

# Estuary Healthcare Services

## 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?

Good 

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 Estuary Healthcare Services on 14 April 2016. Overall the practice is rated as good. The practice provides services for 283 patients who have drug and / or alcohol dependency and misuse, who may be homeless and patients on the special allocations scheme (for patients who have been removed from GPs practice lists due to violent, aggressive or threatening behaviour). Patients may only register at this practice if they are engaged with the Southend Treatment and Recovery Service (STARS).

The practice did not provide services to patients who were over 65 years or to children under 18 years or families. For this reason we did not rate the population groups for older people or families, children and young people.

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

- The practice referred to and used published safety information such as safety alerts to monitor and improve safety outcomes for patients. Staff were aware

of how to report concerns about patient safety, and when things went wrong these were fully investigated. Learning from safety incidents was shared with staff to minimise recurrences.

- There were arrangements in place to help safeguard patients against the risk of abuse. Staff had undertaken relevant training and had access to appropriate policies and procedures.
- Risks to patients and staff were assessed and managed. There were risk assessments in place for areas including fire safety, infection control, health and safety, premises and equipment. There was information available in relation to the Control of Substances Hazardous to Health (COSHH) such as cleaning materials.
- All equipment was routinely checked, serviced and calibrated in line with the manufacturer's instructions.
- There was a detailed business continuity plan in place to deal with any untoward incidents which may disrupt the running of the practice.

# Summary of findings

- Appropriate checks including employment references, proof of identity and registration with professional bodies (where appropriate) and DBS checks were carried out when new staff were employed to work at the practice.
- Newly employed staff undertook a period of role specific induction.
- There were arrangements in place for managing medicines.
- Emergency medicines and equipment were available in line with current guidance and legislation.
  - The practice used published guidelines, reviews and audits to monitor how patients' needs were assessed and the delivery of care and treatment.
- Clinical audits were carried out routinely to monitor and improve outcomes for patients.
- Patients consent to care and treatment was sought in line with current legislation and guidance.
- The practice performance for the management of some long term conditions was lower than other GP practices locally and nationally. This was due to a number of factors including a lack of patient engagement with treatment and in some cases treatment was unsuitable for some patients.
- Information was shared appropriately with other health and social care professionals to help ensure that patients received coordinated care and treatment.
- Patients said they were treated with respect and care. They said that they were very happy with the care that they received. They told us that staff were professional, welcoming and caring.
- Complaints were investigated and responded to appropriately and apologies given to patients when things went wrong or they experienced poor care or services.
- The practice had facilities and equipment to treat patients and meet their needs.
- The premises were accessible to patients with disabilities.
- Translation services were available as required.
  - There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

The practice SHOULD

- Review the procedures for sharing learning from when things go wrong so that locum GPs working at the practice are made aware of this learning to help secure improvements.
- Review the procedures for dealing with medical emergencies to include training for staff in the use of, and assess risks associated with the storage of oxygen at the practice.
- Review its systems for carrying out clinical audits to monitor and improve outcomes for patients.

**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 were systems in place to monitor safety and to act when things went wrong. Lessons were learned and communicated with most staff to support improvement. However learning was not always shared with locum GPs.
- Information about safety was recorded, monitored, appropriately reviewed and addressed.
- There were procedures in place to safeguard patients from abuse or harm. Staff were trained and knew how to recognise and report concerns about the safety and welfare of vulnerable adults and children.
- There were policies, procedures and risks assessments to identify risks to patients and staff. There were risk assessments in relation to infection control, fire safety, premises and equipment.
- There were arrangements in place to manage medicines safely. Medicines were checked regularly, stored appropriately and those we looked at were in date.
- Staff were recruited consistently. All of the appropriate checks including proof of identify, employment references and Disclosure and Barring Services (DBS) checks were carried out when new staff were employed.
- There were medicines and equipment available to deal with medical emergencies and staff had undertaken basic life support training. The practice procedures for dealing with medical emergencies did not include training for staff in the use of oxygen or risks associate with the storage of oxygen.
- The practice had a business continuity plan which described the actions staff were to take in the event of any incidents that may disrupt the running of the practice.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data for 2014/15 showed that the practice performance for the management of the majority of long term conditions and disease management such as heart disease and diabetes was lower than other practices both locally and nationally. This was due to a number of factors including lack of patient

# Summary of findings

engagement and compliance with treatment. We saw that the GP and nurse proactively encouraged patients to attend for health reviews and that they carried out some health checks opportunistically when they could do so.

