, nurse practitioner, two practice nurses, a healthcare assistant, the practice managers, dispensing staff members, administrative staff members, receptionists, and external NHS healthcare professionals. We also spoke with patients and members of the patient participation group on the day of inspection.

Detailed findings

- Observed how patients were spoken to or their carer's and/or family members.
- Reviewed processes and procedures developed to keep patients safe.
- 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 data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- The practice manager led on this process within the practice, and staff members told us they knew who to report incidents to if they became aware of an issue. The incident recording process 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 saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- 15 safety incident reports had been documented in the last 12 months and were discussed in weekly clinical meetings. Staff members were advised of any actions taken regarding incidents to ensure improved safety was embedded into practice procedures and to minimise reoccurrence. One example of action taken as a result of a safety incident related to the breakdown of the fridge used for storing vaccines. As a result, the practice took the decision to dispose of all vaccines because they could not assure themselves that the temperature reduction had not affected their quality and in order to keep patients safe.

Overview of safety systems and processes

The practice had procedures and policies to keep patients safe:

- The safeguarding policy reflected current relevant legislation, with local contact details, that was accessible on their intranet, and available to all staff members outlining who to contact about safeguarding concerns.
- There was a GP lead for safeguarding at the practice and the GPs and nurses had received role specific training to level three.
- GPs attended local safeguarding meetings and when required provided reports for other agencies.

- Staff members were able to explain their understanding and responsibility concerning both children and vulnerable adults to ensure they were safe from abuse. All staff members had received training to the level relevant for their role.
- Chaperones were offered when required, and there were notices in the waiting room and clinical areas that advised patients they were available. Staff members acting as a chaperone 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 practice maintained appropriate standards of cleanliness and hygiene at the practice. There was an infection control policy in place and regular checks were undertaken to ensure standards of cleanliness and hygiene. A record of cleaning clinical surfaces after each patient contact was seen. The infection control lead performed an annual infection control audit that set out any work or actions needed to meet the standards stated within their policy.
- Clinical waste was disposed of appropriately and stored securely until it was ready for collection.
- Medicine or patient safety alerts were received, reviewed, acted upon appropriately, and shared with all staff members. When alerts required the review of patients' medicine or a substitution of medicine, a check within the patient's record system had been undertaken and the actions taken were documented.
- The practice was signed up to the 'Dispensing Services Quality Scheme' (DSQS) to help ensure dispensing processes were safe and the quality of the service was maintained. Dispensing staff members were appropriately qualified and had received competency checks undertaken by the GP dispensing lead annually. Dispensary procedures kept people safe and the production of prescriptions and dispensing medicines policies were reviewed and updated in line with local and national guidelines.
- Repeat prescriptions requests were available on-line, and at the practice.
- Medicines were stored securely, accessible to authorised staff members only, and stored at the correct room temperature. All medicines were checked regularly to confirm they were within the expiry date, and safe for use. There were arrangements for

Are services safe?

emergency medicine, medicine management and vaccinations, in the practice were safe (including obtaining, prescribing, recording, handling, storing and their security).

- Records showed medicines requiring cold storage were kept in refrigerators that were maintained at the required temperatures and monitored daily. Staff members knew how to act if refrigerator temperatures and medicines were found outside the limits for safe use.
- The practice held stocks of 'controlled drugs' (CDs). These are medicines that require extra checks and special storage arrangements because of their potential for misuse. The practice had standard procedures that set out how these medicines were managed and we saw they were being followed by staff members. For example, CD's were stored in a CD cupboard and access to it was restricted to authorised staff members and the keys were held securely. There were arrangements in place for the destruction of CD's and the practice carried out regular audits to ensure their recording processes were correct. Members of dispensing staff were aware how to raise concerns related to CD's with the CD accountable officer in their area.
- There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying medicines, which included regular monitoring in accordance with national guidance. However, we saw that some medicines were dispensed on a repeat basis without dispensary staff members monitoring these tests. We asked the GP dispensing lead about this issue and were told that all prescriptions were reviewed, and laboratory tests checked by the GPs before medicine was given to patients.
- We saw a positive culture in the practice for reporting and learning from medicine incidents and errors. Some dispensing errors were logged and reviewed promptly, however, errors identified by staff before medicines were dispensed to patients (called 'near misses') were not recorded and monitored to help make sure appropriate actions were taken to minimise the chance of similar errors occurring again.
- The practice had implemented the work led by the local medicine management team to make sure prescribing was in line with local guidance and best practice clinical guidelines for safe prescribing.

