

# Dr R B Marshall and Partners

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr R B Marshall and Partners on Wednesday 16 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording all events and reviewed to identify those which were significant events and ensure learning was identified, shared and embedded.
- Risks to patients were assessed and well managed.
- The practice was visibly clean and tidy, infection prevention control audits had been conducted and staff had training and guidance to maintain safe standards of care.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. The practice acknowledged and accommodated individual's needs in how it delivered care.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment face to face or over the phone with a GP, there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice were passionate and adopted reflective practice, listening to staff, patients and considering clinical best practice, identifying potential learning and amending practices to improve outcomes for their patients.
- There was a clear leadership structure, with documented business plans shared with the staff. Staff felt supported by management and enjoyed their work.

# Summary of findings

**Professor Steve Field**

**(CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording all events and investigating, responding and learning from significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice was visibly clean, tidy and safe, infection prevention control systems were audited and staff trained.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, including clinicians undertaking additional awareness training in domestic violence.
- The practice had an appointed GP led with responsibility for medicine management. They liaised with the CCG medicines management team, monitored and ensured safe and effective prescribing within the practice.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had a comprehensive clinical audits programme relevant to their patients' needs and demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff told us they felt valued and were supported evidenced in appraisals and personal development plans for all staff.
- Staff regularly worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than others for several aspects of care.

# Summary of findings

- Patients said they were treated with compassion, 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. Patients told us staff were attentive and resolved issues at the time of reporting where possible,
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Staff recognised individual patient needs and were sensitive and supportive when assisting patients. For example enabling patients with no fixed abode to access clean water and washing facilities.

## Are services responsive to people's needs?

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 to secure improvements to services where these were identified. For example, the practice provided open access to their practice nursing teams for health screenings, phlebotomy and vaccinations.
- Patients said they found it easy to make an appointment or speak with their GP, that there was continuity of care, with appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice benefitted from sharing the building with community health services such as health visitors, mental health services with injection clinics for psychotic patients, podiatry, renal diabetic screening, leg ulcer clinics and counselling services.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

Good



# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and responding in a timely and appropriate manner.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and respected.
- There was a strong focus on continuous learning and improvement at all levels as a training practice.
- The practice were active within their Clinical Commissioning Group promoting high patient care and advocating collaborative working.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. This was achieved through the involvement of partner services including the practice care coordinator.
- The practice conducted regular multidisciplinary meets and care planning.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice operated a bypass telephone access service for care homes and paramedics.

Good



### People with long term conditions

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

- The practice employed recall systems for chronic disease informed by national guidance.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines 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.
- Rescue packs for asthma and COPD patients were employed mitigating the risks of patients requiring emergency admission to hospitals
- The practice promoted and provided diagnostic equipment to assist patients to self-monitor their conditions.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Patients had open access to childhood immunisations. Immunisation rates were high for all standard childhood immunisations.
- The practice combined checked to enhance convenience for both mother and child conducting immunisations, eight week baby checks and postnatal care.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care offering early morning, evening and Saturday morning appointments and telephone consultations on the day.
- The practice was proactive in offering online services for appointments and prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. The practice permitted their address to be used by patients with no fixed abode to access services and welfare benefits, and their facilities for accessing clean water and washing.

Good





# Summary of findings

- It offered flexible and longer appointments for people where there was a need and weekly prescribing for patients at risk of inappropriate medication use.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and had care plans for over 2% of their most vulnerable patients.
- 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)

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

- 87.67% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was higher than the national average and they operated a recall system for patients who failed to attend.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had produced additional guidance for patients to assist carers for patients with dementia and poor mental health.
- It told patients experiencing poor mental health about how to access various support groups and voluntary organisations including providing open access to talking therapies.
- It carried out advance care planning for patients with dementia.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia and worked closely with the practice care coordinator to meet the patient's holistic needs.

Good



# Summary of findings

## What people who use the service say

What people who use the practice say

The National GP Patient Survey results published on July 2015 showed the practice was performing in most cases above the local and national averages. 339 survey forms were distributed and 109 were returned a response rate of 32.2%.

