

# Dr KK Abraham & Dr J Joseph

## 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 K K Abraham and Dr J Joseph also known as the Felmores Medical Centre on 3 February 2016. 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. Patient safety alerts were effectively managed and actioned to identify and manage risks to patients.
- There was a system in place for reporting significant events. However, this could be improved with more timely recording and better detailed documentation of discussions and decisions.
- The practice was visibly clean and tidy.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had lead areas and the skills, knowledge and experience to deliver effective care and treatment.
- Patients reported higher than local and national levels of confidence in the GPs.

- Comments from patients were positive and they reflected they were cared for by committed staff who showed them patience and empathy.
- 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 said they found it easy to make an appointment with a named GP and that 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.
- There was a clear leadership structure and staff felt valued, trusted and supported by management. The practice sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

- Record, investigate and document the dissemination of learning from significant incidents.

# Summary of findings

- Maintain individualised cleaning schedules to demonstrate when, where and how rooms and equipment were last cleaned.
- Update records to ensure they accurately reflect risks and actions taken.
- Increase clinical audits to inform improvements for patient care.
- Maintain accurate records of discussions, decisions, and actions taken in meetings.
- Seek wider views from patients in relation to the services provided and respond to it accordingly.

**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 a system in place for reporting and recording significant events. This could be improved by enhanced recording and better documenting of discussions, decisions and learning to improve patient safety.
- The practice was visibly clean and tidy and cleaning schedules maintained.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. For example a clear system for the timely actioning of patient safety alerts, infection prevention control, fire and legionella risk assessments.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- There were clear and effective systems for the dissemination of national guidance and best practice. Staff assessed needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework showed patient outcomes were similar to the locality and compared to the national average.
- Clinical audits demonstrated quality improvement but these could be increased to better inform patient care.
- Staff were appointed lead roles and additional responsibilities. They were supported to ensure they had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- We received 52 patients completed comment cards praising the practice for their caring and professional service.
- Patients reported higher than local and national levels of confidence in the National GP Patient Survey, published in January 2016.

# 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff knew and understood their patients' needs and considered them in how they organised and delivered their services. For example the availability of a phlebotomy service from both the main surgery and branch surgery.
- Patients said they found it easy to make an appointment with a GP and 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.
- Information about how to complain was clear and available for patients to access and understand. The practice thoroughly investigated concerns and responded to them in a timely and appropriate way. Learning from complaints was identified but inconsistently documented, despite being shared with staff.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were highly committed and clear about their responsibilities in delivering high quality and accessible care to patients.
- There was a clear leadership structure and staff felt valued and supported by management. The practice had a number of policies and procedures to govern activity and held weekly 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 provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Good



# Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active within the locality meetings.

# 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. For example, the practice nurse contacted patients to coordinate their care to mitigate the need for multiple visits.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



### People with long term conditions

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

- Nursing staff had lead roles in diabetes and chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar or above the national average. For example, they performed better than the national average for the percentage of patients on the diabetic register who have had an influenza immunisation achieving 100% in comparison to the national average of 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicine needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had failed to attend appointments, had a high number of A&E attendances.
- Child immunisation rates were high for all standard childhood immunisations.

Good



# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and staff had received refresher training in Gillick competency.
- Cervical screening data was comparable to the CCG and national averages.
- The practice conducted antenatal and postnatal checks.
- 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)**

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 provided extended opening hours and online appointments and prescription requests.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group, including travel vaccinations.

**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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and conducted annual care reviews.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Good**



## **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).

**Good**





# Summary of findings

- 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 below the national average for their mental health QOF indicators and conducting face to face reviews with patients with dementia.
- Patient comments received made reference to the supportive care provided to patients suffering depression and anxiety.
- The practice provided open availability for some patients with poor mental health to see the clinical team.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice 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 patients with mental health needs and dementia. They coded patient data and informed colleagues of how to meet individual patient needs.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published on January 2016. The results showed the practice was performing below the local and national averages. 394 survey forms were distributed and 107 were returned. This represented a response rate of 27%.

- 52% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 78% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 54% described the overall experience of their GP surgery as fairly good or very good (CCG average 71%, national average 73%).
- 65% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).

However, as part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 52 completed comment cards

from patients who attended the main surgery and the practice branch surgery. They were all positive about the standard of care received. Patients commented on the consistently good, caring and thorough approach of the clinical team. Patients made reference to the quality of care provided to elderly patients and how sensitive and committed the practice staff were helping patients without judgement to manage their depression and anxiety.