- GPs and the practice nurse referred to published guidance and used this in the assessment and treatment of patients.
- The practice followed current legislation and guidance in relation to obtaining patient consent to care and treatment.
- Staff were proactive in health promotion and disease prevention and provided patients with information on diet and lifestyle.
- The practice received, reviewed and shared information with other health services to help ensure that patients received coordinated and appropriate care and treatment.
- Staff received training, supervision and appraisals and said that they were supported to perform their roles and to meet patient's needs.
- Some clinical audits were carried out to improve outcomes for patients.

## Are services caring?

The practice is rated as good for providing caring services.

- Patients felt that staff were understanding and treated them with respect and dignity. Patients said that reception staff were welcoming, helpful and understanding.
- They said that the GP and nurse listened to them and gave them time to discuss any issues or concerns.
- The practice worked in partnership with local drug and alcohol recovery services and homeless organisations and charities to support a holistic approach to the care and treatment of patients,
- We observed staff treat and assist patients in a caring and compassionate manner.
- Patients were provided with advice, support and information about the range of local services available.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice provided care and treatment to a small number of patients who are engaged with the Southend Treatment and Recovery (STARS) programme. This included patients who may

Good



# Summary of findings

have alcohol or drug dependency issues, patients who were homeless and those who were part of the Special Allocations Scheme (where patients have been removed from GP lists due to violent, aggressive or threatening behaviour).

- Same day appointments and telephone consultations were available each day.
- Home visits were available for those patients who were unable to attend the practice.
- The practice facilities were suitably equipped to treat patients and meet their needs.
- The practice had considered the needs of patients with physical and / or sensory impairment and the premises were suitable to meet their needs.
- Translation services were available if needed.
- The practice responded quickly to complaints raised and offered apologies to patients when things went wrong or the service they received failed to meet their needs.

## Are services well-led?

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

- It had a clear vision and strategy to provide a holistic approach to the care and treatment of its patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure within the practice and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity. These were practice specific and were reviewed regularly to ensure that they reflected current legislation and guidance.
- The quality and safety of the services provided was regularly monitored and reviewed through system of assessments and audits, learning and acting on comments, suggestions and complaints.
- The practice encouraged patients to give feedback and acted on this as required. Staff told us that they felt supported and that they could raise comments and suggestions, which were acted upon.

**Good**



# Summary of findings

## The six population groups and what we found

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

### People with long term conditions

The practice is rated as good for people with long term conditions.

The practice provided GP services to patients who were engaged with the Southend Treatment and Recovery Service. These included patients who may have alcohol and / or drug dependency, patients who were homeless and patients who were part of the Special Allocations Scheme (SAS).

The practice:

- Offered dedicated appointments for long term conditions, medicine reviews and health screening and followed up on patients where they failed to attend appointments.
- Offered health and wellbeing advice and smoking cessation sessions.
- Referred to and used a range of published guidance to monitor and improve patient care and treatment.
- Provided a range of information to patients about the management of long term conditions including diabetes and heart disease.
- Data for 2014/15 showed that the practice performance for the management of the majority of long term conditions and disease management such as heart disease and diabetes was lower than other practices both locally and nationally. This was due to a number of factors including lack of patient engagement and compliance with treatment. We saw that the GP and nurse proactively encouraged patients to attend for health reviews and that they carried out some health checks opportunistically when they could do so.

