

Dr Adebisi and Partners

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Requires improvement 

Are services responsive to people's needs?

Good 

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 an announced comprehensive inspection at Dr Adebisi and Partners Surgery on 11 May 2016. Overall the practice is rated as good.

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

- There was an established and effective system in place for reporting and recording significant events. However, improvement could be made in the documenting of subsequent decisions and actions.
- Safety alert information was appropriately actioned.
- Staff understood and were confident identifying and escalating safeguarding concerns. The practice followed up on non-attendance by vulnerable persons at hospital appointments.
- Risks to patients were assessed and well managed with health and safety and infection prevention control processes in place.
- Staff assessed needs and delivered care in line with current evidence based guidance and standards.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The practice had achieved 98% of the points available and was not an outlier for any data.
- Staff received detailed inductions, training and performance and development reviews to undertake their roles and deliver effective care and treatment.
- The practice had appointed a carer's champion and staff had access to a range of helpful literature.
- The practice provided a range of services, offering extended hours on a Saturday morning and open access daily to their nursing team.
- Some patients said they experienced difficulties making a GP appointment. Urgent appointments and telephone appointments were available on the day.
- The practice had good facilities and was well equipped to treat patients and support them to self-manage their conditions.
- The practice were planning to merge with their neighbouring practice to provide a sustainable service to meet the growing needs of their patient groups.

Summary of findings

- The practice had an active Patient Reference Group who worked with the practice on promoting health campaigns.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice staff told us they enjoyed their work and felt valued.

The areas where the provider should make improvement are:

- Ensure comprehensive cleaning records are maintained.
- Ensure records of multidisciplinary meetings and significant incidents are comprehensively minuted including persons in attendance, actions assigned, updated or reviewed.
- Read code patients for failure to attend hospital appointments.
- Ensure the clear documenting of decisions and actions relating to the investigation and review of significant incidents.
- To improve patient experiences of the service in response to the survey data.

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



- There was an established and effective system in place for reporting and recording significant events. However, improvement could be made in the documenting of subsequent decisions and actions.
- Staff understood and were confident identifying and escalating safeguarding concerns. The practice would follow up on non-attendance by vulnerable persons at hospital appointments. However, patients were not consistently recoded enabling ease of identification.
- Safety alert information was appropriately actioned.
- The practice managed medicines safely. For example they were low prescribers of antibiotics.
- The practice was visibly clean and tidy and a practice nurse oversaw infection prevention control arrangements.
- Risks to patients were assessed and well managed with health and safety and infection prevention control processes in place.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance and standards.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The practice had achieved 98% of the points available and was not an outlier for any data.
- The practice had a culture of clinical audits to inform their practice and demonstrate quality improvements.
- Staff received detailed inductions, training and performance and development reviews to undertake their roles and deliver effective care and treatment.
- Staff worked with other health and social care professionals to understand and meet the range and complexity of patients' needs. Multidisciplinary meetings were recorded but not comprehensively to include actions assigned, updated or reviewed and patient records not updated to reflect discussions held.
- The practice followed up on the non-attendance of patients for hospital appointments but did not read code their record to assist with future searches of the data.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. The practice had closed their list to concentrate on improving care to their patients. Comments received from patients on the day of the inspection or in the comment cards reviewed were overwhelmingly positive.
- Information for patients about the services available was easy to understand and accessible.
- The practice had appointed a carer's champion and staff had access to a range of helpful literature. However, not all carer's had been appropriately flagged on the patient system to identify them and inform them of the service provision available to them.
- The practice prioritised their palliative care patients to ensure continuity of care between the services especially during out of hours such as weekends and public holidays.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice provided a range of services, offering extended hours on a Saturday morning and open access daily to their nursing team able to provide vaccinations, screenings and phlebotomy.
- Patients said they experienced difficulties making a GP appointment and at the time of our inspection there was a three week wait for routine appointments.
- Urgent appointments and telephone appointments were available on the day.
- The practice had good facilities and was well equipped to treat patients and support them to self-manage their conditions.
- Information about how to complain was available. The practice recorded and responded to verbal and written complaints appropriately. Where learning was identified this was shared amongst the practice team.