- 87% of respondents found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 92% of respondents found the receptionists at this surgery helpful compared to a CCG average of 85%, and national average of 87%.
- 89% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 84%, and national average of 85%.
- 97% of respondents said the last appointment they got was convenient compared to a CCG average of 91%, and national average of 92%.

- 84% of respondents described their experience of making an appointment as good compared to a CCG average of 72%, and national average of 73%.
- 57% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 66%, and national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received. Patients consistently referred to the compassion, support and commitment of the practice team to meet their holistic needs. They told us, reception staff were patient, taking time to listen to them and they got appointments on the day where required. They had confidence in the clinical team, explaining how they invited questions and took time to explain issues and give reassurance.

We spoke with three patients during the inspection. All of patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

# Dr R B Marshall and Partners

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a second member of staff from the CQC.

## Background to Dr R B Marshall and Partners

Dr R B Marshall and Partners is also referred to as Laindon Health Centre. The practice shares the centre with another GP practice, a dentist and community health services (health visitors, mental health service with injection clinics for psychotic patients, podiatry, retinal diabetic screening, leg ulcer clinics and counselling services). The administrative and nursing team are jointly employed by Dr R B Marshall and Partners and the other GP practice in the building with both practices sharing the waiting and treatment rooms.

Dr R B Marshall and Partners, consist of six partners and a salaried GP providing nine clinical sessions a week. There are five female GPs and four male GPs, including two Registrars. The practice shares their administrative and nursing team with their neighbouring practice. The nursing team consists of six practice nurses, two healthcare assistants and a care coordinator. The clinical teams are supported by receptionists, administrative staff overseen by a practice manager.

It is a training practice aligned to the Eastern Deanery and has two Registrars. GP Registrars are qualified doctors who are in training to become a GP through a period of working

and training in a particular practice. They will usually have spent at least two years working in a hospital before you see them in a practice and are closely supervised by a senior GP or trainer.

The practice has a patient population of approximately 13179. It serves a deprived community and Basildon, in which it is situated, has the highest under 18 year old conception rate in Essex.

The practice is open between 8am to 7.15pm Monday to Thursday, Friday 8am to 6.30pm and Saturday 8.45am to 12.45pm. Appointments are from 8.50am to 12.30pm and 3pm to 5.30pm Monday to Friday. Saturdays the practice is open from 9am to 12noon. Extended hours surgeries are provided 6.30pm to 7.10pm Monday to Thursday. Saturday openings is from 8.45am to 12.45 with consultation times from 9am to 12noon. These were for routine bookable appointments. The practice offers on line appointments and on line ordering of repeat prescriptions. Patients can request an on the day telephone consultation with a GP and/or nurse. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that needed them.

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

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

# Detailed findings

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 December 2015. During our visit we:

- Spoke with a range of staff, receptionists, medical secretaries, practice nurses, healthcare assistants, practice manager, GPs and a registrar and spoke with patients who used the service.
- Talked with carers and/or family members

- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording all events and investigating, analysing and learning from significant events. Staff told us they would inform the practice manager of any incidents. The practice had an incident record book kept at reception where all events were recorded. The practice had recorded 24 significant incidents over 12 months. These were investigated by a GP and the practice manager as appropriate, discussed and responded to with learning identified and shared both internally and externally where appropriate with partner services.

There was a clinical lead responsible for overseeing all safety alert information, 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. The practice repeated searches of their patient record system to ensure information had been appropriately actioned. However, they acknowledged these may benefit from being more regularly conducted to identify those patients inadvertently prescribed medicines in the interim largely by other health services.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. There was a clinical lead for safeguarding who oversaw and checked the correct coding of all safeguarding information relating to children and vulnerable adults at risk. The lead GP regularly met with health visitors and community nursing teams to discuss and ensure suitable arrangements were in place to safeguard the patients.

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. GPs, nurses and senior administrative staff were trained to Safeguarding level 3 and clinical staff also received training in domestic violence awareness. Staff benefitted for input from the national society for the protection of cruelty to children who attended the surgery, delivering training.