We spoke with four patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring. They told us the clinicians explained things to them and supported them in the care and treatment they received.

The NHS Friends and Family Test results for November 2015 showed 23 out of 29 responders were extremely or likely to recommend the surgery. Their December 2015 submissions were showed 30 out of the 39 respondents extremely or likely to recommend the service.

## Areas for improvement

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

- Record, investigate and document the dissemination of learning from significant incidents.
- Maintain individualised cleaning schedules to demonstrate when, where and how rooms and equipment were last cleaned.
- Update records to ensure they accurately reflect risks and actions taken.
- Increase clinical audits to inform improvements for patient care.
- Maintain accurate records of discussions, decisions, and actions taken in meetings.
- Seek wider views from patients in relation to the services provided and respond to it accordingly.

# Dr KK Abraham & Dr J Joseph

## 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 nurse specialist adviser.

## Background to Dr KK Abraham & Dr J Joseph

Dr K K Abraham and Dr J Joseph Surgery is also referred to as Felmores Medical Centre. It is located in the centre of a housing development. The practice has a branch surgery located approximately 10 minutes away at Long Riding Surgery (30 Long Riding Basildon, Essex SS14 1QY).

The practice has approximately 5768 patients registered with the practice who may attend either practice. There are two male GPs supported by locum GPs (including a female GP) providing four sessions a week. They are supported by two practice nurses, a healthcare assistant and an administrative team led by a practice manager.

There are car parking facilities, step free entry and wheelchair access to their premises. The practice consulting rooms are situated on the ground floor.

The practice is open between 8.30am to 7.15pm Monday and Tuesday, 8.30am to 6.30pm Wednesday to Friday. Appointments are available from 9am to 11:30am and 4.30pm to 6pm on a Monday, 9am to 11am and 4.30 to 6.30pm on a Tuesday, Wednesday 9am to 11:30am and 4.30pm to 6pm, Thursday 9am to 12:30 and Friday 9am to 11:30am and 4.30pm to 6pm. Extended surgery hours were offered on Monday and Tuesday from 6:30pm to 7pm.

Basildon is a deprived area with higher than national levels of deprivation reported for children and older people. The local population also have lower than average levels of life expectancy for both men and women. The practice has a young demographic with greater than the national average of patients aged from birth to under 18years.

The practice has been inspected on two previous occasions by the Care Quality Commission in 2014. They were found to be compliant with the Health and Social Care Act 2008 in July 2014.

The practice had a comprehensive website detailing opening and appointment times for each of the GPs. There are also details of their patient participation group survey results and health information including signposting to support and specialist services.

## 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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 February 2016. During our visit we:

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

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

- Is it safe?
- Is it effective?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents. We reviewed the practice significant incident folder. We found the practice were not consistently recording and investigating all incidents in accordance with their policy. For example identifying potential learning from new patient cancer diagnosis that may improve the timely diagnosis and treatment of patients.

We tracked through two incidents recorded in April 2015 and August 2015. The first related to failure to inform a patient of the outcome of their test results. This was investigated and the outcome discussed during a practice meeting. Recommendations were proposed and have since been implemented. For example; a member of the clinical team was appointed oversight of the test results, scheduling contact with the patients and conducting repeat patient screenings where appropriate.

The second incident related to the clinical team responding to an assault. The incident was discussed with all staff. The implications for both patients and staff were explored. Learning was identified and shared to improve safety in the practice.

We reviewed safety records, patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice told us how they managed Medicines and Health Regulatory products Agency (MHRA) alerts. These were received by the practice manager, shared with the clinical team and searches conducted on the patient records where appropriate to identify those patients who may be adversely affected and then reviewed their clinical needs. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse 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. The GP partner was the practice safeguarding lead and supported by the practice nurse. 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. GPs were trained to an appropriate level to manage safeguarding concerns.

