

Noakbridge Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



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 Noakbridge Medical Centre on 6 July 2016. Overall the practice is rated as requires improvement.

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

- There was a system in place for reporting and recording significant events. However there was no policy in place and the documentation did not reflect discussions held and checks to demonstrate improvements had been embedded into practice.
- Patient safety and medicines alerts were shared within the clinical team. However, searches of patient records were not revisited to ensure all patients affected had been identified and the information appropriately actioned.
- Clinical and administrative staff had received appropriate safeguarding training and understood

their responsibilities and means of escalating concerns internally and externally. The practice was not following up patients who did not attend for a hospital appointment to see if they were at risk.

- The practice appeared clean and tidy. There was an appointed infection prevention control lead but they had not received appropriate training or support to undertake the role.
- The practice had appropriate arrangements in place for managing medicines safely.
- Appropriate recruitment records had not been maintained for a member of the clinical team such as proof of identification and professional registration.
- The practice had not undertaken a health and safety risk assessment to identify the risks to patients and staff.
- The practice had arrangements in place to respond to emergencies or incidents that may disrupt the service.

Summary of findings

- The most recent published results showed the practice had achieved 99% of the total number of Quality and Outcomes Framework (QOF) points available. This was above the local and national averages for clinical performance.
- There was a culture of clinical and administrative audit to promote understanding of performance and to inform quality improvements in services.
- The practice provided training to their staff. However, not all development needs of their clinical team had been addressed.
- Patients told us staff were friendly, polite and helpful and reported higher than local and national average levels of satisfaction with the practice nurse.
- The practice provided a range of clinical appointments including face to face, telephone, web GP and operated extended hours GP and nurse appointments on a Tuesday evening until 7.30pm. However, some patients reported difficulties making appointments, a reoccurring theme evidenced in discussions with the PPG since 2014.
- Patients reported lower than local and national levels of satisfaction with their experience of GP consultations in the national GP patient survey, 2016.
- The practice staff tried to resolve concerns at the time of reporting. Formal complaints were found to have been appropriately recorded, investigated and responded to. However, there was consistent documenting of discussions with persons relating to complaint investigations. Learning had been identified and changes to practice discussed with staff.
- The partners had the experience and ability to run the practice.
- Clinical meetings were held inconsistently and minutes taken were found to be incomplete. They lacked evidence of discussion, decisions, actions assigned, dates for review or completion of tasks.
- The practice spoke highly of their patient participation group and acted on issues raised.
- The practice engaged in opportunities to continuously learn and make improvement at all levels of the service.

The areas where the provider must make improvement are:

- Ensure infection prevention control procedures are robust and where areas for improvement are identified ensure appropriate action has been taken and recorded. Provide training of staff to undertake infection control duties. .
- Undertake a health and safety and legionella risk assessment as required by legislation.
- Act on patient feedback and improve patient satisfaction by responding to the results of the national GP patient survey.

The areas where the provider should make improvement are:

- Ensure appropriate recruitment records are maintained for all staff.
- Produce a significant incident policy and ensure the recording of discussions, actions and checks to ensure changes have been embedded into practice.
- Formalise and review following up on children or vulnerable persons who fail to attend hospital appointments.
- Ensure staff development needs are addressed through training and evidenced within their personnel records.
- Ensure accurate records are maintained of clinical meetings, including attendance, discussion, actions allocate and outcomes.
- Ensure consistent documenting of discussions with persons relating to complaint investigations.
- Consider formalising the vision and strategy for the practice.
- Revisit patient medicine alerts to ensure all patients that may be adversely affected have been appropriately identified and medicines reviewed.

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 requires improvement for providing safe services.

Requires improvement



- There was a system in place for reporting and recording significant events. There was a policy. However, the documentation failed to reflect discussions held and checks to demonstrate changes had been embedded into practice.
- Patient safety information was shared within the clinical team and appropriately actioned.
- Clinical and administrative staff had received appropriate safeguarding training and understood their responsibilities and means of escalating concerns internally and externally. However, the practice did not have a policy or established process for ensuring they followed up on patients failing to attend for their hospital appointments to assess whether they were at risk.
- The practice appeared clean and tidy. There was an appointed infection prevention control lead but they had not received appropriate training or support to undertake the role. Infection control procedures and monitoring were not being carried out effectively.
- The practice had appropriate arrangements in place for managing medicines safely.
- Appropriate recruitment records had not been maintained for a member of the clinical team such as proof of identification and professional registration.
- The practice had not undertaken a health and safety or legionella risk assessment to identify, assess and mitigate the risks to the health and safety of their staff and patients.
- The practice had arrangements in place to respond to emergencies or incidents that may disrupt the service.