Good



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

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

- Appointments were available between 11am and 1pm each day and where patients failed to attend at these times they would be offered another appointment or a telephone consultation.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group including NHS health checks.

Good



### People whose circumstances may make them vulnerable

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

The practice provided GP services to patients who were engaged with the Southend Treatment and Recovery Service. These included patients who may have alcohol and / or drug dependency, patients who were homeless and patients who were part of the Special Allocations Scheme (SAS).

- Staff undertook safeguarding training and the practice had a dedicated safeguarding lead.
- The GP had a specialist interest and had undertaken extra training in understanding and treating patients with alcohol and drug dependency issues.
- The practice proactively promoted annual health checks for patients with learning disabilities.
- The practice regularly worked with multi-disciplinary teams including homeless charities, hospital consultants and mental health consultants to help ensure that patients whose circumstances made them vulnerable were supported holistically.

Good



# Summary of findings

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

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

- Patients with mental health conditions were invited to have an annual assessment of their physical health needs.
- Longer appointments and home visits were provided as required.
- The practice met with other health and social care professional's each month to review the care and treatment of patients who were vulnerable, including patients who were experiencing poor mental health.
- Information was shared with local mental health organisations who were involved in patient's treatment where this was appropriate.
- Information was available about the range of local support and advice services available.
- Patients were referred to specialist services as required.

Good





# Summary of findings

## What people who use the service say

Due to the small size of the patient population there was no national GP patient survey comparison data available.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards. We also spoke with four patients on the day of the inspection. Patients commented positively about the practice and said that:

- Staff were welcoming, efficient and understanding.
- They could access appointments that suited them.
- Care and treatment was excellent.

## Areas for improvement

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

- Review the procedures for sharing learning from when things go wrong so that locum GPs working at the practice are made aware of this learning to help secure improvements.
- Review the procedures for dealing with medical emergencies to include training for staff in the use of, and assess risks associated with the storage of oxygen at the practice.
- Review its systems for carrying out clinical audits to monitor and improve outcomes for patients.

# Estuary Healthcare Services

## 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.

## Background to Estuary Healthcare Services

Estuary Healthcare Services is located in an adapted building in Southend town centre.

The practice holds a Personal Medical Services (PMS) contract and provides GP services commissioned by NHS England and Southend Clinical Commissioning Group. A PMS contract is one between NHS England and the practice where elements of the contract such as services provided and opening times are agreed locally. The practice provides services for 283 patients who have drug and / or alcohol dependency and misuse, who may be homeless and patients on the special allocations scheme (for patients who have been removed from GPs practice lists due to violent, aggressive or threatening behaviour).

Patients may only register at this practice if they are engaged with the Southend Treatment and Recovery Service (STARS).

Economic deprivation levels affecting older people are higher than the practice average across England.

The practice is managed by two GP partners who hold financial and managerial responsibility. One of the GP partners is the Registered Manager. A Registered Manager is a person who is registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The practice employs a small team including one practice nurse, a practice manager and two receptionists / administrative staff.

The practice is open from 10am to 5.30pm on Mondays, Tuesdays, Wednesdays and Thursdays and between 10am and 3pm on Fridays. Appointments are available from 11am to 1pm. Patients who require treatment outside of these times are advised to contact the NHS 111 service.

The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by IC24 and patients who contact the surgery outside of opening hours are provided with information on how to contact the service.

## Why we carried out this inspection

We inspected Estuary Healthcare Services as part of our comprehensive inspection programme. 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. This inspection was planned to check whether the provider 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.

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.

# Detailed findings

## How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 April 2016. During our visit we spoke one GP, the practice manager and reception / administrative staff. We also spoke with four patients who used the service. We reviewed seven comment cards where patients shared their views and experiences of the service. We reviewed a number of documents including patient records and policies and procedures in relation to the management of the practice.

