

The Ardleigh Surgery

Quality Report

The Ardleigh Surgery
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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?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	13
Areas for improvement	13

Detailed findings from this inspection

Our inspection team	14
Background to The Ardleigh Surgery	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection at The Ardleigh Surgery on 01 November 2016. Overall the practice is rated as good.

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

- Staff members knew how to raise concerns, and report safety incidents. Safety information was appropriately recorded and lessons learned were identified and shared with staff members.
- Risks to patients and staff members were assessed, documented and acted on appropriately.
- The dispensary policies and procedures were appropriate to keep people safe however near misses were not being recorded.
- Patient care and treatment was planned using current clinical guidance.
- Some 'Patient Group Directions' that were guidance for the administering of vaccinations were out of date, these were reviewed and updated immediately.
- The 'Patient Specific Directions' that were guidance used by the assistant practitioner for specific patients were not always appropriately authorised prior to administering vaccinations. However this issue was addressed immediately on the day of inspection.
- Patient comments were positive about the practice and the services provided.
- The temperature of the fridge in use for the storage of medicines was not being monitored effectively.
- Information regarding how to complain was available at the practice and on their website.
- Patients told us there were urgent appointments available on the day they requested.
- The practice had appropriate facilities and equipment to treat patients and meet their health and treatment needs.
- The practice patient participation group (PPG) told us about their involvement with practice development.
- Staff members said they were supported in their working roles by both the practice manager and the GPs.
- The leadership structure was clear and staff felt supported by management.

Summary of findings

- There were continuous improvements seen at all levels at the practice.
- The areas where the provider should make improvements are:
- Record and learn from near misses when dispensing, to allow assessment of risk when dispensing.
- Maintain the new process to ensure prescriptions and medicines waiting to be collected are securely stored.
- Maintain effective checking processes are in place to meet the 'cold chain procedure' requirements for the storage of medicines.
- Ensure that appropriately authorised 'Patient Specific Directions' (PSDs) are signed prior to the administration of vaccinations by the assistant practitioner.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There were arrangements in place to raise concerns, and report safety incidents. Lessons learned from the investigation of incidents were shared with staff members at practice meetings.
- When things went wrong patients received an explanation or apology when appropriate.
- The practice had developed processes to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and managed, these included premises, equipment, medicines, and infection control.
- Patient Specific Directions used by the assistant practitioner had not routinely been authorised in line with guidance.
- The dispensary policies and procedures were appropriate to keep people safe.
- Prescriptions waiting to be collected were not stored securely, and near misses when dispensing were not recorded to assess risk to patients.
- Fridge temperature checking processes did not meet guidance for the cold storage of medicines.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcome averages were above local and national practices.
- Patient care was planned and provided in a way that reflected best practice and followed recommended current clinical guidance.
- GPs, nursing and administrative staff members had the skills, local community knowledge, and experience to deliver effective care and treatment in a primary care environment.
- Clinical audits were undertaken at the practice to improve the patient outcomes and service quality they provided.
- Arrangements showed staff members received supervision and annual appraisals.
- Regular meetings every eight weeks were undertaken with multidisciplinary and palliative teams to support staff members understand, treat, and meet the varied complexities of their patient needs.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the 'National GP Patient Survey' published in July 2016 showed patients rated the practice higher than other local and national practice averages for numerous aspects of satisfaction.
- Patients told us they were treated with compassion, dignity, and respect. They also told us they were involved in decision making about their care and treatment. These responses were in line with the local and national averages.
- We saw staff members behaved respectfully, with consideration, and ensured they maintained patient information confidentiality.
- Information for patients about the services available at the practice was on their website and in the waiting room; this was easy to understand and accessible.
- The practice recognised patients who were carers on their computer records, the number identified was, 134 this equated to 1.9% of their practice population.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where identified.
- Patients said they found it easy to make an appointment with a GP and had continuity of care. We were also told us that urgent appointments were available on the same day they were requested.
- The practice had suitable facilities and was well equipped to treat patients and meet their various health needs.
- Information about how to complain was available in the practice and on their website. They had received five written and two verbal complaints in the last year; we saw these had been well documented and well managed.

Are services well-led?

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

Good



- The practice had a plan to deliver high quality care, promote good outcomes, for patients and a practice ethos 'Patients first'. The staff members knew their roles in relation to the practice plan and upheld the practice ethos.