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 on local and national guidance.
- The most recent published results showed the practice had achieved 99% of the total number of Quality and Outcomes Framework (QOF) points available. This was above the local and national averages for clinical performance.

Summary of findings

- Data showed the practice had below the local and national averages for their patients attending accident and emergency departments. The practice reviewed all attendances and admissions.
- There was a culture of clinical and administrative audit to promote understanding of performance and to inform quality improvements in services.
- There was evidence of training and development for clinical and administrative staff. However, where development needs had been identified it was not always clearly evidenced how these had been met and when.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. However, this was not evident within the records of the practice clinical meetings.

Are services caring?

The practice is rated as good for providing caring services.

- Patients told us staff were friendly, polite and helpful.
- Patients reported higher than local and national average levels of satisfaction with the practice nurse.
- Lower levels of satisfaction were reported by patients with the practice GPs in 2015.
- The practice identified carers and notified them of services and support agencies that may benefit them.

Good



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- The practice provided a range of clinical appointments including face to face, telephone, web GP and operated extended hours GP and nurse appointments on a Tuesday evening until 7.30pm.
- Patients reported difficulties calling the practice to obtain appointments. This was a reoccurring theme evidenced in discussions with the PPG since 2014.
- The practice staff tried to resolve concerns at the time of reporting. Formal complaints were found to have been appropriately recorded, investigated and responded to. However, there was consistent documenting of discussions with persons relating to complaint investigations. Learning had been identified and changes to practice discussed with staff.

Requires improvement



Summary of findings

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice philosophy was to provide good care and educate, encourage and support patients to self-care for their conditions.
- There were governance frameworks in place monitoring clinical performance. However, inconsistent arrangements were in place to identify, manage and mitigate risks such as for infection prevention control or health and safety.
- The partners had the experience and ability to run the practice.
- Clinical meetings were inconsistently held and the records found to be incomplete. They lacked evidence of discussion, decisions, actions assigned, dates for review or completion of tasks.
- The practice spoke highly of their patient participation group and acted on issues raised.
- The practice enthusiastically engaged in opportunities to continuously learn and make improvement at all levels of the service.

Requires improvement



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 provider was rated as requires improvement for safe, responsive and well-led and good for effective and caring. The issues identified as requires improvement overall affected all patients including this population group. There were however examples of good practice.

- The practice participated in the admission avoidance programme for those patients at risk of being admitted to hospital. The practice contacted all their patients within three days of being discharged from hospital to review their care.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- The practice offered shingles and pneumococcal vaccinations to patients.
- They worked with the local dispensing pharmacist to provide patients with dosette boxes.

The practice provided senior health checks and conducted tissue viability (wound care and leg ulcers) for mobile patients.

- The practice worked with partner health and social care services including the community care coordinator promoting independent living.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe, responsive and well-led and good for effective and caring. The issues identified as requires improvement overall affected all patients including this population group. There were however examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice has a high QOF achievement in the assessment and delivery of interventions for the management of chronic diseases.
- 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 the practice nurse and relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as requires improvement for safe, responsive and well-led and good for effective and caring. The issues identified as requires improvement overall affected all patients including this population group. There were however examples of good practice.

- The practice offered a range of contraception services and sexual transmitted infection screening.
- The practice participates in child health surveillance and immunisation rates were high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme for 25- 64year old women was good achieving 87%, which was better with the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Staff had received training in child safeguarding but the practice did not follow-up children who did not attend for their hospital appointments to identify whether they were at risk.
- Patients benefitted for the regular attendance of midwives and health visitors to the surgery. They conducted antenatal and post natal care, six week baby checks and provided breast feeding advice.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe, responsive and well-led and good for effective and caring. The issues identified as requires improvement overall affected all patients including this population group. There were however examples of good practice.