- Blank prescription forms; including those used in the printers for computer generated prescriptions, were stored securely and tracked through the practice in accordance with national guidance.
- Nurses administered medicines in line with local and national guidance using patient group directions (PGD's), these were current and had been regularly reviewed. PGDs allow specified health professionals to supply and/or administer a medicine directly to a patient with an identified clinical condition without the need for a prescription or an instruction from a prescriber. The health professional working within the PGD is responsible for assessing that the patient fits the criteria set out in the PGD.
- We reviewed four 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

Risks to patients were assessed and well managed.

- Risks to patients and staff members were well managed, documented, and re-monitored every six months. The risk assessments in place included; the premises fixtures and fittings, fire safety equipment and processes, health and safety guidance for staff members. Assessments also covered the control of substances hazardous to health, infection control, and legionella testing (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Staff members knew how to act and keep people safe in the event of a fire.
- The practice held a service and maintenance contract for the electrical equipment used at the practice and equipment had been checked and tested to ensure it was safe for use.
- The practice building was adequately maintained to keep patients and staff members safe.
- The practice manager planned and monitored the number of staff and the role mixes needed to meet their patient population needs. We were told annual leave and staff member's sickness was factored into their planning and staff members supported one another by covering during annual leave or sickness.

Are services safe?

Arrangements to deal with emergencies and major incidents

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

- All staff members had received basic life support training and had access to an emergency system on their computer software to call for help and support if needed.
- Emergency medicines were available and all staff members knew their location. There were processes in place to check these medicines regularly to ensure they were safe to use.

- There was a defibrillator and oxygen available at the practice, with adult and child masks available; there was a first aid kit and accident book available.
- The practice had a detailed business continuity plan to provide information for staff members in the event of a major incident such as power failure or building damage. The plan included staff roles and responsibilities, and emergency contact numbers for staff members. Contacts for the connected utility services were also part of the plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

- The practice had guidance in place to keep all clinical staff up to date. Staff members had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice clinicians has access through the practice intranet system and within the patient record system.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used 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 recently published results of 2015 - 2016 showed the practice achieved 96% of the total number of points available this was higher (compared with 92% locally and 94% nationally). The practice QOF exception reporting for the practice was 8% this was comparable with the CCG exception reporting average and 2% below the national England exception reporting average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data showed: Performance for diabetes related indicators was lower than the local CCG and national average.

- The percentage of patients with diabetes, on the register, in whom the last IFCC**HbA1c** was 64 mmol/mol or less in the preceding 12 months was 69% (compared with 74% locally and 78% nationally).
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 63% (compared with 78% locally and 78% nationally).
- The practice told us that they took a pro-active approach to patients with diabetes by working with

'North East Essex Diabetes Service' (NEEDS) to provide a personalised approach for people with diabetes. The practice also used a toolkit known as the "Year of Care" (YoC). YoC is a toolkit that sets out to demonstrate how routine care can be redesigned and commissioned. They showed us how this work had improved the control of patients with diabetes.

- An example of other data available to us was as follows;
- Performance for mental health related indicators was higher than the local CCG and national average. 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 91% (compared with 83% locally and 88% nationally).
- There was evidence of quality improvement including clinical audit.
- There had been four clinical audits undertaken in the last two years, two of these audits were completed two cycle audits. For example an audit of patients taking a strong pain killing medicine was undertaken to check they had been provided with recently published guidelines. Two cycles of the audit showed clinicians had improved their processes to follow the guidelines and set the prescribing status correctly in-line with the recently published guidelines. A further cycle was planned to ensure the new guidance was fully embedded by prescribing clinicians at the practice.
- The practice performed a monthly audit of patients taking medicine that requires regular blood tests. This ensured patients were identified quickly and dosages could be adjusted to keep their treatment at optimum.
- The practice also participated in local medicines management audits, national benchmarking, and dispensing audits.