- A notice in the waiting room advised patients that nurses 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 check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. There was a lead GP for infection control who was supported by the senior practice nurse and the practice manager. We found an infection control protocol in place, annual infections prevention control audits had been conducted and staff had received up to date training.
- 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 carried out regular medicines audits, with the support of the local CCG medicines management team. We reviewed the practice prescribing performance within Basildon and Brentwood CCG and found them to be below the spending target for June 2014 to May 2015 and that they were prescribing was in line with best practice guidelines for safe prescribing. For example the practice were low prescribers for antibiotics.
- Prescription pads were logged into the practice. They were issued to GPs, securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We reviewed the practice record of PGD's which clearly detailed when they expired. We checked four PGD's and found all had been appropriately authorised. The practice had a system for production of Patient Specific

## Are services safe?

Directions to enable Health Care Assistants to administer vaccinations. 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.

- We reviewed three personnel files for administrative and clinical staff and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff were made aware of it during their induction. The practice had a fire risk assessment, fire safety equipment was in place and regular fire drills were conducted twice a year. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice actively monitored the service history of all equipment to ensure it was re-inspected. The practice also had a variety of other risk assessments in place to monitor safety of the premises, such as control of substances hazardous to health and infection control and legionella management plans.
- 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. The appointment system was overseen by a GP to ensure sufficient clinical and administrative capacity to respond to patient needs throughout the day. The practice had forecast changes in staffing and was recruiting for new staff in anticipation of staff changes in July 2016 as well as for two GP partners in 2016.

### Arrangements to deal with emergencies and major incidents

The practice had adequate 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 and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. Controlled drugs were held securely on the premises and had appropriate supporting guidance literature.
- The practice had a comprehensive disaster handling and business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice told us how they had used to the plan recently during the disruption to the practice mains power. Following the incident the practice reviewed their response. A copy of the disaster plan was now accessible to all staff within reception to aid a timely and appropriate response.



# Are services effective?

## (for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. A lead GP was appointed responsibility for reading, reviewing and producing usable NICE guidance for staff to inform their clinical practise. For example, the practice had received updated clinical guidance on cardiovascular risk assessments. The GP had reviewed the information with the clinical team and had identified and decanted the key component points. They had developed a single user friendly A4 guidance document for practitioners to refer to when delivering care and treatment that met peoples' needs.
- The practice monitored their adherence to guidelines through risk assessments and re-auditing. With appointed lead clinicians reporting to the partners and wider clinical teams in respect of their clinical areas e.g. medicines management, dermatology, surgery.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 2014/2015 published results showed the practice achieved 93% of the total number of points available, with 9% exception reporting, this was 2.1% above the CCG average but .2% below the national average. Data from 2014/2015 showed;

- Performance for diabetes related indicators was below the national averages. For example, the percentage of patients with diabetes on the register whose last measured cholesterol was at an appropriate low level was 71.53% as opposed to a national average of 80.53%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average with 81.53% as opposed to the national rate of 83.65%.
- Performance for mental health related indicators was similar to the national averages. For example, the

percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed plan documented in the record in the preceding 12 months was 91.36% as opposed to the national average of 88.47%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 91.36% as opposed to the national average of 89.55%.

- The percentage of patient diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was higher than the national average at 87.67% as opposed to 84.01%. The practice operated a recall system for patients who failed to attend.

The practice adopted a comprehensive clinical audit programme that demonstrated quality improvement.

- The practice recognised the need to learn and change and maintained a vigorous audit programme. We reviewed eight completed audits which included diabetes, effectiveness audits, outpatient referrals, two week cancer waits and all were relevant to their patients clinical needs. The practice Registrars had contributed to the audits as part of their training and development. We spoke with clinicians who were all enthusiastic about their audits and sharing their findings with their colleagues to improve patient outcomes. For example they identified trends in GP prescribing of hypnotics, they audited, educated and amended their prescribing habits to improve and enhance safe prescribing practice.
- The practice also participated in applicable local audits and national benchmarking. All referrals were subject to a quality assurance process where they were reviewed by a GP. This ensured they met referral criteria, mitigating the risk of the referral being delayed or rejected and ensuring the clinician's objectives were. The practice told us they had a low referral and rejection rate resulting in their patient's receiving timely and appropriate access to specialist services. For example, the practice had recognised disparities in their patient cancer conversion accuracy rates for dermatology referrals of malignant moles. They reviewed the referrals and introduced guidance to standardise their referrals. This was now consistently employed by the GPs improving their cancer conversion rates.