- The practice offered a range of smoking cessation interventions including replacement therapies.
- The practice offered a travel vaccination service including being a yellow fever vaccination centre.
- The practice offered a range of clinical interventions including minor surgery incisions, excisions and joint injections
- A full range of health promotion and screening services were available to patients. For example, over 40years of age health checks, cholesterol and blood pressure checks and cardiovascular risk checks.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe, responsive and well-led and good for effective and caring. The issues identified as requires improvement overall affected all patients including this population group. There were however examples of good practice.

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Staff had received training in safeguarding for vulnerable adults but the practice did not follow-up adults who did not attend for their hospital appointments to identify whether they were at risk.
- The practice offered longer appointments for patients with a learning disability.
- The practice worked with other health care professionals in the case management of vulnerable patients through their patient record system.
- 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 provider was rated as requires improvement for safe, responsive and well-led and good for effective and caring. The issues identified as requires improvement overall affected all patients including this population group. There were however examples of good practice.

- The practice achieved above the national average for their management of patients with poor mental health. For example, 97% 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 88% 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 86% in comparison with the national average of 84%.
- The practice told us they worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including counselling services

Requires improvement



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia and escalate concerns to specialist services.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. 291 survey forms were distributed and 117 were returned. This represented a response rate of 40%. The results showed the practice was performing below local and national averages for patients being able to contact the practice. For example;

- 39% of respondents found it easy to get through to this practice by phone compared to the local average of 72% and the national average of 73%.
- 69% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 83% and the national average of 85%.
- 55% of respondents described their experience of making an appointment as good compared to the local average of 71% and the national average of 73%.

- 68% of the patients who responded stated they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 74% and 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 23 comment cards which were overwhelmingly positive about the standard of care received from all the practice staff. They told us they received a friendly service from the practice staff and a good service from the clinical team.

We spoke with a representative from the patient participation group. They told us some patients reported experiencing difficulties obtaining appointments, often required to call on the day. They told us patients had confidence in the clinical team and that all the permanent clinicians were patient, professional and caring during consultations.

Areas for improvement

Action the service **MUST** take to improve

- Ensure infection prevention control procedures are robust and where areas for improvement are identified ensure appropriate action has been taken and recorded. Provide training of staff to undertake infection control duties.
- Undertake a health and safety and legionella risk assessment as required by legislation.
- Act on patient feedback and improve patient satisfaction by responding to the results of the national GP patient survey.

Action the service **SHOULD** take to improve

- Ensure appropriate recruitment records are maintained for all staff.
- Produce a significant incident policy and ensure the recording of discussions, actions and checks to ensure changes have been embedded into practice.

- formalise and review following up on children or vulnerable persons who fail to attend hospital appointments.
- Ensure staff development needs are addressed through training and evidenced within their personnel records.
- Ensure accurate records are maintained of clinical meetings, including attendance, discussion, actions allocated and outcomes.
- Ensure consistent documenting of discussions with persons relating to complaint investigations.
- Consider formalising the vision and strategy for the practice.
- Revisit patient medicine alerts to ensure all patients that may be adversely affected have been appropriately identified and medicines reviewed.

Noakbridge Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Noakbridge Medical Centre

The Noakbridge Medical Centre is situated in a residential area of Basildon. There is patient parking facilities and on street parking nearby. There are three GPs (One male GP partner, one salaried female GP and a locum GP currently male). They are supported by a female practice nurse and an administrative team overseen by the practice manager, also a partner.

The practice has approximately 3684 patients registered with the practice. They serve a broad demographic with high levels of deprivation amongst children and older people. Their male patients have a lower than the national life expectancy.

The practice is open 8am to 6.30pm Monday, Wednesday, Thursday and Friday. The practice nurse works Monday, Tuesday, Wednesday and Friday. The practice operates extended hours on a Tuesday evening until 7.30pm.

Appointments are from 8am to 1pm and 3pm to 6.30pm. They may be booked two weeks in advance and on the day from 8am. Patients are also able to book appointments with GPs, practice nurses or a healthcare assistant at the local GP Hub service operating from 6.30pm to 8pm Monday to Friday and 8am to 8pm on Saturday and Sundays.

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.