Summary of findings

- Clinical meetings took place twice a month and were minuted to ensure staff members unable to attend had access to the information. Set agenda items discussed at each meeting ensured the meetings were consistent and responsive to patient needs.
- There was a clear staffing structure and staff members told us they felt supported by management.
- The practice had policies and procedures to govern activity. Changes to their policies and procedures were discussed during practice meetings.
- The GPs and practice manager promoted a culture of openness and honesty. They had procedures to manage notifiable safety incidents. These were shared with all staff members to keep them informed and involve them in any learning identified.
- The practice sought feedback from staff and patients, which they used for development and improvement work. The patient participation group (PPG) actively supported the practice by offering their opinions, advice, and suggestions when requested.
- There was a strong focus on continuous learning, development of their services, and improvements at all levels; this was evidenced in staff records, patient satisfaction and their quality outcome framework (QOF) achievements.

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.

Good



- The practice was responsive to the needs of older people, and offered home visits and urgent appointments when needed or requested.
- All older people had a named GP.
- GPs provided routine weekly ward rounds at residential and nursing homes covered by the practice to ensure they received continuity of care.
- A member of the nursing team had completed specialist dementia training which enabled opportunistic dementia screening for the most vulnerable.
- They provided a phlebotomy service which included home visits for frail/housebound patients for medicine monitoring.
- Palliative care meetings were used to understand and discuss patients identified as frail and at risk of deteriorating health.
- The practice provided abdominal aortic aneurysm (AAA) screening of all males over the age of 65 years, podiatry, and audiology to offer care closer to home.
- They had a high uptake for shingles and flu vaccinations and actively campaigned across a variety of media, for example; prescription repeat forms, posters in the waiting room, on their website and opportunistically during routine appointments.
- Senior health checks were offered, on an ad hoc basis to maximise their uptake.
- The ground floor purpose built practice was wheelchair accessible and a hearing loop and interpreter services were available for patients with impaired hearing.
- A care advisor visited the practice regularly to help patients deal with benefits and equipment needs.
- GPs made urgent ad hoc medicine deliveries and the dispensary provided patients with single dose boxes as support for those patients needing it.

People with long term conditions

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

Good



Summary of findings

- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Personalised care plans had been created, agreed with patients, and shared to ensure continuity of care.

Diabetic quality data from 2015 to 2016 showed:

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months, was 78% (compared with 75% locally and 78% nationally).
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 84% (local practices 78% and nationally 78%).

Other services provided by the practice for this population group were:

- Longer appointments and home visits were available when needed.
- People with long-term conditions were provided a named practice GP and given a structured annual review to check health and medicine needs were maintained and met. The named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care.
- The practice used a 24 hour ambulatory blood pressure monitors to collect an accurate recording of blood pressure to assist clinicians with diagnosis and treatment.
- The practice nurses had received specialist training in diabetes, asthma, and chronic obstructive pulmonary disease, to support the GPs manage long term condition patients. Home visits to monitor patients were made by practice nurses to ensure those unable to attend the practice received their reviews.
- Practice prescribers used clinical templates designed to ensure patient's received the blood tests, and diagnostic checks required before repeat prescriptions were given to patients.
- There was a practice based blood taking service to support patients in this population group that would struggle to access the local hospitals blood taking clinics.
- Regular medicine monitoring searches were undertaken for patients taking high risk medicine and medicines that required extra monitoring. Full ranges of services were offered for those patients with chronic diseases. This included heart failure, chronic obstructive pulmonary disease (COPD) and diabetes management, to reduce the need for hospital visits. This included minor injury, minor surgery and a wound care service.

Summary of findings

- Telephone consultations were also used to monitor chronic diseases parameters for example; blood glucose levels for diabetic patients and, peak flow for COPD patients.