# Are services safe?

## Our findings

### Safe track record and learning

The practice had systems in place for learning and improving from incidents when things went wrong. This was done through a process for reporting, investigating and learning from significant events, accidents and 'near misses'. We reviewed the records for each of the four significant events which had been reported within the previous 12 months. We saw that these related to two prescribing errors, one administrative error and an altercation between two patients. We saw that while these had been fully investigated and learning identified from the investigations; the learning was not always shared fully. For example the learning from one prescribing error had not been shared with the locum GP who had made the error. There were systems in place to periodically review significant events to help ensure that learning arising from these had been imbedded into practice to help minimise recurrences,

There were systems in place for the receipt, sharing and acting on medicines alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts have safety and risk information regarding medicines and equipment often resulting in the review of patients prescribed medicines and/or the withdrawal of medicines from use in certain patients where potential side effects or risks are indicated. All safety related alerts and information were kept and accessible to relevant staff to refer to and use as needed.

### Overview of safety systems and processes

The practice had robust, clearly defined and embedded systems, processes and practices in place to keep people safe. We found:

- Arrangements were in place to safeguard adults and children from abuse. There were appropriate policies and procedures to assist staff to fulfil their responsibilities to report concerns. These policies referred to the local safeguarding teams and included relevant contact details.

- Staff had undertaken role specific training in safeguarding adults and children. Clinical staff had level 3 training in safeguarding children. Staff who we spoke with were able to demonstrate that they understood and adhered to the practice policies.
- Computerised systems helped to identify those patients who were vulnerable so that staff were alerted when patients telephoned or visited the practice.
- The practice had procedures in place for providing chaperones during examinations and notices were displayed to advise patients that chaperones were available, if required Disclosure and Barring Services (DBS) check. These
- The practice had policies and procedures in place to protect patients and staff against the risk of infection. The practice nurse was the infection control clinical lead and they took responsibility for overseeing infection control procedures within the practice.
- Staff had access to policies and procedures and these referred to relevant legislation and guidance. These procedures covered cleaning and hand washing, handling and storing specimen samples, dealing with biological substances and disposing of waste matter.
- We observed the premises to be visibly clean, tidy and uncluttered. There were cleaning schedules in place and infection control audits had been carried out.
- Staff had access to personal protective equipment such as gloves and aprons and all clinical staff had undergone screening for Hepatitis B vaccination and immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.
- Medicines were stored securely and only accessible to relevant staff. Prescription stationery was securely stored and there were systems in place to monitor their use and minimise the risk of misuse.
- There were procedures in place to regularly check medicines. All of the medicines we saw were within their expiry date.
- Medicines which required cold storage including travel and flu vaccines were handled and stored in line with current guidelines.
- The practice had a policy for employing clinical and non-clinical staff. We reviewed four staff files including those for the two most recently employed staff. We

## Are services safe?

found that the recruitment procedures had been followed consistently. Checks including proof of identification, qualifications, employment references and Barring Service (DBS) checks had been carried out for all staff.

### Monitoring risks to patients

- The practice had systems in place to monitor patients who were prescribed high risk medicines and regular medicine reviews were carried out. The GPs were aware of and followed the local shared care arrangements for monitoring patients who were prescribed high risk medicines such as antidepressant and anticoagulant medicines.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had 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 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

### Arrangements to deal with emergencies and major incidents

The practice had procedures in place for dealing with medical emergencies. Records showed that all relevant staff received annual basic life support training and those we spoke with including the receptionists were able to describe how they would act in the event of a medical emergency. There was a range of emergency medicines and an external automated defibrillator available. The practice did not have oxygen for use in medical emergencies. There was no risk assessment in place to support this decision. Following our inspection we were provided with evidence that oxygen had been purchased for use at the practice.