Good



Are services well-led?

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

- The practice were planning to merge with their neighbouring practice to provide a sustainable service to meet the growing needs of their patient groups.
- The practice had an active Patient Reference Group who worked with the practice on promoting health campaigns.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. For example; the GP partners had lead areas of responsibility to ensure the effective oversight of clinical and legal requirements.
- The practice staff told us they enjoyed their work and felt valued.

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.

Good



- The practice worked closely with their care coordinator to reduce unplanned admissions and improving patient's quality of life with mobility aids.
- Home visits were conducted by the GP and care coordinator and flu vaccinations conducted.
- They operated a direct telephone access for care homes and paramedics to access their clinical team for advice and guidance relating to their patients.
- Next of kin details were updated.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients were encouraged to learn about their conditions and promoted self-monitoring with access to in house diagnostic equipment e.g. 24 hours blood pressure monitoring, spirometry and pulse oximetry.
- Prebooked reviews were scheduled for diabetic, COPD, asthma patients.
- The practice achieved similar to or above the national average for their management of diabetes patients. For example, Patients on the diabetic register who had the influenza immunisation had similar to the national average, achieving 92% in comparison with the national average 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- GPs contacted their palliative care patients prior to holidays and weekends to confirm all care needs were being met.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had failed to attend hospital appointment, all of whom were contacted to ensure their care needs were being met.
- Immunisation rates were high for all standard childhood immunisations.
- The practice operated open access to their nursing team to provide child immunisations and eight week check and contraceptive advice.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Promoted cervical screening for their patients but were below the national average for their screening rates.
- We saw positive examples of joint working with midwives, health visitors and school nurses where there were safeguarding concerns relating to a child.

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).

Good



- The practice operated extended opening times on a Saturday morning for pre-booked appointments. These proved popular with the patients who commuted for work.
- The practice was proactive in offering online services and telephone consultations where appropriate.
- The practice offered open access to their nursing team who provided a full range of health promotion and screening that reflects the needs for this age group.
- Minor surgery and joint injections were provided at the surgery including Saturday mornings.

People whose circumstances may make them vulnerable

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

Good



- The practice maintained a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Longer appointments were available for patients who required them and separate quiet waiting rooms were available.

Summary of findings

- The practice worked with other health care professionals in the case management of vulnerable patients in addition to reviewing their care quarterly during their multidisciplinary meetings.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- The practice conducted dementia screening and worked closely with their care coordination in assessing and meeting their patient's needs.
- The practice achieved above the national average for their management of patients with poor mental health.
- Staff had received training in dementia awareness and had a good understanding of how to support patients with mental health needs and dementia.
- The practice actively screened patients for dementia and had conducted face to face reviews on 94% of their patients with dementia. This was above the national average. They conducted advance care planning for such patients including detailing their preferred place of care.
- The practice held multi-disciplinary team meetings three monthly to review the case management of patients experiencing poor mental health, including those with dementia.
- The practice prescribed medicines daily for patients who may abuse their medicines and potentially harm themselves.
- Annual mental health reviews were conducted and patients, called, written to and some reminded on the day to attend their appointments.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice called patients who had failed to attend hospital appointments to ensure their care needs were being fully met.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice had comparable or below levels of satisfaction when compared to local and national averages. 350 survey forms were distributed and 125 were returned. This represented a 35% response rate.

- 68% of respondents found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 71% of respondents described the overall experience of this GP practice as good compared to the national average of 85%.
- 59% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all overwhelmingly positive about the standard of care received. They told us they were very happy with service this practice provides. The staff were always friendly, happy to help and go that extra mile.

We spoke with five patients during the inspection. All five patients said they experienced difficulties making convenient and timely appointments. However, they were all happy with the care they received and they found all staff were approachable and committed.

The practice had received three responses to the NHS Friends and Family Test; all were extremely likely or likely to recommend the service.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure comprehensive cleaning records are maintained.
- Ensure records of multidisciplinary meetings and significant incidents are comprehensively minuted including persons in attendance, actions assigned, updated or reviewed.
- Read code patients for failure to attend hospital appointments.
- Ensure the clear documenting of decisions and actions relating to the investigation and review of significant incidents.
- To improve patient experiences of the service in response to the survey data.