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 6 July 2016. During our visit we:

- Spoke with a range of staff (practice manager, reception team, GPs and practice nursing team) and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- 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

The practice told us they encouraged staff to report and recording significant events. They told us they recorded concerns that may be potentially detrimental to patient care and from which they could learn from and improve the safety of services. We found six incidents had been reported within the last year. These related to breach of confidentiality, insufficient clinical resources to respond to demand, infection prevention control risk (sharps bin) and the conduct of a patient. We saw all had been recorded appropriately, including analysis of what went well and what could have been done better. However, we found no reference to who the incidents had been discussed with and how learning identified had been shared and embedded into practice. The practice told us where wider findings were identified such as failing by hospitals or clinical specialisms these were shared with the Clinical Commissioning Group locality lead. These were escalated formally for a documented explanation.

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. The practice told us that they conducted a search on their patient system to identify those patients potentially adversely affected and reviewed their clinical care. The lead GP demonstrated this process to us on the day of the inspection. The practice did not routinely revisit the searches to identify additional patients who may have been prescribed the medicines following the alert.

Overview of safety systems and processes

The practice had some defined 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. These arrangements reflected relevant legislation and local requirements. Guidance was accessible to all staff and outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received

training on safeguarding children and vulnerable adults relevant to their role. Members of the clinical team (GPs and practice nurse) were trained to child safeguarding level 3. However, we found the practice did not have a policy and established process to ensure they followed up on non-attendance by children or vulnerable persons at hospital appointments.

- Notices were displayed within the consultation and treatment rooms advising 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 appeared clean and tidy. The practice nurse was the infection control clinical lead and had undertaken online training but no role specific training required to undertake additional duties. The practice nurse in partnership with the practice manager had undertaken an infection checklist of the overall premises in November 2015. It had not identified areas that presented the greatest risk and how these were to be mitigated such as through more regular cleaning. The practice had identified that improvements could be made with the introduction of wipe down chairs, but not what actions had been taken. Basic cleaning schedules were maintained but these failed to evidence, what, when and how individual equipment and rooms had been cleaned including areas where minor surgery was performed.
- 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 medicines. The practice carried out regular medicines audits, working closely with the local medicine management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to

Are services safe?

allow the nurse to administer medicines in line with legislation. Patient specific directions were adopted by the practice to allow the nurse to administer specific travel vaccinations.

- We reviewed three personnel files for clinical and non-clinical staff. We found both administrative members of staff had appropriate recruitment checks undertaken prior to employment. For example, proof of identification, references, qualifications and the appropriate checks through the Disclosure and Barring Service. However, we found that a clinical member of staffs file was incomplete without references, identification and proof of professional registration. We spoke to the member of staff who confirmed references had been requested and obtained, identification and proof of registration provided prior to starting employment. We checked their personal professional registration and found that they were appropriately qualified to carry out the role.

Monitoring risks to patients

Some risks to patients had been assessed and mitigated. For example;

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Permanent staff covered one another planned and unplanned absence where practicable. In the absence of the lead GP and salary GP locums were commissioned to maintain clinical capacity.
- The practice had a fire risk assessment dated July 2016 and maintained records of regular fire alarm tests. Fire safety equipment was checked in October 2016 and staff had fire safety marshalling responsibilities.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

However, improvements were required in respect of the practices policies and procedures for monitoring and managing risks to the health and safety of patients and staff. The practice manager was the appointed health and safety lead. We were shown a completed health and safety assessment addressing a range of hazards. However, the health and safety policy was incomplete. It listed responsibilities but provided no details. They had produced a physical security of premises and equipment checklist dated March 2016. However, this was also incomplete and the risks identified were not rated or aligned to a managerial response. The practice had also conducted no legionella risk assessment in place but had commissioned testing of their water supply. Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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.
- All staff received annual basic life support training.
- The GPs maintained a visit bag and emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. An accident record book was available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included alternative premises to relocate to and 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. The practice clinical team maintained their knowledge of national and local guidelines individually and collectively through clinical discussions and audits. There was also guidance literature displayed within consultation rooms such as the NICE traffic light system for identifying risk of serious illness.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 99% of the total number of points available. This was above the local and national averages for clinical performance. The practice had low exception reporting at 4.8%. This was below the local average by 2.1% and the national average of 4.4%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/2015 showed the practice achieved above the national averages in the following areas of QOF performance:

- 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 99% 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, 97% 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 88% 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 86% in comparison with the national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was comparable with the national average achieving 91% in comparison with 84% nationally.
- The percentage of patients with asthma on the register who had an asthma review in the preceding 12 months that included an assessment of asthma control was 83%. This was higher than the national average of 75%.
- The practice also achieved 97% above the national average of 90% for the percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the medical research dyspnoea scale in the preceding 12 months.