# Are services effective?

## (for example, treatment is effective)

### Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. GP Registrars received an individualised two week induction programme and spoke highly of the support they received from the practice team. All staff were provided with a comprehensive handbook detailing key policies relating to staff conduct and general administration such as reporting sickness, recruitment and whistleblowing.
- The practice ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. The Registrars told us that they received excellent support from their mentor and the wider clinical team with clinical reflection periods provided twice a day.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The nurses received a clinical appraisal led by a GP, reviewing their professional performance, and the practice manager was invited to contribute. Clinical supervision was available for the clinical team as well as support for the revalidation of doctors.
- Administrative staff received a series of one to ones with the practice manager and their heads of department. This was in addition to six monthly and yearly appraisals. Staff told us they appreciated the opportunity to speak directly with their manager and were supported and encouraged to accessing appropriate training to meet their learning needs and to cover the scope of their work. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support, health and safety and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system within the shared system.

- The practice contacted patients at high risk of readmission to hospital within 48 hours of discharge to ensure their care needs were sufficiently addressed. This included ensuring care and risk assessments were in place, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way. They had recognised the benefits from standardising their data recording using templates particularly for exchange of information with out of hour's services.

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 were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated with good attendance by all GPs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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.

### Health promotion and prevention

The practice identified patients who may be in need of extra support. 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 and poor mental



# Are services effective?

(for example, treatment is effective)

health, comorbidity. The practice promoted patients involvement with their care and self-monitoring facilities were accessible within their patient waiting area and BP monitoring equipment could be borrowed for home use. They discussed, developed and issued rescue packs for patients who suffered COPD and asthma to assist them in an emergency. Patients had told the practice they felt less anxious with the packs and more confident in managing their conditions.

They also sought to educate their patients on community services available to them and alternatives to attending the practice such as identifying and signposting community counselling and mental health services and their specialities, sexual and contraception services, nursing services and alcohol and drug services. The practice also operated an open access service to talking therapies for patients experiencing poor mental health.

We found the practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was lower than the national average at 73.24% as opposed to the national rate of 81.83%. The practice had acknowledged difficulties with patients attending for cervical screening tests. In response they offered opportunistic screening when patients attended the practice. They also promoted their cervical screening initiative for 2015-2016 on their internet site including the benefits of the programme to encourage attendance. 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.

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 94.2% to 99.4% and five year olds from 90.8% to 97.8%. Flu vaccination rates for the over 65s were 60.79% lower than the national average rates of 73.24%, and at risk groups 31.7% lower than the national average of 46.46%. We asked the practice about the disparities in performance in comparison with national averages for flu vaccinations for older people and those at risk groups. They told us, they had reviewed their performance and believed the disparity was attributable to patient preference and screening avoidance despite well documented efforts to gain patients involvement. The PPG stated that they believed there were disparities in vaccination rates due to pharmacies prescribing and administering vaccinations.

We found patients had good access to appropriate health assessments and checks with the practice health care assistants, practice nurses and GPs. 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.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Disposable curtains were provided in consulting rooms to maintain patients' privacy and dignity 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.
- The reception desk area had been designed to provide greater privacy to patients when disclosing concerns at reception and to mitigate the risk of being overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 24 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 and respect.

We also spoke with two members of the patient participation group. The PPG included representatives from both of the practices that occupied the Laindon Health Centre. This was considered sensible by both the practices and patients as they shared facilities, administrative and clinical staff. They told us they found the practice team always had time for them, listening and responding to all their concerns and that their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. For example, the practice operated a crying child policy. If a child was identified to be in distress the reception staff would contact the GP and prioritise the appointment, reducing the wait for the child.

Results from the National GP Patient Survey, published July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was above the CCG average for its satisfaction scores on consultations with doctors and treatment by the reception team. For example:

- 86% of respondents said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 84% of respondents said the GP gave them enough time compared to the CCG average of 83%, and national average of 87%.
- 97% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 96%, and national average of 97%.
- 87% of respondents 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%.
- 84% of respondents 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%.
- 92% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 85%, and national average of 87%.