- A notice in the waiting room and on the consulting room doors advised patients that chaperones were available if required. All staff who acted as chaperones had received training from the clinical team for the role and had received a Disclosure and Barring Service 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 clean and tidy. The practice had cleaning schedules in place but they were not individualised to demonstrate when, where and how rooms were last cleaned.
- The practice nurse was the infection control clinical lead. The nurse had been scheduled to attend enhanced training in infection prevention control. Staff had received general infection prevention control advice on issues such as hand washing. The annual infection control audit had been undertaken in January 2016 and issues identified for actioning progressed and resolved. For example; the clinical team ensured they used barrier controls when dealing with patients and samples, but this was not clearly documented within their action plan.
- Staff were invited to receive appropriate vaccinations such as Hepatitis B for blood borne viruses and a central register was maintained.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had

## Are services safe?

been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient Group Directions are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

- We reviewed the practices prescribing performance (October 2015) and how they compared with other practices within Basildon and Brentwood CCG. We found higher prescribing for oral nutritional supplements and steroids (prescribing behaviour). The practice told us they were aware of the data disparities and were addressing clinicians prescribing preferences and working with a CCG dietician who was advising them on the reduction of supplements initiated by secondary care. The practice attended locality prescribing meetings and participated in prescribing incentive schemes.
- We reviewed two personnel files, for a member of the clinical team and the most recent employee. We found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, 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. The practice reviewed and reported on abuse towards staff by patients and their response.
- The practice had revised their fire risk assessment and had conducted fire safety equipment checks in February 2015. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly, in March

and November 2015. The practice had a variety of other risk assessments in place to monitor safety of the premises such as health and safety assessments, infection prevention and control audits and legionella testing (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff were employed and able to work across both the practice sites.

### 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 basic life support training. The clinical team were scheduled for refresher training in February 2016.
- There were emergency medicines available. They 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. A first aid kit and accident book was available.
- The practice had a business continuity plan in place for both their surgeries dated July 2014. It addressed potential risks and the practice response to major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and essential services.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

The practice had systems in place to keep all clinical staff up to date. Staff told us they had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 84% of the total number of points available, with 8.5% exception reporting, 1.6% above the CCG average and 0.7 below the national average. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. This practice was an outlier for QOF (or other national) clinical targets relating to recording alcohol consumption for patients with schizophrenia, blood pressure readings for patients with hypertension and care plans in place for patients with schizophrenia. Data from 2014/2015 showed;

- Performance for diabetes related indicators was similar to the national average. For example, the number of patients with diabetes whose last measured total cholesterol is 5mmol/l or less was 80% as opposed to the national average of 81%.
- They performed better than the national average for the percentage of patients on the diabetic register who have had an influenza immunisation achieving 100% in comparison to the national average of 94%.
- The percentage of patients with hypertension having regular blood pressure tests was worse than the national average. The practice achieved 62% in comparison with the national average of 84%.
- Performance for mental health related indicators was worse than the national average. For example, the percentage of patients with schizophrenia, bipolar

affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record in the preceding 12 months, the practice achieved 67% in comparison with the national average of 88%. The greatest data disparity related to the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months. The practice achieved 33% in comparison with the national average of 90%.

- The practices performance for face to face reviews of patients with dementia was also below the national average, achieving 67% in comparison with the national average of 84%.

We spoke to the practice regarding their outlier QOF performance. They told us they believed that their patients with poor mental health including dementia were attending secondary care for reviews and care plans. They had not audited their data to confirm this was correct and their patient would still access care and services as required. The practice recognised their performance was lower than the CCG average for their management of patients with hypertension. The practice had responded to this and had employed an escalation clinical plan to address the patient needs.

Clinical audits demonstrated quality improvement.

- We were shown two clinical audits; they were complete audits where the improvements made were implemented and monitored. For example, we reviewed the practice clinical audit of gynaecological referrals. All 10 referrals had been discussed by the partners and found to be appropriate. They had also made recommendations to reduce referrals to secondary care scheduled to be discussed at their CCG locality meeting in March 2016.
- The practice had conducted an audit to assess their compliance with DVLA guidance given to diabetics who had received two or more episodes of hypoglycaemia assistance. The practice had identified 278 of their patients who met the criteria. They found not all patients had their patient data appropriately read coded. The audit included recommendations for the use of three main read codes to code the patient record and demonstrate appropriate information and checks had been conducted. The practice advocated the use of a



# Are services effective?

## (for example, treatment is effective)

clinical template for reviews ensuring adherence with the guidance. The practice were intending to re-audit to ensure the changes have been appropriately embedded.

- The practice participated in local audits and national benchmarking in relation to their prescribing behaviour. Whereby they were compared to other practices within the Basildon and Brentwood CCG.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered a two week period and addressed issues such as working arrangements, safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with diabetes and long-term conditions; Staff receive annual updates on administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. All staff had an understanding of the importance of accurately coding patient data and attended yearly updates to ensure consistency.
- The learning needs of staff were identified through discussions and a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going informal support, appraisals and clinical supervision, attendance at CCG time to learn sessions and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules, in-house training, CCG time to learn training sessions and peer shadowing experiences.

