Drs Mitchell and Ahmad

Quality Report

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Date of inspection visit: 9 December 2015
Date of publication: 14/01/2016

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Mitchell and Ahmed, also referred to as Ballards Walk Surgery on 9 December 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed with all staff undergoing security checks.
- The practice was clean and tidy. Staff had received training on infection prevention control and annual infection control risk assessments had been conducted. Where actions had been identified, they had been addressed and appropriately resolved.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients told us they sometimes experienced difficulties making an appointment. This was acknowledged by the practice who had commissioned a new call management system to improve patient experiences. Urgent appointments were available the same day.
- The practice was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported and valued by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

However there were areas of practice where the provider should make improvements:

- The practice should formalise a business plan.

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?

Good

The practice is rated as good for providing safe services. The practice was visibly clean, tidy and hygienic. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed through health and safety assessments and infection prevention control audits. Medicines were managed appropriately and the practice worked closely with the CCG medicines management team. Recruitment checks had been conducted on staff and they had received appropriate basic life support training and were confident in undertaking their roles in an emergency.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were comparable or above national averages. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely in their clinical assessments. Patients' needs were assessed in partnership with health and social care professionals and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice consistently highly for having confidence and trust in their GPs and nurses and being treated with care and compassion by the practice team. Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness, patience, respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

Summary of findings

Patients said they sometimes experienced difficulties making appointments by phone. This was known to the practice who had commissioned a new phone waiting system intended to improve patient experiences. Patients told us staff were helpful and they could get appointments on the day when necessary. The practice were well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy and had conducted a forecast of future patient needs to support the recruitment of clinical staff. It was active within the Clinical Commissioning Group. It successfully led on the bid for additional funding to provide GP hub services. The GP Hub Service provides patients from 15 practices within Basildon and Brentwood Clinical Commissioning Group with access to clinical services outside normal practice hours. Monday to Friday they operate from 6.30pm to 8pm and every Saturday and Sunday from 8am to 8pm. Patients can pre-book appointments with GPs, practice nurses and healthcare assistants or walk in and wait to be seen. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it valued, encouraged and acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, patients over 65 years with chronic disease were invited for the flu, pneumococcal and age relevant shingle vaccine. The practice was responsive to the needs of older people, conducting regular multidisciplinary meetings working with the dementia care team, social services, community teams, occupational health and the ambulance services. In addition, the practice had access to a social worker, who worked in partnership with the GPs and care coordinator. The practice offered home visits, including evening and weekend appointments and rapid access appointments for those patients with enhanced needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice offered regular consultations, medicine reviews and follow ups. Flu and pneumococcal vaccinations were offered to all patients with a chronic disease. Longer appointments, home visits and evening and weekend appointments were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. The practice offered a range of clinics working in partnership with community services. For example the health visitor attended the practice twice monthly, the midwife attended twice weekly and ante and post natal checks were conducted weekly lead by a GP.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children

Summary of findings

and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified. The practice offered a range of appointments that included face to face, and telephone consultations, early and late appointments, online and web GP advice and guidance. The practice had an electronic prescribing service, providing patients with the convenience of collecting their prescription at their elected pharmacy. The practice was proactive in providing a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability overseen by a lead GP. It offered longer appointments for people with a learning disability. Non attendance by the patients was followed up.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and conducted regular medicine reviews. It had told 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)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). People experiencing poor mental health had received an annual physical health check. In addition, where appropriate, medication was prescribed weekly or two weekly to manage individual patient risks. Regular appointments were scheduled with patients where required and at short or no notice. The practice regularly worked with

multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia such as the Crisis Support Teams and Memory Clinics. They offered access to counsellors who attended the practice weekly; patients were invited and supported to self-refer. 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. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 369 forms distributed and 121 forms completed and returned, providing a response rate of 32.8%.