Dr Adebisi and Partners

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 adviser and a practice manager specialist adviser.

Background to Dr Adebisi and Partners

Dr Adebisi and Partners is also referred to as the Laindon Health Centre. The practice shares the Laindon Health Centre with another GP practice, a dentist and community health services (health visitors, Essex ultrasound and heart failure clinics). The administrative and nursing team are jointly employed by Dr Adebisi and Partners and the other GP practice in the building with both practices sharing the waiting and treatment rooms.

Dr Adebisi and Partners, consist of two female partners who are supported by two locum GPs (male) and five practice nurses, two healthcare assistants and a care coordinator shared between the practices. The clinical teams are supported by receptionists, administrative staff overseen by a practice manager.

The practice has a patient population of approximately 7186; their patient list was closed at the time of inspecting. The practice serves a deprived community and Basildon, in which it is situated, has the highest under 18 year old conception rate in Essex.

The practice is open between 8am to 7.15pm Monday to Thursday, Friday 8am to 6.30pm and Saturday 8.45am to 12.45pm. Appointments are from 8.50am to 11.40am and 3pm to 5.40pm Monday to Friday. Emergencies available

until 6.30pm daily. Saturdays the practice appointments operate from 9am to 12noon. Extended hours surgeries were offered on Saturday morning, 8.40am to 12.45 and the consultations times are 9am to 11.30am. These were for routine bookable appointments. The practice offers on line appointments and on line ordering of repeat prescriptions. Patients can request an on the day telephone consultation with a GP and/or nurse. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that needed them.

When the practice is closed patients are advised to call the surgery and be directed. Alternatively they may call the national NHS 111 service for advice. Out of hours provision is commissioned by Basildon and Brentwood CCG, and provided by IC24.

The practice has a comprehensive website providing details of services and support agencies patient may find useful to access.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 May 2016. During our visit we:

- Spoke with a range of staff practice manager, reception and administrative team, practice nurses and GPs and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff understood and were confident in reporting incidents. These were recorded in accordance with 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).

There had been five incidents recorded within the last year. All had been appropriately investigated and clinical opinion sought where appropriate. Learning outcomes were identified and discussed during partner meetings which were documented within their clinical diaries. Where appropriate, lessons were shared with the wider practice team. Patients were provided with truthful and evidenced accounts of decisions and apologies given. The partners reviewed all incidents to identify trends and ongoing learning and development needs. However, improvements could be made in documenting of discussions, assigning of actions, reviews and dates of completion, to ensure learning and changes had been embedded.

We asked the practice how they managed Medicines and Health Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. A GP partner was appointed as the medicine management lead and oversaw all auctioning of information. The practice maintained a record of all alerts received for staff reference and shared them with their clinical team. They conducted searches of the patient record system to identify those patients who may be affected. We checked patient records and found medicines information had been appropriately actioned.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. A GP partner was appointed lead for children and vulnerable adults and regularly reviewed patients known to them to ensure they were attending appointments and accessing

appropriate clinical services such as vaccinations. Where they had concerns the practice worked closely with partner services to try and provide coordinated holistic care to meet patient's needs. The GPs contributed to multi-agency meetings providing detailed reports and speaking directly with professionals involved in the delivery of care.

- The practice told us they followed up on non-attendance by patients for hospital appointments. However, patient records were not consistently coded for ease of identification and to confirm actions had been appropriately taken.
- There were safeguarding policies available to staff reflecting relevant legislation and local requirements. They identified who to contact for further guidance if staff had concerns about a patient's welfare. Patient registration documentation included reference to where the child resides and any legal orders in place relating to the care of the child. We spoke to staff who understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice was visibly clean and tidy. The practice nurse was the infection control clinical lead who liaised with the clinicians and staff to keep them up to date with best practice. There was an infection control policy in place. Staff had received up to date training. An annual infection control audit had been conducted in November 2016 by the practice nurse and practice manager. Cleaning duties and schedules were in place defining daily, weekly and monthly actions. However, records were not retained of the dates when some actions were completed.
- 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). Processes were in place for handling repeat prescriptions which included the review of high risk

Are services safe?

medicines. The GPs told us that some patients were being prescribed daily medication to mitigate the risk of them abusing the medicine and potentially harming themselves.