Effective staffing

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

- The practice had an induction process for new staff members. We spoke with a recently appointed staff member who told us the practice induction programme had given them confidence, and prepared them for their role. It had covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, security and confidentiality.

Are services effective?

(for example, treatment is effective)

- Nurses that administered vaccinations and took samples for the cervical screening programme had received specific training which had included an assessment of their competence and continued audits to confirm. Staff who administered vaccinations could demonstrate their training and an understanding of the national immunisation programmes.
- We saw appraisals were used by management to identify staff training needs. We were shown staff members had access to appropriate training that met their learning needs and covered the scope of their work. Staff members we spoke with said they had received an appraisal within the last 12 months.
- Staff members were able to access e-learning training modules and both external and in-house training. We saw all staff members had received basic life support training in the last year.

Coordinating patient care and information sharing

The GPs have appropriate information needed to plan and deliver care and treatment; this was available and accessible to all clinical staff members through the patient record system and their intranet system.

- This included; patient treatment plans, medical records, investigative processes, communications, patient discharge notifications, and test results. A library of patient information such as NHS patient information leaflets was available in the waiting room.
- When clinicians referred patients to other services they shared relevant patient specific information appropriately and in a timely way. This was confirmed with a healthcare professional from a community provider when we spoke with them.
- Staff communicated with multidisciplinary teams to meet the various needs of patients.
- Staff members worked together in the practice, and with other health and social care service providers to understand, meet, assess, and plan on-going care and treatment. This included when patients were referred to other services, or discharged from hospital.

Consent to care and treatment

Consent to care and treatment was obtained by staff members in line with legislation and current guidance.

- Staff members knew the relevant consent and decision-making processes and had an understanding of the Mental Capacity Act 2005. Assessments of capacity to consent were carried out and recorded in line with their policy prior to providing treatment.

Supporting patients to live healthier lives

The practice recognised patients who may need extra support. For example:

- Patients receiving end of life care, patients that were carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and/or alcohol cessation. We saw evidence that patients were signposted or referred to appropriate services and followed up when needed.
- The practice uptake in the cervical screening programme was 83%, which was comparable with (83% locally and 81% nationally). The practice had a procedure to remind patients who had not attended their cervical screening test. They also followed up women who were referred as a result of abnormal results.
- The practice encouraged the uptake of the national screening programmes for bowel and breast cancer by using information on their notice boards in the waiting room, the auto arrival screen, on their website and opportunistically during routine appointments.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national practice averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 96% and five year olds from 81% to 98%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged between 40 to 74 and senior health checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, when abnormalities or risk factors were found.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we saw that all staff members were courteous and helpful to patients; this included treating them with dignity and respect.

- Patients' told us their privacy and dignity during examinations, investigations and treatments were respected and maintained by the provision and use of curtains that surrounded the examination couches.
- Patients also told us they were treated with consideration, and involved in making decisions about their care and treatment. All the patients we spoke with told us it was a very caring, community established practice, with helpful, supportive staff members.
- Consultation and treatment room doors were closed during consultations to ensure conversations taking place could not be overheard.
- Staff members at the reception desk told us they could recognise when patients appeared distressed or needed to speak about a sensitive issue. They said they would find a private place away from the waiting room where patients could discuss their issues or problems.

The 29 comment cards we received were all very positive about the standard of care and treatment delivered at the practice. Comments on the cards confirmed staff were friendly, polite, helpful, and indicated they felt supported by the services provided. Three of the cards complimented specific staff members with regards to the particular service they provide at the practice. Results from the national GP patient survey published in July 2016 showed their GP percentage results were comparable with other practices in the local CCG area and nationally for satisfaction scores on consultations with GPs.