- 51.8% of respondents found it easy to get through to this surgery by phone compared with a CCG average of 72.4% and a national average of 73.3%.
- 89% of respondents found the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 60% of respondents with a preferred GP usually got to see or speak to that GP compared with a CCG average of 61% and a national average of 60%.
- 78% of respondents were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 93% of respondents said the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 62% of respondents described their experience of making an appointment as good compared with a CCG average of 72% and a national average of 73%.
- 79% of respondents usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.
- 67% of respondents felt they don't normally have to wait too long to be seen compared with a CCG average of 58% and a national average of 58%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were overwhelmingly positive about the standard of care received. Patients were complimentary about the patience and compassion all staff showed to them. They told us they were listened to and cared for. However, three patients who completed comment cards made reference to difficulties making appointments and one having difficulty getting through to the practice to make an appointment. The practice was aware some patients were experiencing difficulties making appointments and they had commissioned a new phone management system to improve patient experience. We spoke with four patients who all spoke highly of the professionalism and kindness the practice team showed them and their families.

Areas for improvement

Action the service SHOULD take to improve

- The practice should formalise a business plan.

Drs Mitchell and Ahmad

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Drs Mitchell and Ahmad

Ballards Walk Surgery provides services to approximately 7570 patients. Recently the surgery has experienced an increase in patients registering with the practice. The practice is owned and managed by three GP partners and supported by practice nurses, health care assistants and administrative team overseen by the practice manager. There are three male GPs and patients can access a female GP via the GP Hub Service. The GP Hub Service provides patients from 15 practices within Basildon and Brentwood Clinical Commissioning Group with access to clinical services outside normal practice hours. Monday to Friday they operate from 6.30pm to 8pm and every Saturday and Sunday from 8am to 8pm. Patients can pre-book appointments with GPs, practice nurses and healthcare assistants or walk in and wait to be seen.

The practice holds a contract a General Medical Services contract.

The practice was open between 8am and 6.30pm Monday to Friday. Consultations were conducted between 8.30am to 12noon and 4pm to 6.30pm. The practice operates as a GP hub clinic providing patients with access to clinical services (GP, practice nurses and healthcare assistants) from 6.30pm to 8pm and 8am to 8pm on a weekend, both Saturday and Sunday. After 8pm patients are diverted to the NHS 111 who provide advice and make referrals to the out of hours provider commissioned by Basildon and Brentwood CCG; IC24.

The practice offers an online GP service where advice, guidance and consultations may be held and treatments discussed and approved.

The practice has a comprehensive website. It provides its patients with access to online appointments and prescriptions. It provided details on their patient participation group and specific services and community support networks.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

Detailed findings

- 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 9 December 2015. During our visit we spoke with a range of staff and spoke with four patients who used the service. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events, this was known to all staff. We reviewed the practice significant incident log. There had been four incidents recorded since January 2015. All incidents had been appropriately recorded, investigated and action taken. Where mistakes had occurred the practice had apologised and provided the patient with a detailed explanation of events and remedial actions. The practice carried out an analysis of the significant events and there were no common themes.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Safety was monitored using information from a range of sources, including Medicine and Healthcare Products Regulatory Agency (MHRA). 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 searches on patient records on receipt of medicine alerts that may adversely affect their patients. The list of potential patients was then shared with the patients' GP for clinical review and patients spoken with if amendments to their medication were required.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. These could be accessed through the practice shared computer system. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role in both children and vulnerable adults.
- A notice was displayed in the waiting room and within the patient information leaflet, advising patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and information was displayed within the staff areas regarding how to report concerns. An environmental risk assessment had been conducted in 2015 and a health and safety annual statement had been produced. It confirmed appropriate risk assessments and staff training had been conducted.
- The practice had up to date fire risk assessments, reviewed in January 2015. Action points had been identified and addressed, such as the potential obstruction of fire exits and retention of potentially hazardous materials. Regular fire drills were carried out twice a year, and the last one was held in June 2015. Staff had fire awareness training and two staff were appointed fire wardens. All electrical equipment had been checked, in February 2015, to ensure the equipment was safe to use. Clinical equipment was checked in March 2015 to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as a risk assessment for legionella. The practice was identified as low risk but regularly ran their water taps to mitigate potential issues.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. The practice had an infection control lead. There was an infection control audit, dated May 2015 and we saw evidence that action was taken to address areas for improvement. There was an infection control protocol in place and staff had received general awareness training. We saw hand washing signs were displayed appropriately to promote hand hygiene.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice met with the local medicines management team and considered best practice recommendations. Where they

had concerns these were raised directly with the team. For example, the practice escalated patient concerns relating to dispensing discrepancies with pharmacies and/or requests from patients to prescribe specific medication on the recommendation of an external consultant. Prescription pads were securely stored and there were systems in place to monitor their use.