- The practice had procedures in place for the management and use of controlled drugs. Controlled drugs were held securely on the premises and had appropriate supporting guidance literature.
- The practice worked with the local medicine management team. We reviewed their prescribing practice visit report from October 2015. The practice had low rates of prescribing antibiotics and was continuing to work with the team and their clinicians to improve prescribing behaviour in line with best practice guidelines for safe prescribing.
- Prescription pads were logged at the practice. They were issued to GPs, securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We reviewed the practice record of PGDs which clearly detailed when they expired. We checked four PGDs and found all had been appropriately authorised. Patient Group Directives are written instructions for the supply or administration of medicines to groups of patients who may not be identified before presentation for treatment.
- We reviewed three personnel files for administrative and clinical staff and found that 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.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff were made aware of it during their induction. The practice had a fire risk assessment; fire safety equipment was in place. All electrical equipment was checked to ensure the

equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice actively monitored the service history of all equipment to ensure it was re-inspected. The practice also had a variety of other risk assessments in place to monitor safety of the premises, such as control of substances hazardous to health and infection control and legionella management plans (including maintenance records).

- The practice had arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice employed a long term locum GP and had closed their patient list in order to improve the management of their current patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff would contact the duty GP immediately should a patient present with an emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a shared disaster handling and business continuity plan in place for them and the neighbouring practice. It was comprehensive and accounted for major incidents that may cause disruption to the business such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Each clinician maintained responsibility for their professional knowledge. However, they also considered guidance and standards in their clinical discussions and reviews of significant incidents. For example, the review of initial cancer diagnosis, this was intended to improve the timely identification of conditions.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 98% of the possible points available. They exception reported 6.4% and this was below the local average by 0.5% and the national average 2.8% (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 from 2014/2015 showed:

- Performance for diabetes related indicators were above the national average. For example, 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. Patients on the diabetic register who had the influenza immunisation had similar to the national average, achieving 92% in comparison with the national average 94%.
- The practice achieved above the national average for their management of patients with poor mental health. For example, 96% of their patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records within the last 12 months and 94% had their alcohol consumption recorded.

- The practice had higher than the national average for the percentages of their patients diagnosed with dementia receiving a face to face review within the preceding 12 months. They achieved 94% in comparison with the national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was above the national average achieving 89% higher than the national average of 84%.

The practice had a higher than national average accident and emergency admission rate for patients with ambulatory care sensitive conditions with 16.33 per 1,000 of the population. (The local average was 11.88 and the national rate was 14.6 per 1,000 of the population.) Ambulatory care sensitive conditions are those which it is possible to prevent acute exacerbations and reduce the need for hospital admission through active management, such as vaccination; better self-management, disease management or case management; or lifestyle interventions. Examples include congestive heart failure, diabetes, asthma, angina, epilepsy and hypertension. The practice told us that they last audited their accident and emergency admission data in October 2014. They had found most of the patients had attended outside of normal opening hours. However, they had found their admission avoidance programme to be effective at reducing the prevalence of some of their most vulnerable patients attending the service frequently.

We found a culture of clinical audit within the practice. We reviewed five clinical audits conducted by the practice, two of which were two phase full cycle clinical audits. These related to MHRA alerts and anti-inflammatory medicines. The audit had been aligned to national best practice, guidance and standards. There was evidence of improvements in prescribing behaviours between the first and second cycles. The practice had initially achieved 87% compliance and this significantly increased to achieve 100% compliance.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. Staff also received a comprehensive

Are services effective?