For example:

- 85% of respondents said the GP was good at listening (locally 87% and nationally 89%).
- 84% of respondents said the GP gave them enough time (locally 86% and nationally 87%).
- 95% of respondents said they had confidence and trust in the last GP they saw (locally 95% and nationally 95%).
- 78% of respondents said the last GP they spoke to was good at treating them with care and concern (locally 85% and nationally 85%).

The practice nurse and receptionist percentage results were much higher than other practices in the local CCG area and nationally for satisfaction scores.

- 98% of respondents said the last nurse they spoke to was good at treating them with care and concern (locally 90% and nationally 91%).
- 97% of respondents said they found the receptionists at the practice helpful (locally 87% and nationally 87%).

We spoke with five members of the patient participation group (PPG) they told us they were more than satisfied with the care and treatment provided by the practice. They received emailed information and gave their opinions when asked. They told us they felt valued and that their suggestions and opinions mattered.

Care planning and involvement in decisions about care and treatment

During the inspection, all the patients we spoke with told us they felt involved in the decision making process for their care and treatment. They also told us they felt listened to and supported by staff members and were given sufficient time during consultations to make decisions about the choice of treatments available to them. Patient feedback on the comment cards we received reflected these views, and the results from the national GP patient survey were in line with these patient responses. Questions involving planning and making decisions about care and treatment were comparable for GPs and higher than local and national averages for nurses.

For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments (locally 85% and nationally 86%).
- 78% of patients said the last GP they saw was good at involving them in decisions about their care (locally 81% and nationally 82%).
- 93% of patients said the last nurse they saw was good at explaining tests and treatments (locally 89% and nationally 90%).
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care (locally 85% and nationally 85%).

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

Are services caring?

- Staff told us they had access to translation services for patients who did not have English as their first language.
- Information leaflets were accessible and available in easy to read formats. Their website provided information in other languages.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room, told patients how to access support groups and organisations if they were a carer. The treatment templates encouraged staff members to check for carer's within their practice population. The patient record system alerted practice staff members if a patient was also a carer; this ensured that carer's were given extra consideration when arranging appointments so they could meet their caring and healthcare needs and

responsibilities. The practice had identified 88 carer's this equated to 1.6% of the practice population. The practice manager told us that carers were identified on the patient record system to ensure they were offered ongoing support to keep them safe and healthy.

The practice bereavement process offered families that had suffered bereavement contact from their usual GP, and an invitation for them to meet with the GP. Information for bereaved families was available within the reception area to ensure staff members were informed when family members contacted the practice, this enabled them to communicate with them appropriately. In the practice, and on the practice website there were self-help guides and benefits advice to support the bereaved.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team via the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. CCGs are clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. One of the GPs was a clinical member of the local CCG; they had a role regarding medical education within the group.

- The practice focused their attention on frail and vulnerable patients, including those with safeguarding concerns. Clinicians discussed those patients they felt needed extra monitoring and care to reduce their risk of a hospital admission during weekly meetings. These patients were also discussed at the daily meeting if they were thought to be deteriorating; this ensured the whole team knew how to manage any concerns. Treatment plans were in place for all those patients recognised as needing this support.
- The practice provided longer appointments to patients living with a learning disability.
- Home visits were available for older patients and patients who would benefit from them.
- Appointments were available on the same day requested for children and for those patients with serious or urgent medical conditions.
- Patients were able to access travel vaccinations when they needed them.
- The purpose built GP practice was wheelchair accessible, and translation services were available to aid patients.
- The practice had 55 patients living with a learning disability and we saw all of them had been offered an annual health check.
- Five blood pressure machines were purchased to loan to patients; enabling them to monitor their blood pressure at home. This had been beneficial in the diagnosis of essential hypertension and to monitor the efficacy of patient's treatment; without the need to attend the practice saving both the patient and practice time.

Access to the service

The practice opening hours were 8am till 1pm they closed for one hour and then re-opened at 2pm till 6pm Monday to Friday. The clinical sessions ran from 8.30am till 11.30am and from 3.30pm till 5.30pm Monday to Friday. The practice had opted out of providing GP out of hour's services. Patients calling the practice outside normal practice working hours were advised by the answerphone message to contact the 111 non-emergency services. Patients requiring urgent treatment were advised to contact the out of hour's service provided by Care UK.