The practice registered patients with no fixed abode and allowed them to use their practice address to receive correspondence, accessing services and benefits. They also supported the patients to use their facilities to access fresh water and washing facilities. At the time of our inspection ten patients were benefiting from use of the service.

The practice was mindful of patient's individual needs and provided an accessible and supportive service without prejudice. The practice had recognised poor levels of literacy amongst some of their patient population. Where known, patient records were flagged to ensure information was provided in a sensitive and usable format. Patients were encouraged to contact the practice to discuss concerns or questions and could speak to a doctor on the day. Patients with sight impairments were assisted by staff to read and complete documentation.

The practice had identified a growing need for emotional support and companionship amongst some of their patients. The practice supported and signposted patients to the PPG walking group called Phoenix Striders. The group encouraged patients of all abilities to participate in their walking group promoting health, wellbeing and support. Many patients had joined the group to improve their health and enjoyed the social interaction.

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

## Are services caring?

Patients told us that 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.

The introduction of a care coordinator had been welcomed by both patients and the practice team. They saw this role as integral to their clinical assessments and planning of patient needs. Over 2% of the practices most vulnerable patients had care plans in place. The coordinator conducted initial dementia screenings and home visits to identify unmet needs and provide advice regarding navigating and securing community provision for patients. The practice told us this had improved the quality of their care planning, supporting patients to maintain their independence and dignity.

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

- 86% of respondents 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%.
- 82% of respondents 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. The practice website also had the facility to be translated into other languages.

### **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 had produced their own comprehensive guidance material to assist patients and carers for the elderly, with dementia or disabled. It signposted a wealth of considerations from practical issues such as mobility equipment and aids, to support groups, financial assistance, legal considerations including the power of attorney.

All patients with a new cancer diagnoses were personally contacted by their GP, who offered them support, advice and guidance specific to their needs.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified patients who were carers and had a nominated patient carer champion who oversaw and coordinated care for such patients. The practice had recognised that many carers were not accessing flu vaccinations and therefore now personally contacted them advising them of services available to them. Written information was available to direct carers to the various avenues of support available to them both within the practice and on their website. The GPs made referrals to specialist community services to assist patients with respite care, practical assistance with meals and activities, and befriending.

Staff told us that if families had suffered bereavement, their usual GP contacted them if appropriate but would always send the family a sympathy card. The practice said this was well received by families who appreciated it and would often approach them following receipt of the card for further advice. The practice would offer a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered daily telephone consultations with patients able to speak to their own GP.
- Online appointments and on line repeat prescriptions.
- Extended hours surgeries were provided Monday to Thursday from 6.30pm till 7pm and Saturday morning 9am to 12noon. Patients with appointments on Saturdays were sent reminder texts. These appointments were found to be popular with patients who were unable to attend during the working week.
- There were longer appointments available for people who needed them and this was flagged on their patient record to ensure such a provision was afforded to the patient when making an appointment such as patients with a learning disability or poor mental health.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for all patients, with priority access given to children and those with serious medical conditions.
- There were accessible facilities, with lift and ramp access to the practice.
- The practice had a loop hearing system and a staff member was training in and practised British Sign Language.
- The practice nurses offered both pre-booked and walk in availability to patients. This included open access vaccinations for all ages, minor injury assessment and wound dressings.
- The practice scheduled postnatal and routine baby checks to be at eight weeks enabling it to be combined in a single visit with the child's immunisations.
- Patients with no fixed abode were accommodated as walk in appointments on the day.
- The practice had access to separate waiting room facilities for patients who benefited for a calm and quiet environment.
- The practice worked closely with the care coordinator to assess and coordinate care provision for their patients.

The coordinator had specific responsibility for reviewing and contributing to the holistic care needs of patients over 75years, care home reviews, dementia care and unplanned admissions.

- The practice offered pre-bookable and on the day access to phlebotomy services.
- Young people were encouraged to attend the practice, They could see the practice nurses without an appointment where they may access contraception and sexual health advice.