(for example, treatment is effective)

employee handbook covering such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff also received an additional guide specific to their role.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, providing diabetic care or taking blood.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The nurses received a clinical appraisal led by a GP, reviewing their professional performance, and the practice manager was invited to contribute. Clinical supervision was available for the clinical team as well as support for the revalidation of doctors.
- Administrative staff received a series of face to face meetings with the practice manager and their heads of department. This was in addition to six monthly and yearly appraisals. Staff told us they appreciated the opportunity to speak directly with their manager and were supported and encouraged to accessing appropriate training to meet their learning needs and to cover the scope of their work. All staff files reviewed showed staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support, health and safety and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system. This included care and risk assessments, care plans, medical records and investigation and test results. For example, the practice shared relevant information with

partner services to meet the needs of their palliative care patients. They held regular three monthly meetings with GPs, community McMillan nurses, community heart failure teams, COPD team, district nurses, community therapists, mental health team workers and community therapists. Care was coordinated between the services and updates provided and shared on the patient system to aid continuity of care and observe patient wishes such as preferred placed of care.

When patients moved between services, including when they were referred, or after they were discharged from hospital, meetings took place with other health care professionals to assess and met patients on going needs. We reviewed multidisciplinary meeting minutes from February 2016 and May 2016. We found patient care had been reviewed but actions that had been assigned, updated or reviewed were not documented within the record. The GPs also told us that they did not routinely reference their discussion/review of the patient's care within their record unless there was a clinical change.

The practice regularly met with their health visitor and midwife. The purpose of the meetings was to highlight concerns where children may be vulnerable and ensure suitable provision was in place to manage the risks. We reviewed meeting minutes from April 2016 where actions were reviewed from earlier meetings and agreed. However, it was not always clear where actions were assigned, reviewed or completed.

Where patients failed to attend hospital appointments the practice followed up with the patients by phone or in writing to confirm why they were unable to attend and provide any advice in the interim. However, the patient notes were not recoded to assist with conducting searches of the patient records.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

Staff carried out assessments of capacity to consent when providing care and treatment for children and young

Are services effective?

(for example, treatment is effective)

people. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support, such as those 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 the relevant service.

The practice reported similar to the local average for new cancer diagnosis. They encouraged their patients to attend national screening programmes. Data from the National Cancer Intelligence Network showed the practice had lower than the local and national averages for screening their patients. For example;

- The practice had promoted the cervical screening programme for their patient's 25 to 64 years of age, but the uptake remained relatively low achieving 75%, which was below the local and the national average of 82%. The practice were actively monitoring attendance by women but reported continual difficulties in securing

their attendance. This was despite operating a policy to offer reminders for patients who did not attend for their cervical screening test and providing a walk in and wait screening service.

- 50% of the female patient 50 to 70 years of age had been screened for breast cancer within 6 months of their invitation. This was below the local average of 71% and the national average of 73%.
- 46% of their patient's 60-69 years of age had been screened for bowel cancer within six months of their invitation. This was comparable with the local average of 44% and the national average of 55%.

Childhood immunisation rates for the vaccinations given were comparable to the local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 97% and five year olds from 92% 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 40 to 74 and over 75 years of age. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Staff were courteous and helpful to patients and treated them with dignity and respect. We found curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. Where patients wanted to discuss sensitive issues or appeared distressed patients they could offer them a private room to discuss their needs.

All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt very happy with the services provided. They commented that staff were always friendly, happy to help and go the extra mile.

We spoke with two members of the patient reference group (PRG). They also told us they were very happy with the care provided by their GP. They said their GPs listened to them and they had confidence in them. Their dignity and privacy was always respected. Comment cards completed by patients shared their view that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was below or comparable with local and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 75% of respondents said the GP was good at listening to them compared to the local average of 85% and the national average of 89%.
- 76% of respondents said the GP gave them enough time compared to the local average of 84% and the national average of 87%.
- 90% of respondents said they had confidence and trust in the last GP they saw compared to the local average 93% and the national average of 95%.
- 69% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the local average 80% and the national average of 85%.