### Coordinating patient care and information sharing

The practice had higher than the national average number of emergency admissions for ambulatory care sensitive conditions per 1000 population (17.6 as opposed to the

national average of 14.6). Ambulatory care sensitive conditions are those which it is possible to prevent acute exacerbations and reduce the need for hospital admission through active management, such as vaccination; better self-management, disease management or case management; or lifestyle interventions. Examples include congestive heart failure, diabetes, asthma, angina, epilepsy and hypertension. The practice told us they reviewed all admissions and followed up with patients on discharge to ensure they were receiving appropriate support and mitigating their repeat attendance. The practice were able to show us a reduction in attendances by patients.

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 computer system.

- This included care and risk assessments, 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. The practice participated in the admission avoidance scheme identifying patients who frequently attended accident and emergency services. They developed care plans to support them in reducing their attendance.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services. The practice held quarterly palliative care meetings and coordinated services for patients with complex needs through the clinical tasking system.

### 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.

We reviewed the staff meeting minutes from January 2016 and found that refresher training on consent was scheduled for the clinicians during their time to learn



# Are services effective?

(for example, treatment is effective)

training in February 2016. The staff also discussed Gillick competence and how it related to the work of the practice team. The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

## **Supporting patients to live healthier lives**

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers and those at risk of developing a long-term condition. The practice nursing team conducted well person checks, provided advice on weight management and smoking cessation. Where appropriate patients were also signposted to other relevant services.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of

82%. 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 above the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 98% and five year olds from 92% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks and the over 75year old patients. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### **Kindness, dignity, respect and compassion**

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

- 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; conversations taking place in these rooms could not be 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 52 completed patient Care Quality Commission 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 spoke with two members of the Patient Participation Group (PPG). They also 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 in January 2016 showed patients felt they were treated with compassion, dignity and respect. Some of the satisfaction scores were below the CCG and national average for consultations with GPs and nurses. For example:

- 78% of respondents said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 81% of respondents said the GP gave them enough time (CCG average 84%, national average 87%).
- 79% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 78% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 82% of respondents said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

Despite this, the patients reported higher than average level of confidence and trust in the last GP they saw. For example, 96% of respondents said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)

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

Patients told us 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.

However, results from the National GP Patient Survey, published in January 2016 showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 78% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 72% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%)
- 78% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%)

These findings were not consistent with the practices responses from their NHS Friends and Family test data. In April 2015, the practice received 17 responses, 70% were likely or extremely likely to recommend the practice. The NHS Friends and Family test results for November 2015 showed 79% of responders were extremely or likely to recommend the surgery. Their December 2015 submissions showed 77% of respondents extremely or likely to recommend the service.

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

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

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

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 158 on the practice list. The practice invited and conducted opportunistic vaccinations. Written information was also available to direct carers to the various avenues of support available to them via their practice website. This included how to access support groups and financial and legal services.

The practice website provided guidance on reporting a death that occurred at home. Staff told us that if families had suffered bereavement, their usual GP contacted them, sent a sympathy card. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG).

- The practice offered extended opening on a Tuesday and Wednesday from 6.30pm to 7.15pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice offered online appointments and online repeat prescription services where patients were able to collect their medicines at their elected pharmacy.
- There were suitable facilities for the disabled or those with limited mobility.
- Same day appointments with the clinical team were made available for patients with poor mental health.
- The practice were aware of the communication needs and preferences of their patients and provided appropriate support when required.
- A weekly counselling service attended both practices for patients suffering with poor mental health..
- The practice provided a range of specialist clinics with the nursing team leading on long term conditions such as asthma and diabetes.
- Phlebotomy services were provided at the main and branch surgeries by the practice nurses.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice conducted non NHS services including Heavy Goods Vehicle medical assessments, adoption and insurance reports.
- Patients were contacted by phone to check on their well-being and coordinate their care (screenings, immunisations and medication reviews) to mitigate the need for multiple visits.
- Access to WebGP was available for patients to access. This is an online service where patients were guided through a series of questions about their concern and signposted to an appropriate service, such as a pharmacist or a GP.

- Where a child failed to attend an appointment the practice contacted the carer and invited them to an alternative appointment.