The practice had a business continuity plan in place for major incidents which could affect the day to day running of the practice. This was service specific and included the details of the arrangements in place for example if staff could not access the premises or the day to day running of the practice was disrupted due power or other systems failures. The plan was accessible to staff, regularly reviewed and revised where required.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice GPs kept up to date with, referred to, and used relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. These were used routinely in the assessment and treatment of patients to ensure that treatment was delivered to meet individual's needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Data from 2014/15 showed;

Performance for the treatment and management of diabetes was as follows:

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 43% compared to the national average at 77%.
- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 86% compared to the national average of 78%
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 14% compared to the national average of 81%
- The percentage of patients with diabetes who had a foot examination and risk assessment within the preceding 12 months was 100% compared to the national average of 88%

These checks help to ensure that patients' diabetes is well managed and that conditions associated with diabetes such as heart disease are identified and minimised where possible. We found that the practice QOF scores were in line with or above other practices locally and nationally in respect of areas which required GP intervention such as monitoring blood pressure and carrying out foot

examinations for patients with diabetes. The practice scored lower for outcomes which required patient engagement such as adhering to dietary advice to maintain acceptable blood glucose levels.

The practice exception reporting for diabetes related monitoring was 12%, which was higher than the local and national average of 10%. Exception reporting is a process whereby practices can exempt patients from QOF in instances such as where despite recalls, patients fail to attend reviews or where treatments may be unsuitable for some patients. This avoids GP practices being financially penalised where they have been unable to meet the targets a set by QOF.

We discussed the practice low performance and higher than average exception reporting with the GP. The GP was aware of the low performance and gave reasons for these. They explained these results were due to either lack of engagement from patients or that treatments would be inappropriate due to other factor such as patients other medical conditions. We reviewed the records of three of the nine patents who had diabetes. We saw that treatment for regulating blood pressure was not appropriate in one instance and that other patients had been prescribed / offered treatment but that they were not engaged in their treatment.

We were satisfied that despite the low data results found that the practice was working proactively to encourage patients to attend appointments for review of their long term conditions. They reviewed treatments for long term conditions and where treatments were unsuitable. For example where the use of statins to reduce blood cholesterol in patients who had liver disease this was recorded within the patient record.

The practice performance for the treatment of patients with conditions such as hypertension (high blood pressure), heart conditions and respiratory illness was:

- The percentage of patients with hypertension whose blood pressure was managed within acceptable limits was 75% compared to the national average of 83%.
- The percentage of patients who were identified as being at risk of stroke (due to heart conditions) and who were treated with an anticoagulant was 100% compared to the national average of 98%.

# Are services effective?

## (for example, treatment is effective)

The practice exception reporting for hypertension related monitoring was 13%, which was significantly higher than the local and national average of 3% and 4% respectively.

- The percentage of patients with asthma who had a review within the previous 12 months was 81% compared to the national average of 75%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who has an assessment of breathlessness using the Medical Research Council scale was 69% compared with the national average of 90%.

The practice exception reporting for asthma related monitoring was 17%, which was significantly higher than the local and national average of 5% and 6% respectively.

The practice performance for assessing and monitoring the physical health needs for patients with a mental health condition was:

- 76% of patients with a diagnosis of schizophrenia, bi-polar disorder and other mental health disorders had an agreed care plan in place compared to the national average of 88%
- 92% of patients with a diagnosis of schizophrenia, bi-polar disorder and other mental health disorders had a record of their alcohol consumption compared to the national average of 89%.

The practice exception reporting for mental health related monitoring was 11%, which was similar to the local and national average of 10% and 11% respectively.

We reviewed the records for patients who had a learning disability and found that all had a medicines review and a health check within the previous 12 months.

Medicine reviews were carried out every six months or more frequently where required. Reception staff had undertaken training round repeat prescribing and staff who we spoke with demonstrated that they had a good knowledge and awareness of their roles and responsibilities in relation to dealing with requests for repeat prescriptions and the medicines which must be reviewed by the GP before the prescription can be issued.

The practice performance for prescribing medicines such as second line antibiotics and hypnotics (anti-depressant type medicines) was significantly higher than some GP practices both locally and nationally. The GP explained that

due to the specific patient group, including patients with alcohol and drug dependency issues and people who were homeless that they treated a high number of infections, which accounted for the high prescribing for antibiotics.