The practice were also performing above local and national averages for the following areas of clinical practice;

- The practice had higher levels of prescribing of safer non steroid anti-inflammatory medicines 82% in comparison to the local average of 73% or the national average of 77%.
- The practice screened a higher number of patients with chronic obstructive pulmonary disease in comparison to the local average and national average. The practice explained that they were committed to the early identification and promoting self-management of conditions to enhance patients health and wellbeing.

The practice had below the local average for accident and emergency admissions for ambulatory care sensitive conditions (7.41 per 1,000 of the population) compared to the national average of 14.8 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 they identified all patients who had attended and/or been admitted to hospital and contacted them within three days of discharge to ensure their care needs were being fully met.

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit. The practice had conducted a number of clinical audits relating to medicines management, minor surgery and accident and emergency attendances, patients who failed to attend appointments and the use of chaperones.

We looked at two clinical audits relating to medicine management and minor surgery. These were continuing audits conducted yearly. The medicine management audits were aligned to patient safety alerts. The practice identified patients who may be adversely affected, reviewed their clinical care and shared their findings amongst the clinical team. The minor surgery audit addressed the obtaining of consent, histology rates and complications and infection. The audit found the practice had consistently achieved low complication and infection rates and good clinical outcomes for their patients.

Effective staffing

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

- The practice had an induction information pack include aide memoires for their locum GPs. This included referral processes and practice services available such as when other health care professionals were in attendance. It also included responsibilities in the lead GP partner or salaried GPs absence such as checking test results and hospital discharges.
- The practice could demonstrate how they ensured role specific training and updating for some relevant staff. For example, the practice nurse administered vaccines and took samples for the cervical screening programme 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.
- All staff had received an appraisal or had received an initial appraisal meeting with their substantial review scheduled. The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs and in response to complaints. However, we found it was not always clear how the training received related to the staff members development needs. There was also an absence of documentation to show if or where training had been provided and completed successfully. For example, wound dressings training was identified for the practice

nurse but had not been commissioned or completed. The practice nurse had also identified the need for peer supervision to support her revalidation and this had also not yet been secured.

- Staff were able to access a range of training that included: safeguarding, fire safety awareness, basic life support, customer care, equality and diversity and information governance. Staff had access to and made use of e-learning training modules.

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. They included care and risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example through the assessment and management of their patients on the admission avoidance register and when referring patients to other services and tasking and responding to requests from other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Regular meetings had previously taken place with other health care professionals as part of their multidisciplinary meetings, last held in August 2015. However, these had been discontinued as local funding for the meetings had been stopped. The practice told us they invited other health and social care professionals to attend and contribute to their clinical meetings.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. All clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. This was read coded within their patient clinical records including the name of the authorising guardian. Where a patient's mental capacity to consent to care or treatment was unclear the

Are services effective?

(for example, treatment is effective)

GP assessed the patient's capacity and, recorded the outcome of the assessment. Written and verbal consent was obtained for all patients undergoing minor surgery. The practice had also monitored the process for seeking surgical consent.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation (including replacement therapies). Patients were also signposted to the relevant service.

The practice had a higher than local and national average of new cancer cases. They encouraged their patients to attend national screening programmes. Data from the National Cancer Intelligence Network showed the practice had above the local and national rates of screening for their patients in some areas. For example;

- The practice's uptake for the cervical screening programme for 25- 64year old women was good achieving 87%, which was better with the national average of 82%.
- The practice's uptake for the screening of women age 50-70 years for breast cancer in the last 36 months was 65% comparable with the local average 69% but below the national average 72%. However, they had higher

screening rates for women within the same age band for attendance within six months of their invitation. The practice achieved 83% above the local average of 71% and the national average of 73%.

- The practice uptake for screening persons aged 60-69 years of age for bowel cancer within six months of their invitation was comparable with the local and national average achieving 57% as opposed to 58%.