### Access to the service

Felmores Medical Centre was open between 8.30am to 7.15pm Monday and Tuesday, 8.30am to 6.30pm Wednesday to Friday. Appointments were from 9am to 11:30am and 4.30pm to 6pm on a Monday, 9am to 11am and 4.30 to 6.30pm on a Tuesday, 9am to 11:30am and 4.30pm to 6pm on a Wednesday, 9am to 12:30pm on a Thursday and 9am to 11:30am and 4.30pm to 6pm on a Friday. Extended surgery hours were offered at the following times on Monday and Tuesday from 6:30pm to 7pm.

The practices branch surgery, Long Ridings Surgery was open between 8.30am and 6.30pm Monday, Tuesday, Wednesday and Friday. On Thursday the practice was open half day 8am to 1.30pm. They opened late on Tuesday and Wednesday from 6.30pm to 7.15pm. Appointments were from 9.30am to 12noon and 4.30pm to 6pm on a Monday, 9.30am to 12.30, 5pm to 7.15pm on a Tuesday, 9.30am to 12noon and 5pm to 7.15pm on a Wednesday, 9.30am to 11.20am on a Thursday and 9.30am to 12noon and 4.30pm to 6pm on a Friday.

In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey, published in January 2016 showed that patient's satisfaction with how they could access care and treatment was below the local and national averages.

- 61% of respondents were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 52% of respondents said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 50% of respondents said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 59%).

Our findings did not support the survey findings. We checked the patient appointment system and found appointments were available, both urgent and non-urgent. Only seven patients had attended Accident and Emergency

# Are services responsive to people's needs?

(for example, to feedback?)

within January 2016. This was considered low by the practice and the patient's attendance was assessed as appropriate. Patients told us on the day of the inspection that they were able to get appointments when they needed them.

## **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.
- The practice manager was the designated responsible person for handling complaints in the practice.

- We saw that information was clearly displayed and available to help patients understand the complaints system.

We looked at eight complaints received in the last 12 months and found that they related to issues such as staff conduct and appointments. These were discussed with the practice team and clinicians who were appropriately involved in the response sent to the complainant. Whilst lessons were learnt and shared these were not always consistently documented. We reviewed the practice staff meeting and clinical team meeting minutes and saw complaints were a standing agenda item.

# 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 their practice charter displayed in reception. Their vision was to deliver high quality care and promote good outcomes for patients. They told us of their commitment to their patients, they valued knowing their families and providing clinical care to several generations.

They spoke of the important their patients placed on accessible services and continuity of care. The practice told us it was their intention to retain and invest in their branch surgery (Long Riding) where they had experienced the greater growth in patient numbers. They believed it was critical to maintain a supportive, cohesive and valued practice team in order to achieve this. The practice had a stable clinical and administrative team with many staff having been employed in excess of 8 years and some over 20 years.

### Governance arrangements

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

- There was a clear staffing structure. Staff were highly committed and 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 was maintained. For example, continual monitoring of patient attendances at A&E and the practice QOF performance.
- Clinical and internal audit was used to monitor quality and to make improvements but this could be enhanced.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The GP partners in the practice were visible and committed. They had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care and acknowledged the importance of recruiting appropriately to maintain their ethos. The staff were relaxed and confident approaching the partners to discuss

issues. They told us the partners, practice manager and colleagues took the time to listen and assist where appropriate. The staff told us they enjoyed working at the practices.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. They always openly discussed issues and listened and responded to feedback to improve practice.

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

- Staff told us the practice held regular team meetings every Thursday afternoon. However, they accepted these were often informal with insufficient documenting of discussions or decisions.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by all members of the practice team. Staff were encouraged and supported to undertake lead roles or additional responsibilities. The practice were proud of their staff and their achievements. For example the practice nurse was a recognised authority within the CCG on diabetic care.

### 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. This was through informal conversations and meetings with members of their Patient Participation Group (PPG) and the Basildon and Brentwood locality PPG members. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.
- The practice had 34 registered PPG members, who used to meet with the practice every two months including the GP partners and practice manager. The representatives attended the PPG locality meetings every two months. They had reviewed the National GP Patient Survey data but had not formulated a response. They had also raised issues such as the TV within the

# Are services well-led?

Good 

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

waiting room not being turned on. The practice told us the system was broken and not financially sustainable. They also had received a number of complaints from patients regarding its use.

- The practice gathered feedback from staff informally daily and through practice staff meetings. We reviewed minutes of meetings for April 2015, November 2015 and January 2016. Despite a clear agenda not all meeting discussions and decisions were consistently recorded.
- Staff told us they were committed to the patients, practice and staff. They felt trusted and valued by all and 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.