Results from the national GP patient survey showed that patient's satisfaction with the access to care and treatment were higher than other local and national averages.

- 80% of patients were satisfied with the practice's opening hours (locally 76% and nationally 76%).
- 94% of patients said they could get through easily to the practice by phone (locally 71% and nationally 73%).

Patients told us on the day of the inspection that they were able to get an appointment when they needed one.

Listening and learning from concerns and complaints

The practice had a system to manage complaints and concerns; they had received seven in the last 12 months, three of these were verbal and four were written. We saw they had been well documented, managed and reviewed to ensure there were no themes or trends that needed to be addressed.

- Their complaints policy recognised guidelines set out for GPs in England and met local requirements with regards to the contact details available.

The practice manager was the named designated staff member that led and managed all complaints. There was information available in the practice leaflet and on their website to support patients that wanted to make a complaint. Practice meeting agenda's had a standing agenda item to discuss any complaints they received to ensure they could be shared with all staff members.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice culture and ethos was shared with the inspection team:

“We are an open, hard-working, non-hierarchical organisation. We encourage patients to participate in decisions affecting them and their treatment. We provide safe, effective, caring, responsive, and well-led care.

Governance arrangements

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

- Staff members understood their roles and responsibilities to facilitate team support.
- Practice specific policies were in place and staff members knew where to access them.
- The practice monitored their performance which ensured their ability to maintain and improve patient outcomes. This was shown in their patient satisfaction results and the high achievement of their Quality Outcome Framework (QOF) work.
- Risks were well managed, and actions had been taken when needed to ensure patients and staff member's safety. These were well documented, prioritised, and followed-up.

Leadership and culture

The GPs in the practice demonstrated that they had plenty of local experience, capacity and capability to lead the practice and ensure high quality care was provided. They prioritised safe, community based, and compassionate care. The GPs were visible in the practice and staff members told us they took time to listen and supported their views on any improvement or development suggestions they made. The GPs encouraged a culture of openness and honesty and were aware of and complied with the requirements of the 'Duty of Candour' when dealing with safety incidents.

- The practice had arrangements to deal with notifiable safety incidents when they arose and ensured staff members were informed of any learning that had been gained when they were investigated through practice meetings.

- The leadership structure was clear and staff members told us they felt supported by management.
- Staff members told us they were involved in the regular practice team meetings and that they appreciated the open culture within the practice. We were also told by staff members that they felt confident to raise any topics and were supported when they did.
- Staff members told us they felt respected, and valued, particularly by the management and GPs at the practice.
- The practice manager attended the local 'Practice Managers group' meetings and acted as the co-chairperson of the group. This ensured they had regular contact with peers in their locality and could share ideas and good practice to support locality service within primary care.

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 developments.

- The practice monitored feedback from patients through the national GP survey and 'Friends and Family' comments cards. The practice manager reported on comments received and replied to respondents to gain their feedback.
- The practice had gathered feedback from staff members via staff meetings, appraisals and during ad-hoc discussions. Staff members told us they would not hesitate to give feedback and discuss any concerns or issues with their colleagues or management.

Continuous improvement

There was a focus on learning and improvement within the practice.

- They worked well with their patient participation group (PPG) to gain patient experience and opinions before making any changes. They met with them every two months to discuss any recent issues, concerns or information that needed their attention. The practice had supported an educational evening at the request of the PPG which we were told had been very successful and was well attended.
- Nursing staff had received extra training in areas of clinical work for example prescribing and managing minor injuries to ensure they could support the GPs fully.

Are services well-led?

Good 

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

- The practice had used the “Year of Care” (YoC) toolkit to provide a personalised approach for people with diabetes. This had been recognised at the practice as an excellent tool to improve patient outcomes.
- The future planning at the practice included exploring the benefits for patients and staff members regarding being part of the establishment of a ‘Super Practice’ in the locality.