- The practice worked with their clinical commissioning group medicine management team in the development of a prescribing support plan for 2015-2016. This identified improvements proposed in areas of prescribing. Following receipt of the plan the practice had reduced their antibiotic prescribing by 20% within 12 months. We reviewed two patient group directives and two patient specific directives; both had been appropriately authorised by the GP and endorsed by the clinical team. Patient group directives are written instructions for the supply or administration of medicines to groups of patients who may not be identified before presentation for treatment. Whilst, patient specific directives are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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 that enough staff were on duty. For example, the practice operated a duty doctor system to ensure they could always ensure patients and professionals could access a GP for medical emergencies and enquiries from external partners, ambulance, hospitals and social care. The introduction of the hub clinic had also assisted the practice to continue to meet patient needs during unplanned staff absences.

Arrangements to deal with 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. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The practice told us how they had responded to an emergency and preserved the life of a patient whose health had deteriorated whilst at the practice. They had revised their procedures following the incident and all staff now had specific roles. Staff told us this made them feel more confident in responding in a timely and appropriate way to aid the emergency services.

There was also a first aid kit and accident book available; there was a single entry in 18 months, October 2014. The entry was investigated and remedial actions taken to mitigate the risk of it occurring again.

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 they may use in the event they are unable to access their building and can access to their patient record system remotely. Emergency contact numbers for staff and services were included.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The clinicians used clinical templates to ensure consistency in assessments especially for those patients with long-term conditions.

The practice had systems in place to ensure all clinical staff were kept up to date. The GPs led on clinical areas such as diabetes, medicine management, safeguarding and minor surgery. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments and clinical audits.

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. Results from 2014/2015 showed the practice achieved 100% of the total number of points available, with 8.7% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was better than the CCG and national average. The practice had 88% of their patients with diabetes, on their register who had received blood sugar checks as opposed to 77.54% nationally. All the practice patients with diabetes had received influenza immunisations in comparison with 94.45% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average achieving 81.26% in comparison with 83.65%.
- The practice performed better than the national average for the percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that includes an assessment of asthma control. The practice achieved 85.51% in comparison with the national average of 75.35%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 100% in comparison with the national average of 84.01%. The practice exception reporting for this was 20%, higher than the CCG average 9.4% and 11.7% above the national average. However, the practice had low exception reporting for the percentage of patients with a new diagnosis of dementia who had received monitoring checks before and after entering the dementia register. The practice reported no exceptions this was 8.8% below the CCG average and 8.4% below the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We were shown five completed clinical audits undertaken between April 2014 to March 2015. The audits included those relating to minor surgery and medication prescribing audits. All of the audits were complete, identifying actions; they had been discussed within the clinical team and were subject to annual audit. Some of the audits included patient satisfaction surveys. For example, all patients who had received minor surgical interventions had reported being satisfied.

The practice participated in applicable local audits, national benchmarking, and accreditation and undertook peer reviews. Findings were used by the practice to improve services. For example, the GPs reviewed colleague's referrals to secondary care to assess appropriateness. The practice also regularly reviewed clinician's referrals rates and rejections of referrals. These were discussed monthly during the practice management meetings to drive improvements. In November 2015 the practice met with the CCG medicine management team to examine and discuss their performance against similar practices within their CCG. The practice showed us their development plan to improve their performance such as reducing and reviewing medication types. They demonstrated measurable improvements in performance.

We reviewed the number of emergency admissions for ambulatory care sensitive conditions per 1,000 populations. The practice had a higher than national average rate at 17.51 as opposed to 12.2. The practice told us they regularly reviewed their accident and emergency admissions. They showed us a recent audit conducted in December 2015. It identified patients who had frequently

Good

Are services effective?

(for example, treatment is effective)

attended A&E three or more times between April and November 2016. All the patients who had attended were already on the practice admission avoidance list. Each had a care plan in place but the GPs reported challenges in changing behavioural patterns for some patients.