- 72% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the local average 90% and the national average of 91%.
- 80% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

The practice acknowledged that patient satisfaction levels were lower than they had hoped. They believed that the poor experienced reported by patients may be attributable to recent changes in the clinical team. They had closed their patient list to ensure they were better placed to manage demand this was supported by the patient reference group. The practice intended to revisit patient opinions once they had achieved greater stability within the clinical team.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of the inspection told us they felt involved in decision making about the care and treatment they received. They also told us the GPs listening to their concerns and supporting them with their choices. They told us they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

However, results from the national GP patient survey published in January 2016, showed patients reported lower than local and national levels of satisfaction regarding their involvement in planning and making decisions about their care and treatment. For example:

- 68% of respondents said the last GP they saw was good at explaining tests and treatments compared to the local average of 82% and the national average of 86%.
- 62% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the local averages of 76% and the national average of 82%.
- 71% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the local averages 85% and the national average of 85%.

The practice acknowledged some of their patient experiences were below local and national averages. As the

Are services caring?

practice shares their administrative and nursing team with the neighbouring practice they compared feedback on the same staff captured under the neighbouring practices survey. This highlighted disparities with patients at the neighbouring surgery rating the same staff higher than their own and they spoke with their patient reference group regarding the findings.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

In house and external patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice had appointed carers' champion and staff had access to a comprehensive range of patient information to

support and direct carers to the various avenues of support available to them. The practice computer system had the capacity to alerted GPs if a patient was also a carer. However, we found they had not been consistently recoded to aid identification and inform service provision. The practice agreed to immediately revise the coding of all patient carer information.

The practice prioritised the care of palliative care patients. They ensured they were regularly visited and their needs reviewed. They worked closely with St. Luke's Hospice and McMillan nursing teams to coordinate timely and appropriate continuity of care especially before weekend and public holidays.

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

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 and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered daily telephone consultations with patients able to speak to their own GP.
- The practice offered online appointment booking and electronic prescribing for acute and repeat prescriptions. Patients were invited to submit an online request for their repeat prescriptions and could collect them at a pharmacy of their choice.
- Bypass telephone access for care homes and paramedics to speak with the clinical team.
- The practice provided Saturday morning prebookable appointments and we were told that this was popular with patients who were unable to attend during the working week.
- There were longer appointments available for people who needed them.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for all patients, with priority access given to children and those with serious medical conditions.
- The practice nurses offered both pre-booked and walk in availability to patients including providing a range of vaccinations and screenings.
- Patients had open access for child immunisations and these could be combined with the child's eight week check and the mother's postnatal visit for convenience.
- Young people were encouraged to attend the practice; they could see the practice nurses without an appointment where they may access contraception and sexual health advice.
- Patients with no fixed abode were accommodated as walk-in appointments on the day.
- Phlebotomy was provided by their practice nursing team and Basildon General Hospital staff who worked from the practice.
- The practice had access to the weekly social prescribing navigator service. This was a Basildon Council initiative to assist patients to access services independently of their GP to address concerns such as loneliness, social issues and support groups.

- There were accessible facilities, with lift and ramp access to the practice.
- The practice had facilities for disabled patients such as, a loop hearing system and disabled toilet.
- The practice had access to separate waiting room facilities for patients who benefited from a calm and quiet environment.
- The practice had access to private waiting areas where mothers could breast feed.
- The practice worked closely with the care coordinator to assess and coordinate care provision for their patients. The coordinator had specific responsibility for reviewing and contributing to the holistic care needs of patients over 75 years of age, care home reviews, dementia care and unplanned admissions.
- The practice conducted non NHS services including Heavy Goods Vehicle medical assessments, adoption and insurance reports.

Access to the service

The practice was committed to providing a timely and accessible service. The practice was open between 8am to 7.15pm Monday to Thursday, Friday 8am to 6.30pm and Saturday 8.45am to 12.45pm. Appointments were from 8.50am to 12.30pm and 3pm to 5.30pm Monday to Friday. On Saturdays the practice appointments were from 9am to 12noon. Extended hours surgeries were offered on Saturday mornings, opening hours were from 8.40am to 12.45pm and the consultations times were 9am to 11.30am. These were for routine bookable appointments. The practice offered on line appointments and the ordering of repeat prescriptions. Patients could request on the day telephone consultations with a GP and/or nurse at a time convenient for them. In addition to pre-bookable appointments that could be booked up to six weeks in advance.