The practice told us they received notification of patients failing to attend screenings but did not actively address this with them. However, following the inspection the practice told us they would be contacting patients to discuss concerns and reschedule their screening checks with the patients consent.

Childhood immunisation rates for the vaccinations given were comparable to local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 100% and five year olds from 94% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. 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

We saw that members of staff were polite, patient and helpful to patients and treated them with dignity and respect. There were disposable curtains provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. All consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. The practice told us they knew their patients and if they wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The 23 patient Care Quality Commission comment cards we received were overwhelmingly positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were approachable, helpful, caring and treated them with dignity and respect.

We spoke with a representative from the patient participation group (PPG). They also told us patients were satisfied with the permanent members of the clinical team, but had concerns relating to the use of locum GPs. They told us the GP partner and salaried GP were polite, attentive and professional. They listened to concerns and explained options to them. They had confidence in their assessments and clinical judgements. Comment cards completed by patients highlighted 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 reported low levels of satisfaction than local and national averages with the service they received from the GPs. For example:

- 78% of respondents said the GP was good at listening to them compared to the clinical commissioning group 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%.
- 92% of respondents said they had confidence and trust in the last GP they saw compared to the local average of 93% and the national average of 95%.

- 76% 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%.

Patients had also reported below the local and national levels of satisfaction with the reception team. 75% of respondents said they found the receptionists at the practice helpful compared to the local average of 85% and the national average of 87%. This was not supported in the comments received from patients or the conversation held with the PPG.

However, respondents reported high levels of satisfaction with the practice nursing team. For example, 98% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 90% and the national average of 91%.

Care planning and involvement in decisions about care and treatment

Patients reported receiving a good service from the nurse with above the local and national average for being involved in decision making about the care and treatment they received. However, the patients reported less favourably on their experience with GPs than local and national comparable data.

Results from the national GP patient survey published in January 2016, showed low levels of satisfaction regarding their involvement in planning and making decisions with their GP. For example, 73% 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%. 70% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the local average 76% and the national average of 82%.

The practice told us patients had voiced their dissatisfaction with their use of locum GPs during the temporary absence of their salaried female GP in 2015. The practice produced evidence of the lead GP partner's patient feedback from 2014 and the salaried GP patient feedback from 2013. These showed consistently high levels of satisfaction reported by patients in respect to the care provided and their experience of the consultation.

Patients were consistently complimentary about the practice nurse. 90% of respondents in the national GP patient survey published in January 2016 said the last

Are services caring?

nurse they saw was good at involving them in decisions about their care. This was above the local average 85% and the national average of 85%. Patient feedback from the comment cards we received was also positive and aligned with these views.

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 and those would require assistance due to a hearing impairment. We saw the practice website could also be translated into a number of languages.

Patient and carer support to cope emotionally with care and treatment

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. Information about support groups was also available on the practice website. The lead GP also provided palliative care patients with a direct contact number to access the clinical team.

The practice's computer system alerted GPs if a patient was also a carer. The practice had a nominated carer's champion who identified and coordinated services to their patients who were carers. They had identified 34 patients as carers (1% of the practice list). The practice sent texts or called them to notify them of services such as seasonal vaccinations and provided written material and signposting to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was aware of the needs of their local population and had implemented a series of changes to their appointment systems to improve patient access to the service. For example,

- 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.
- Access to WebGP, an online service where patients were guided through a series of questions about their concern and signposted to an appropriate service, such as a pharmacist or a GP.
- Patients were also able to access the GP hub service provided through the Basildon and Brentwood clinical commissioning Group. This enabled patients to access and book GP, practice nurse and healthcare assistant appointments from Monday to Friday between 6.30pm to 8pm and Saturday and Sunday between 8am to 8pm.
- There were telephone appointments available on the same day.
- Patient notes were coded to alert staff of clinical needs and prioritise access for appointments. For example, patients on the admission avoidance register were permitted priority access to clinicians.
- Longer appointments were available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice provided contraception services, including long acting reversible contraception and screening for sexually transmitted diseases.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately such as the yellow fever vaccination.
- Minor surgery for incisions, excisions and joint injections were conducted at the practice.
- The practice nurse undertook tissue viability assessments for patients requiring wound care.