Effective staffing

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

- The practice had an induction programme for newly appointed staff. The programme included topics such as working hours, health and safety, confidentiality, sickness and fire safety.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice used their eLearning training system to identify role specific needs and monitor staff training and performance to cover the scope of their work. Their training included ongoing support during one-to-one meetings, appraisals, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- We reviewed the practice study and training policy, dated 2015. Staff received protected time to learn, once a month on a Tuesday and the GPs were entitled to one week study leave a year. Training included: safeguarding, fire awareness, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training through cascaded learning.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system. This included care and risk assessments, care plans, medical records and test results. The practice worked closely with the care coordinator and community service to provide caring and safe services for the frail and elderly patients, especially those who were house bound.

Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example through tasking professionals through their patient record system.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. The practice contacted vulnerable patients who had been discharged from hospital and where they had clinical concerns. Information and tasks were shared with partner services such as the care coordinator to assist in conducting holistic health and social assessments of patients care needs and ensuring they were being met.

We saw evidence that multi-disciplinary team meetings (attended by social workers, the end of life team and dementia teams) took place on a quarterly basis. Care plans were routinely reviewed and updated both as part of the meetings and as the patients clinical needs or circumstances changed. We saw attendees at the meetings were recorded and patients individually reviewed, actions identified, owners appointed, timescales allocated and subsequently reviewed at other meetings.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant Gillick competency guidance. Where appropriate the clinician would encourage the involvement of the patient's partner or family with their consent and were aware of potential safeguarding considerations in their assessments.

Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The practice reviewed all do not attempt resuscitation forms for their patients, especially on their discharge from hospital to ensure their appropriateness.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. A

Good

Are services effective?

(for example, treatment is effective)

range of interventions were provided by the practice healthcare assistants such as smoking cessation advice, where appropriate patients were signposted to local support groups.

The practice had welcomed the recommendations of Basildon and Brentwood Clinical Commissioning Group medicine management team to provide dietician advice to their patients. A dietician was attending the practice to provide advice to patients on oral nutritional products. This clinical need was particularly evident for vulnerable patients recently discharged from hospital with nutritional supplements and young children where there were reported alleges to cow's milk.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82.66%, which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.7% to 96.2% and five year olds from 96.3% to 100%. Flu vaccination rates for the over 65s were 76.31% as opposed to the national rate 73.24%, and at risk groups 37.64% at opposed to 46.46%. These were comparable to CCG and national averages.

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. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. The practice had a separate lobby area where patients reported on arrival and this reduced the potential of conversations being overheard by patients in the waiting area. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Disposable 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.

All of the 28 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity, respect and compassion.

The practice had a Patient Participation Group (PPG) on the day of our inspection. A PPG is a group of patients registered with the practice who work with the practice to improve services and the quality of care. The group of eight patients met regularly every couple of months and also involved the virtual patient participation group believed to consist of approximately 60 patients. They were asked for their views on issues to be discussed during meetings and the meeting minutes shared with them to keep them informed of decisions and discussions. The PPG meetings were advertised on the practice website and all patients were invited and welcomed to attend.

Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey, published July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was comparable or above the CCG and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 77% said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%
- 79% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and national average of 85%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 89% patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%

We reviewed the practice Friends and Family test survey results for April to September 2015. The practice had received 52 responses, and 48 of the patients who completed the survey stated they were likely or extremely likely to recommend the practice to prospective patients. The comments from patients were displayed within the practice for patients to read.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey, published July 2015 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

Good

Are services caring?

- 76% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. We found the practice website could easily be translated into different languages that were listed. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice encouraged and supported patients when they disclosed caring responsibilities. The practice's computer system alerted GPs if a patient was a carer. Their website advertised carer support services including financial and social support. Carers were encouraged to attend for health checks and influenza vaccinations. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. They may be offered a consultation at a time convenient with them or provided with advice on how to access support services. The visiting counselling service provided bereavement counselling and the practice worked closely with the hospices.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered their patients access to a GP hub clinic service. The GP Hub Service provides patients from 15 practices within Basildon and Brentwood Clinical Commissioning Group with access to clinical services outside normal practice hours. Monday to Friday they operate from 6.30pm to 8pm and every Saturday and Sunday from 8am to 8pm.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice conducted antenatal and postnatal checks by a lead GP and the midwife visited the practice weekly.
- The practice provided phlebotomy services for all their patients.
- There was ramp access into the building.
- The practice had a hearing loop and staff knew how to use it.
- The practice had access to interpreter services and staff had an awareness of sign language.
- The practice offered online appointment booking and electronic prescribing for patients who had nominated a pharmacy for their medicines to be dispensed from.
- The practice offered an online GP service for advice, guidance and signposting and where treatment may be discussed and approved.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Consultations were conducted between 8.30am to 12noon and 4pm to 6.30pm. The practice operated as a GP hub clinic providing patients with access to clinical services (GP, practice nurses and healthcare assistants) from 6.30pm to 8pm and 8am to 8pm on a weekend, The practice offered face to face and telephone appointments, an online GP service where advice, guidance and consultations may be held and treatments discussed and approved. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent on the day appointments were also available for people that needed them.