The GP The practice carried out a range of clinical audits to monitor and improve outcomes for patients. We reviewed one of these audits, which was ongoing. This audit was being carried to review and reduce where appropriate the prescribing for Benzodiazepine medicines in line with NICE guidelines. The GP demonstrated that they were working proactively with patients and secondary care healthcare providers to help reduce the prescribing of long term benzodiazepine medicines.

### Effective staffing

Staff received training and support that reflected their roles and responsibilities. We found:

- The practice had an induction programme for newly appointed members of staff to help them become familiar with the practice policies and procedures.
- Staff we spoke with told us that they felt supported. Relevant information was shared with staff through meetings.
- Staff had access to policies, procedure and other relevant information which was stored on the computerised shared drive system.
- Staff had undertaken training which included safeguarding, information governance and basic life support, health and safety and infection control.
- All staff received an annual appraisal of their performance from which further training and development needs were identified and planned for. The practices nurse and GP staff had ongoing clinical support and supervision.
- The nurse working at the practice was currently registered with the Nursing and Midwifery Council (NMC) and they were preparing for their revalidation.
- The GP had completed their revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

### Coordinating patient care and information sharing



# Are services effective?

(for example, treatment is effective)

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. Staff used the computerised tasks system to communicate messages and actions to be completed in relation to patients care and treatments.

Information was received, reviewed and shared within the practice team and with other healthcare providers. This included when patients were referred to secondary and specialist services and when patients were admitted to or discharged from hospital.

Monthly multi-disciplinary team meetings took place to discuss, review and plan the care and treatment for patients including those who at risk of unplanned hospital admissions. The GP showed us evidence and gave examples of the work carried out with local health and social care organisations and agencies, who were involved in the care of patients. These included Southend Treatment and Recovery Services (STARS), local homeless people's support agencies, mental health and medical consultant specialists.

## Consent to care and treatment

The practice had policies and procedures around obtaining patients consent to treatment. The GP understood current guidelines in respect of obtaining consent in the care and

treatment for, young people or where a patient's mental capacity to consent to care or treatment was unclear. Staff had an awareness of the provisions of the Mental Capacity Act 2005.

Patient who we spoke with during the inspection said that their care and treatment was explained to them in a way that they could understand and that their consent to treatment had been sought.

## Health promotion and prevention.

The practice promoted and encouraged patients to access the current NHS and Public Health England national screening programmes. Data for 2014/15 showed that:

- The practice's uptake for the cervical screening programme was 84%, compared to the national average of 82%. Seasonal flu vaccinations were offered to all relevant patients.

The practice did not provide childhood immunisations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74 years. Weight management advice and smoking cessation sessions were available and patients were provided with information relating to healthy lifestyle choices.



# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We observed throughout the inspection that members of staff were polite and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Patients we spoke with told us that reception staff were welcoming and kind.

Reception staff were mindful when speaking on the telephone not to repeat any personal information. Staff we spoke with told us that patients would be offered a room to speak confidentially if they wished to do so.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Patients who completed CQC comment cards and those patients we spoke with during the inspection told us that staff were respectful and helpful. Patients said that they received excellent care and that staff were always courteous, caring and understanding.

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

Each of the four patients we spoke with told us that they were happy with how the GPs and nurses explained their health conditions and treatments. They told us that:

- The GP and nurse listened to them and answered questions in relation to their care and treatment.
- They were involved in discussions about their care and treatment.

Staff told us that access to translation services was available for patients who did not have English as a first language.

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

The practice had procedures in place for supporting patients and carers to cope emotionally with care and treatment. There was a wide range of information in the patient waiting room advising patients how they could access a number of support groups and organisations including counselling services, advice on domestic and elder abuse and local homeless people's charity and support organisations.