- There were facilities for the disabled, such as a designated parking bay but no assisted entry systems.
- There were translation services available including for patients with hearing impairments.
- The practice had designated child changing facilities and a weekly visit from the health visitor and midwife who conducted a range of antenatal and postnatal care.
- The practice conducted non NHS services including Heavy Goods Vehicle medical assessments, adoption and insurance reports.
- Patient information boards were displayed within the waiting areas. For example providing information on chronic disease, disability and carer services.
- The practice worked closely with their local pharmacist speaking daily to ensure the timely an appropriate management of patient's medicines.

Despite this range of services the results from the national GP patient survey published in January 2016 showed lower than the local and national levels of satisfaction with their overall experience of the surgery. 75% of respondents described their experience as good compared to the local average of 82% or the national average 85%. The practice had taken no specific action to address the low levels of satisfaction.

Access to the service

The practice opened 8am to 6.30pm Monday, Wednesday, Thursday and Friday. The practice operated extended hours on a Tuesday evening until 7.30pm. Appointments are from 8am to 1pm and 3pm to 6.30pm and may be booked two weeks in advance and on the day from 8am. Urgent on the day appointments and telephone appointment were also available for people that needed them. Patients were also able to book appointments through the GP hub service from 6.30pm to 8pm Monday to Friday and 8am to 8pm Saturday and Sunday. The practice nurse worked Monday, Tuesday, Wednesday and Friday at the practice and the female GP worked all day Monday and Thursday morning.

The practice told us how they had coded patient records to identify those at risk, such as those on their admission avoidance programme, palliative care patients, patients who were known to have experienced domestic violence, vulnerable children and adults and frequent accident and emergency attenders. This was intended to assist staff to prioritise their access to the clinical team.

Are services responsive to people's needs?

(for example, to feedback?)

We asked the practice when the next available bookable appointments were with the practice clinical team. An appointment was available a week on Friday with a GP and the following week with a practice nurse. However, earlier appointments were available through the GP hub service, daily online consultations with the practice GPs or urgent appointments on the day.

The practice had introduced changes to their access and appointment systems in 2015 specifically aimed at meeting the needs of the working age patients who experience difficulties attending the surgery. These were the introduction of WebGP and the Hub clinics providing extended out of hours clinical provision. Telephone appointments were also offered for some medication reviews, sickness certificates, blood and test results.

Despite this, results from the national GP patient survey, published in January 2016 showed that patient's continued to report low levels of satisfaction with how they could access care and treatment. For example;

- 65% of respondents were satisfied with the practice's opening hours compared to the local average 73% and the national average of 75%.
- 39% of respondents said found it easy to get through to the practice by phone compared to the local average 72% and the national average of 73%.
- 55% of respondents described their experience of making an appointment as good. This was below the local average of 71% and the national average of 73%.
- 88% of respondents said the last appointment they got was convenient below the local average 91% and the national average 92%.

The practice accepted improvements were still required to improve their patient experience of the service and particularly making appointments. However, no action had been taken to improve the situation. The practice had a single phone line into the building. Whilst they employed two reception staff during busy morning periods, a single

member of staff was responsible for managing enquiries in the afternoon. This resulted in potential delays in them answering the phone if speaking with patients. There was no call answering, call waiting or prioritisations service in place.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The practice had a defined complaints procedure. That included reference to patient advocacy services and their right to appeal the practice findings should they be dissatisfied with the outcome of their investigations. The practice manager was the designated responsible person for handling complaints and reviewed them in partnership with the lead GP. Staff told us they would try to resolve complaints at the time of reporting and escalate any concerns to the practice manager.

The practice had recorded 19 written or verbal complaints during 2015 to 2016. These fell under the following areas, staff conduct, appointment availability, confidentiality, medicine management, clinical assessments and judgements and administration (including referrals). We looked at three complaints received in the last 12 months and found all had been acknowledged, investigated and responded to appropriately. The practice had addressed all the concerns raised and spoken with staff including members of the clinical team to obtain their accounts. However, this had not been consistently documented. Where appropriate, apologies had been given and lessons learnt identified and shared.