Results from the National GP Patient Survey, published July 2015 showed that patient satisfaction with how they could access care and treatment was comparable to local and national averages, with the exception of telephone access. People we spoke to on the day were able to get appointments when they needed them. For example:

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 52% patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 73%.
- 62% patients described their experience of making an appointment as good compared to the CCG average of 72% and national average of 73%.
- 79% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

We asked the practice about patients reporting difficulties getting through to them on the phone and reporting lower than national average levels of satisfaction with making appointments. They told us they were aware of the difficulties experienced by some patients getting through on the phone. The practice had commissioned a new phone scheduled to be installed in January 2016. They intended to review the effectiveness of the service, assessing waiting times and patient experience of making an appointment.

The practice monitored the number of appointments patients failed to attend for. For example, patients failed to attend for 115 appointments in October 2015 and 124 appointments in November 2015. This information was displayed on the practice website and on the noticeboard throughout the practice. Patients were encouraged by staff to notify the practice if they were unable to make their appointment so it may be reallocated.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

line with recognised guidance and contractual obligations for GPs in England. The practice manager was responsible for handling complaints in the practice and would ensure clinical input where appropriate.

We saw that information was available to help patients understand the complaints system. A notice was displayed within the patient waiting area including how patients may access advocacy services. The practice told us they received few complaints and where concerns were raised with staff these were addressed and resolved where possible at the time of reporting.

The practice had received two complaints within the last 12 months. They relating to a clinical care. Both complaints were referred to NHS England, and neither had been upheld. We saw that both complaints had been acknowledged, investigated and dealt with in a timely way with openness and transparency. Where appropriate, apologies were made.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, Findings and recommendations from the complaints were shared within the practice management meeting. We reviewed the practice meeting minutes and saw that learning points from complaints were shared with staff.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice were active within their Clinical Commissioning Group, advocating and supporting new innovative practices to improve patient access to services. The partners were enthusiastic, committed and passionate about their work and care for their patients and this was shared with their staff.

The GPs spoke about the complex and evolving local health economy and how they proposed to meet future challenges. Challenges such as managing their patients growing expectations and housing developments potentially placing greater demands on their services. Whilst the practice had no formal business plan they had undertaken needs forecasting, evidence in the appointment of a nurse prescriber. The appointment is intended to alleviate the increasing patient demands on GPs and they had enrolled her in appropriate role specific training to undertake the full range of her responsibilities.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held monthly. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. The practice invited patients to complete their friends and family test online. It also gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG and practice had jointly arranged a Christmas party for their patients to attend at the practice. This was intended to encourage patients who may feel isolated and lonely to attend and engage with the practice.

The practice had also gathered feedback from staff through daily discussions, appraisals and team meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management Staff told us they felt involved and engaged to improve how the practice was run and enjoyed coming to work.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice proposed and led on producing the bid for additional funding's to pilot a GP hub programme within Basildon and Brentwood Clinical Commissioning Group. The programme was proposed by 15 local GP practices and enabled them to provide a GP hub clinic to their patients

Are services well-led?

Good

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

outside of their normal operating hours, The GP hub service operated from 6.30pm to 8pm weekdays and 8am to 8pm weekends, Saturday and Sunday. The clinics were primarily staffed by the 15 practices clinical teams and enabled their patients to book into the clinic if unable to be facilitated within the practices own available appointments. The clinics were proving particularly popular with working aged patient unable to attend appointments during the working week.