The practice had arrangements for identifying patients who were carers. At the time of our inspection the practice manager told us that none of the patients who were registered at the practice were carers.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients who had alcohol or drug dependency issues, patients who were homeless and those who were registered with the special allocations scheme (SAS). For example;

- The GP had specialist interest and training in alcohol and drug dependency.
- The practice worked with the local homeless charity and carried out home visits to patients who were temporarily residents in the charity run hostels.
- Same day appointments and telephone consultations were available each day.
- Smoking cessation advice and treatment was available in individual appointments.
- Accessible facilities including electronic door, disabled toilets and a hearing loop were available.
- Translation services could be accessed if required.

### Access to the service

The practice was open from 10am to 5.30pm on Mondays, Tuesdays, Wednesdays and Thursdays and between 10am and 3pm on Fridays. Appointments were available from 11am to 1pm. Patients who required treatment outside of these times were advised to contact the NHS 111 service.

Each of the four patients we spoke with confirmed that:

- They could access appointments at times that suited them
- They did not have to wait too long to be seen

- They were happy with the practice opening times and access to the practice by telephone.

Patients we spoke with were aware of how to access medical services when the practice was closed.

### Listening and learning from concerns and complaints

The practice had a 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.

Written information was available to help patients to understand the complaints procedure. This included information about how to raise complaints and the time frame for the practice to acknowledge, investigate and respond to complaints. Patients were advised how they could escalate their complaints should they remain dissatisfied with the outcome or how their complaint was handled. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at a sample of complaints received within the previous twelve months. Records showed that complaints had been acknowledged, investigated and responded to within the complaints procedure timeline. The practice had reviewed and analysed the complaints received and there were no trends or recurring themes. Learning from complaints was shared with staff through meetings so as to improve patient's experiences.

We saw that a suitable apology was given to patients when things went wrong or their experience fell short of what they expected.

# 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 and ethos, which was described in their Statement of Purpose and the patient information leaflet and on the practice website. The vision and ethos was to improve the health, welfare and lives of patients by promoting a holistic approach to the delivery of care and services and partnerships between the practice, patients and other health care professionals.

Staff we spoke with were aware of the practice vision and ethos and could demonstrate that they worked towards meeting the values and goals of the practice.

### Governance arrangements

The practice had an overarching governance framework and a range of robust policies and procedures to support the delivery of good quality care:

- There was a clear staffing structure and accountability.
- The GP and nurse had lead roles and special interests in a number of long term conditions and health promotion to improve treatments and outcomes for patients.
- Practice policies and procedures were available to all staff. These policies were practice specific, regularly reviewed and revised; and readily available to for staff to refer to.
- Some of clinical and non-clinical audit were carried out to monitor and improve the quality of services provide to patients and to provide safe and effective care and treatment.
- There were systems for sharing and acting on learning from complaints to improve outcomes for patients.

### Leadership, openness and transparency

GPs and staff we spoke with demonstrated that the practice encouraged a culture of openness and honesty. There were clear lines of responsibility and accountability and staff were aware of these. Staff said that they were well supported and they felt able to speak openly and raise issues as needed. They told us that GPs were approachable and caring.

A range of scheduled and opportunistic clinical and non-clinical practice meetings and informal discussions were held during which staff could raise issues and discuss ways in which the service could be improved. Complaints and any other issues arising were discussed and actions planned to address these during the practice meetings.

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

The practice encouraged feedback from patients. Due to the size of the practice population this was done on an informal basis. Patients were invited to complete satisfaction surveys and there was a comments and suggestions box in the waiting area. However staff told us that this was not used by patients and that the majority of patients chose to give verbal feedback about the services they received. Feedback, which the practice received, was positive and patients indicated that they were happy with the level of service, care and treatment that they received.

The practice gathered feedback from staff through staff meetings and discussions. Staff told us they were encouraged to give feedback and discuss any concerns or issues with colleagues and management. They also told us they felt involved and engaged to improve how the practice was run.