The practice had identified an increase in the number of complaints received since 2009. However, the practice believed this related to a growth in patient expectations of the service and demands for greater accessibility. Trends in complaints were scheduled to be discussed with all staff during their staff meeting and personal appraisal meetings scheduled for the summer of 2016.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice philosophy was to provide exemplary primary health care services to all their patients and encourage self-care, understanding and attention to promote healthy lifestyles. The practice aspired to work as a team who were professionally content and well-motivated. We spoke to the practice team who shared these common objectives and spoke highly of their patients. They valued the opportunity to provide care to the Noakbridge community.

The practice had no formal business plan or recorded vision or strategy for their development. However, they spoke of their potential future challenges such as recruitment to clinical positions, aspirations to be a training practice and growing patient demand and patient numbers. The latter issues were of particular concern to the patient participation group due to proposed new housing developments in the area over the next three to five years.

Governance arrangements

The practice had governance frameworks in place which supported the delivery of their clinical programme and promoted good quality care. For example,

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were available to all staff.
- A comprehensive understanding of the clinical performance of the practice was maintained through close monitoring of patient attendance at clinical reviews, screening and immunisations programmes.
- There was strong emphasis on clinical and administrative auditing to monitor quality, make improvements and embed changes to improve services.

However, we also found there were inconsistent arrangements for identifying, recording and managing risks, issues and how these should inform safe practices. For example, there was no overarching infection prevention control audit identifying potentially high risk areas of practice such as surgical interventions. Such areas should have attracted more frequent cleaning and detailed recording keeping. The staff member appointed to undertake the role had not received appropriate support or

supervision. There was also no health and safety or legionella risk assessment in place and the risks associated with the reporting and investigation of significant events had not been acted on effectively.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience and capability to run the practice. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). However, the recording of discussions and decisions could be improved

There was a clear division of tasks amongst staff with designated lines of accountability. The clinical team had specific areas of interest and lead roles. For example, the management of chronic disease, minor surgery, contraception, family planning, gynaecology and travel health.

Staff told us the practice held regular team meetings. We reviewed the last practice meeting minutes from May 2016. The meeting had been attended by both partners and members of the administrative team. There was a comprehensive agenda but an absence of any discussion documented, including rationales for decisions. There were no timescales recorded for the review or completion of actions allocated.

The practice told us regular clinical meetings were held. We reviewed six clinical meeting agendas from February 2015 to January 2016. They lacked details of discussions, decisions such as actions assigned, who was appointed responsibility and when tasks were to be reviewed or completed by. There was also no evidence of how the meetings had been shared with the wider clinical team.

The last clinical meeting was held in 25 April 2016. We found tasks had been assigned to be completed within a month but there had been no further clinical meetings held in May 2016 or June 2016 to review progress. We also found

Are services well-led?

Requires improvement 

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

only one of the six significant incidents recorded within the last 12 months had been discussed during the clinical meetings and another had been discussed during a practice meeting in May 2016.

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

The practice told us they valued their relationship with their patient participation group (PPG) and spoke positively of their role. We reviewed the last PPG meeting minutes from 30 June 2016. The meeting was well attended by patients and members of the practice clinical and management team. During the meeting they discussed the potential impact of housing developments on the practice list size, the return of the salaried female GP, opening times and appointments. The practice also told us of how they had responded to issues raised by the PPG such as introducing a prescriptions box and information boards for patients.

However, patients had repeatedly reported difficulties obtaining appointments evidenced in their PPG meeting minutes from 2014 and the national GP patient survey, published in January 2016. However, the practice had not responded to their specific concerns.

The practice spoke informally and formally with staff at practice meetings and appraisals. Staff told us they enjoyed working at the practice, they felt valued by the partners and each another. They spoke of a culture of openness and honesty amongst staff and confident to challenge one another. The practice said that they appreciated the commitment of their staff and their thoughts regarding how the practice was run.

Continuous improvement

The practice was active within Basildon and Brentwood CCG and engaged in research opportunities such as the Diabetes Alliance for Research in England. They continually strived to be active within the wider health community educating patients in the identification and better self-management of chronic diseases. They had planned to conduct a series of health awareness talks to educate patients in relation to COPD and minor illness in response to conversations held with their PPG.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with the absence of appropriate infection prevention control assessments including staff training for the role, and assessing environmental and legionella assessments. The practice was not acting on patient feedback in order to improve patient satisfaction.</p> <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>