All patients who required an urgent appointment with a GP were seen on the day their request was made. Requests could be made at any time of the day. Telephone appointments and daily open access to the practice nursing team were also available to patients.

The practice operated a duty doctor system to ensure patients and professionals could access a GP for medical emergencies and enquiries from external partners, ambulance, hospitals and social care.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey published in January 2016, showed that patient's reported lower levels of satisfaction in relation to their access care and treatment than the local and national averages.

- 65% of respondents were satisfied with the practice's opening hours compared to the local average of 73% and the national average of 75%.
- 68% of respondents said they could get through easily to the practice by phone compared to the local average 72% and the national average of 73%.

The five patients we spoke with on the day of the inspection told us they experienced difficulties getting a GP appointment and often had to wait several weeks. When we spoke to reception staff they confirmed there was a three week wait for routine appointments.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

The practice staff told us how they recorded all verbal complaints within an incident report. We reviewed the entries and found nine recorded between November 2015 and April 2016. These included complaints regarding the alleged conduct of staff, appointments and unacceptable conduct of patients towards staff. The practice also had received three written complaints within the last 12 months. These had been appropriately acknowledged, investigated and responded to in a timely and professional manner. Lessons were learnt from individual concerns and the outcome of verbal and written complaints were shared with staff.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The two partners had recently decided to close their patient list in order to ensure good care was being provided to their patients. The practice intended to merge with their neighbouring practice that they shared their premises with and both practices were positive about the proposals. The practice told us they were supported by NHS England and Basildon and Brentwood CCG in order to best meet the needs of their patients.

Governance arrangements

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

- There was a clear staffing structure. Staff were aware of their own roles and responsibilities and supportive of their colleagues.
- Practice specific policies were implemented and were available and known to staff.
- The practice management maintained a comprehensive understanding of the performance of the practice.
- There was an established programme of continuous clinical and internal audit used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They had recognised the challenges of maintaining a small practice and the benefits for them and their patients by forming a larger practice at their current location. The partners told us of the shared values the practices held prioritised safe, high quality and compassionate care. This was along with the common working practices and shared staff and resources.

Whilst staff were understandably apprehensive about the forthcoming changes this had been acknowledged by the partners. The practice management had spoken

extensively with their staff regarding the proposed changes to the practice. The majority of staff had worked for the practice for several years and enjoyed their work and valued their colleagues. They told us the partners and practice management were always approachable and took the time to listen and address any concerns.

There was a clear leadership structure in place and staff felt supported by management.

- The GP partners had lead areas of responsibility including, safeguarding, medicine management, diabetes, patient reference group and regulation.
- Staff told us the practice held regular monthly team meetings in addition to representative meetings where all departments would attend a joint strategic discussion.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice planned for retirements and changes to staffing, supporting newly appointed members through shadowing and mentoring, where appropriate. The practice had jointly commissioned external human resource specialists to support staff and the practice management teams during the merge of the practices.

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

The practice encouraged and valued feedback from patients, the public and staff. It engaged with their patient reference group regarding the delivery of the service.

- The practice had gathered feedback from patients through the patient reference group (PRG), complaints and informal conversations. The PRG met quarterly, they raised concerns and considerations and submitted proposals for improvements to the practice management team. The practice told us how the PRG had been invaluable supporting health campaigns such as flu vaccinations and cervical screening programmes. However, the PRG felt more could be achieved such as the introduction of text reminders to reduce

Are services well-led?

Good 

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

non-attendance. The practice told us they had made a decision not to do this to safeguard patient confidentiality. We reviewed meeting minutes from the last meeting held on 14 March 2016. We found these were well attended by the PRG members and representatives from the clinical and management team. A broad range of issues were discussed including changes to personnel, new proposals and access to local health provision.

- The partners, practice manager and staff all spoke regularly informally and formally through scheduled

and minuted meetings and appraisals. The partners invested in their staff and acknowledged long service providing a gift. They arranged and paid for team events such as attending Newmarket horse races, BBQs, and race and magic nights. Staff told us they found the partners and practice manager committed and approachable and would not hesitate to give feedback and discuss any concerns or issues with them. Staff told us they enjoyed their work and felt involved and engaged to improve how the practice was run.