### Access to the service

The practice was committed to providing a timely and accessible service. All patients who required an appointment with a GP were seen on the day their request was made. Requests could be made at any time of the day, and the practice had evening and Saturday opening so patients not available during working hours could access appointments easily.

The practice was open between 8am to 7.15pm Monday to Thursday, Friday 8am to 6.30pm. Appointments were available from 8.50am to 12.30pm and 3pm to 5.30pm Monday to Friday. Extended hours surgeries were provided 6.30pm to 7.10pm Monday to Thursday. Saturday opening was from 8.45 to 12.45 and the consultations times were from 9am to 12noon. These were for routine bookable appointments. The practice offered on line appointments and ordering of repeat prescriptions. Patients could request on the day telephone consultations with a GP and/or nurse. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

Results from the National GP Patient Survey, published in July 2015 showed that patient's satisfaction with how they could access care and treatment were above the local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 84% of respondents were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 87% of respondents said they could get through easily to the surgery by phone compared to the CCG average of 72%, and national average of 73%.
- 84% of respondents described their experience of making an appointment as good compared to the CCG average of 72%, and national average of 73%.
- 57% of respondents said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66%, and national average of 65%.

The practice appointment system was overseen by a lead GP who monitored availability daily to ensure it was sufficiently responsive to patient needs. Where there was an increased in demand that could not be met GP's were diverted from other duties to ensure patients were seen on the day. The practice showed us consultation papers produced by GPs proposing potential alternative means of improving the accessibility and responsiveness of the service. All had been jointly discussed and their appointments systems was regularly audited. Information relating to monthly non-attendances by patients were displayed within the waiting areas. For example, during November 2015 patients failed to attend for 366 clinical appointments. Patients were encouraged by staff to notify the practice if they were unable to make their appointment so it may be reallocated.

The practice had acknowledged that improvements were required with their telephone system. They had commissioned a new call handling system to be installed in January 2016, intended to improve patient experiences of making an appointment. The practice had also introduced a dedicated appointment cancellation line for patients after they received complaints that they were unable to get through to the practice. The reception staff had proven popular enabling the timely reissuing of appointments.

The practice was proud that they offered an accessible service. They told us they would always see a patient on the day and did not adhere to one problem per consultation. This was supported in conversations held with the patient participation group who commented on the accessibility, patience and attentiveness of staff.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. It referred to independent support and advice available to patients and right to escalate concerns if dissatisfied with the practice outcome.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example the practice had a detailed procedure available to patients at reception.

The practice reviewed comments on NHS choices and had received six complaints within the last 12 months. The complaints related to clinical concerns, communication and attitude of staff and the management practice. We looked at three of the complaints, these related to clinical judgement, communication and accessibility. All had been appropriately recorded, investigated, accounts from staff obtained and checked against documents and explanations provided. Where appropriate apologies had been made and where lessons could be learnt they were documented and disseminated to improve practice.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision and well communicated to deliver high quality care and promote good outcomes for all their patients.

- The practice values were known to their staff and demonstrated by them in their interactions with patients and their colleagues.
- The practice had a good understanding of what they wanted to achieve and how they wished to operate. This was as a cohesive unit engaging with the wider health landscape to provide coordinated holistic care to their patients.
- The practice had produced a discussion paper which the partners had explored, considering how the practice operated both clinically and as a business. It raised questions such as whether they were utilising technology sufficiently and the potential financial cost and time savings of alternative systems, the roles of key staff, public relations both externally within their community and amongst their staff, their management of appointments and designation of roles.
- The practice had a five year strategic plan, exploring the aspirations of the partners, practice and wider health economy. It examined the practice proposals and how they saw them being achieved including the relevant actions required to sustain and improve their performance.

### 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 and took the lead on nominated areas.
- Practice specific policies were implemented, reviewed and were accessible to all staff.
- A comprehensive understanding of the performance of the practice by all staff.
- Staff and practice commitment to attend appropriate meetings and a rolling action sheet. Tasks were appointed and actively reviewed until their timely and appropriate completion.

- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There was a commitment by staff and robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

The partners told us they enjoyed being GPs and were proud of the practice team and their achievements. They recognised their achievements, delivering good quality care in partnership with other services such as midwifery, health visitors, and community matrons. They valued the opportunity to speak and meet regularly with the CCG medicine management team to review and maintain good and safe prescribing performance. They told us of their commitment to sustaining low emergency admissions despite their close locality to Basildon Hospital and complex patient needs. They valued the involvement and contribution of their patient participation group providing examples of how they had improved patient experiences.

The practice also recognised future challenges and where they wished to make improvements. They acknowledged the growing complexity of their patients' health needs within an aging population, experiencing high levels of deprivation, poor literacy levels and increasing number of children known to social care services. The practice building would benefit from investment and redevelopment. There was evidence of investment within the area with new housing and this suggested an increased patient base. All aspects were considered within the practice five year plan.

The practice has the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The partners were enthusiastic and highly committed to both the practice and their patients and encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents including reviewing the actions of external partners such as those in secondary care where the outcome of their decisions and actions may have been detrimental to their patients.

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Where there were unexpected, unintended or potential safety incidents the practice was willing to challenge poor practice. For example, they identified potential clinical discrepancies with the quality of patient screenings conducted by a commissioned service. The practice clinicians discussed their concerns and collated an evidence portfolio. On examining the evidence they identified potential clinical failings. The practice escalated concerns to relevant bodies such as Basildon and Brentwood Clinical Commissioning Group. The practice kept written records of verbal interactions as well as written correspondence. They followed up on concerns raised to ensure they were appropriately investigated and resolved to mitigate potential risks to patient safety. An independent review was commissioned of the service and an explanation and assurances were provided to the practice regarding their findings.

In March 2015 the practice identified failings within some care homes, with some patients failing to have their anti-dementia medication appropriately reviewed by community health services. This was escalated to the Clinical Commissioning Group who ensured this was reviewed and reported on by their community nursing team.

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

- Staff told us that the practice held regular team meetings which they were invited to and contributed to. We saw they were comprehensively documented and the minutes shared amongst the team.
- Staff told us that there was an open culture within the practice. The partners were accessible, receptive to questions and encouraged staff to raise any issues informally or formally. Staff felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The PPG had clear terms of reference to improve patient communication, provide a patient perspective to guide changes, improve and expand services and identify changing patient needs. The practice regularly gathered feedback from patients through the patient participation group (PPG) both formally through surveys and complaints received but also through informal conversations. Their PPG was active and met on a regular basis, advising on the wording and subjects of patient surveys and submitting proposals for improvements to the practice management team. For example, the PRG reviewed the findings of the GP national survey and worked with the practice to identify action points such as increasing the number of appointments available on a Monday and staggering the release of appointments throughout the week.
- The practice had also gathered feedback from staff through staff away days such as being taken to London shows, or meals out and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. A staff member told us that they were intending to speak with the partners regarding good practice they had seen by another surgery. They had obtained information on the proposal and had arranged to present their findings during the January 2016 practice team meeting.
- The practice retained thank you cards and kind comments they had received from their patients. All the staff we spoke with were proud of the relationship they had with their patients and showed us some of the recent letters of appreciation. These made reference to the kindness and support of staff, often during difficult times when they had experienced a loss or poor health.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice were proud of their role as a training practice for GPs, practice nurses and practice managers. One of the GP

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partners had undertaken their own Registrar training with the practice. The experience and enthusiasm of the GPs was evident in their breadth of experience and roles such as a GP undertaking the appraisal lead for Essex.

The practice was committed to driving improvements and examining their performance. Each meeting had a purpose with stringent monitoring of compliance with their rolling action plans to ensure issues were appropriately addressed, resolved and not repeated.

The practice demonstrated strong strategic awareness of the local and national health economy and a wish to improve wider community health services for their patients. The practice was actively involved with their Clinical Commissioning Group and Federation.

The practice had identified and produced business proposals supported by practices within their clinical commissioning group to improve the efficiency of patient care. The practice had instigated and lead on local pilot schemes such as the use of a care coordinator who worked directly to the practice to improve outcomes for patients in the area. This, both patients and the practice reported as invaluable for identifying patient needs and ensuring sufficient support arrangements were in place for the patient to maintain their independence and dignity.