Families, children and young people

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

- There was a system in place to follow-up children living in disadvantaged circumstances or at risk; for example, those that had experienced a high number of A&E attendances. Children that 'do not attend' (DNA) appointments were checked promptly.
- The practice told us they saw all babies, children and young people on the day.
- On-line appointments were available for both advanced and on the day appointments.
- Immunisation rates were high for all standard childhood immunisations and flu in comparison with practices locally and nationally.
- Parents of children we spoke with told us they were treated in an age-appropriate manner; that staff members encouraged children to ask questions, and the language used during consultations to explain treatment was easy to understand.
- Patients aged 25-64, attending cervical screening within the target period of 3.5 or 5.5 years coverage was 85% (compared locally 83% and nationally 81%).
- Appointments were available outside school and college hours.
- Midwives held clinics at the practice on a fortnightly basis. The practice nurses said there was positive joint working with their community professional colleagues.
- The GPs provided baby checks and pre-school checks and educational leaflets were provided to support parents when required.
- There was a range of contraception including the fitting and removal of intrauterine contraceptive devices and other contraceptive implant devices.
- The safeguarding lead GP at the practice led on all safeguarding issues identified at the practice.
- The provision of a minor injuries service meant the practice was able to stitch or glue wounds and remove foreign bodies to avoid trips to A&E or the minor injuries unit at the hospital.
- The practice phlebotomist was experienced at taking blood from children and young people to avoid the need for them to attend the hospital.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified at the practice and they had adjusted the services offered to ensure they were accessible, flexible and provided continuity of care.
- Although the practice did not offer extended hours they did offer on-line services to support working patients for example; appointments booking, repeat prescription management, and telephone consultations to fit in with working lives. Appointments were available from 8am until 6.30pm with the prescribing nurse practitioner.
- Telephone monitoring of chronic disease patients was also available to meet their health needs
- Those that had requested the service received text messages regarding appointment reminders and the results of any diagnostic tests they had received. Patients telephone details were updated with patients each time they had a verbal or face-to-face contact to check their details were correct.
- There was a full range of health promotion and patient screening that reflected the needs of this population group, for example “NHS Health Checks” for 40 - 74 year olds.
- Private employment medicals and insurance reports were available, to support patients that required them for work.

People whose circumstances may make them vulnerable

Good



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

- The practice had identified patients living in vulnerable circumstances; this included those with a learning disability, homeless people, or travellers.
- The practice clinical members of staff worked with other health care professionals in the case management of vulnerable patients. They worked closely with local care homes to provide, treatment planning, and home visits when needed.
- There were 21 patients identified by the practice as living with a learning disability that had been offered an annual assessment and health check. Home visits were provided when appropriate for annual learning disabilities health checks and a lead nurse had been appointed to support those living with learning disabilities or a mental illness.

Summary of findings

- Longer appointments were provided for patients with a learning disability and staff members were learning disability aware which meant they knew how to treat people accordingly.
- The practice provided information to vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise the signs of abuse in vulnerable adults and children. They were aware of their responsibilities concerning the sharing of information and the documentation of safeguarding concerns. The practice safe guarding policy set out the details around how to contact the relevant local agencies during normal working hours and out of hours for staff members.
- All staff members had undergone safeguarding training and could recognise the signs of abuse in vulnerable adults and children. Staff members were aware of their responsibilities regarding information sharing and discussed this with leads if they were unsure.
- The GP safeguarding lead at the practice attended forums when possible.

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).

Mental health quality data from 2015 to 2016 showed, the practice performance was lower than the national and local practice averages for patients with schizophrenia who have a comprehensive, agreed care plan documented in their record. However performance of patients diagnosed with dementia that had their care reviewed in a face to face meeting was comparable with national and local practice averages for example:

- 67% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (compared with 83% locally and 89% nationally).
- 85% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months at the practice, (compared with 83% locally and 84% nationally).

Other services provided by the practice for this population group were:

Good



Summary of findings

- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Clinicians visited a local care home where 90% of the 58 residents had dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations such as 'Health in Mind' and 'IAPT' services.
- The practice followed up patients who had attended accident and emergency that may have been experiencing poor mental health.
- Staff members had received training and understood how to support patients with mental health or dementia needs.
- Patients with mental health issues had an appropriate alert placed on their records; this allowed staff members to recognise any extra support these patients may need.
- The practice told us they offered patients in this population group on the day appointments to ensure patients in mental health crisis could access a clinician and receive the support they needed. Patients on the mental health register were followed up by a telephone call if they did not attend their appointment.
- Practice staff members told us they would find a suitable quiet area for patients to wait if they were feeling anxious, depressed, or too unwell to wait in the busy waiting room.
- Prescribing and monitoring for patients at risk of poor concordance or overdose was set to the person's specific needs, we were told this could be daily, weekly, or fortnightly.

Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results were published in July 2016. The results showed the practice was performing higher than local and national averages.

217 survey forms were distributed and 134 were returned. This represented a 62% response rate compared against the national response rate of 38%.

- 96% of patients who responded found it easy to get through to this practice by phone (compared with 71% locally and 73% nationally).
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried (compared with 84% locally and 85% nationally).
- 97% of patients described the overall experience of this GP practice as good (compared with locally 72% and nationally 73%).
- 94% of patients said they would recommend this GP practice to someone who has just moved to the local area (compared with locally 75% and nationally 78%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 69 comment cards which were all extremely positive about the standard of care patients received. Comments on the cards confirmed staff were friendly, polite, helpful, and indicated they felt supported by the practice services provided.

All ten of the patients we spoke with during the inspection voiced satisfaction with the care they received and thought staff members were approachable, committed and caring. An external community health care professional told us, that communication was excellent with the practice staff members, and when they visited the practice they found it clean, hygienic and suitable to keep people safe. When we asked patients about the dispensing service we were told they received an excellent service in relation to obtaining their repeat prescriptions. One patient told us the GP had delivered their urgently needed medicine personally when they were too poorly to leave their home.

Areas for improvement

Action the service **SHOULD** take to improve

- Record and learn from near misses when dispensing, to allow assessment of risk when dispensing.
- Maintain the new process to ensure prescriptions and medicines waiting to be collected are securely stored.

- Maintain effective checking processes are in place to meet the 'cold chain procedure' requirements for the storage of medicines.
- Ensure that appropriately authorised 'Patient Specific Directions' (PSDs) are produced prior to the administration of vaccinations.

The Ardleigh Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector; the team included a GP specialist advisor.

Background to The Ardleigh Surgery

The Ardleigh Surgery provides primary care services to approximately 7043 patients with a main practice in Ardleigh and a branch practice in Dedham. We did not visit the branch surgery in Dedham when we inspected the practice. They hold a 'General Medical Service' (GMS) contract for the services they provide which includes a dispensing service from the main surgery for 4975 patients; this equates to 71% of their population and is available during practice opening hours daily. They are a training practice that supports qualified doctors, known as registrars, completing the final stages of their GP training. The deprivation score is low for the practice area in comparison with other local and national GP practices.

The practice has three GP registered partners, two male and one female GPs. The GP partners are supported by two salaried GPs, one female and one male and a trainee registrar. The GPs are supported by one prescribing advanced nurse practitioner, one prescribing practice nurse, an assistant practitioner and a phlebotomist. The dispensary team comprises of three members of staff. The management and administration team comprises of a practice manager and nine other staff members with a range of roles; secretary, administrators and receptionists. The staff members hold a combination of roles and work patterns of full and part time hours.

During 8am to 8.30am and at lunchtime from 1pm until 2pm, an answerphone message connects patients to the duty doctor for emergencies. The practice opening hours are 8.30am until 1pm and from 2pm until 6.30pm every weekday. The branch practice opens from 8.30am until 1pm each weekday morning. The branch practice is open each afternoon for nurse clinics, for podiatry, audiology, and outreach clinics from the hospital that use the premises. The clinical sessions run during the opening hours and include clinics for asthma, chronic obstructive pulmonary disease (COPD), diabetes, contraception, including coils and implants, smoking cessation, phlebotomy (blood taking), minor surgery, childhood immunisation and holiday vaccinations, and minor injuries, including suturing.

The practice has opted out of providing GP out of hour's services. Patients calling the practice outside normal practice working hours are advised by the answerphone message to contact the 111 non-emergency services. Patients requiring urgent treatment are advised to contact the out of hour's service which is provided by Care UK.

Why we carried out this inspection

We carried out a comprehensive inspection of The Ardleigh Surgery 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 01 November 2016. During our visit we:

- Spoke with a range of staff members, the practice manager, the GPs, nurse practitioner, practice nurse, healthcare assistant, dispensing staff members, administrative staff members, receptionists, and an external NHS healthcare professional. We also spoke with patients and members of the patient participation group on the day of inspection.
- Observed how staff members spoke with patients, to their carer's and/or family members.
- Reviewed processes and procedures developed to keep patients safe.
- Reviewed comment cards where patients and members of the public had shared their views and experiences of the practice.

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 an effective system in place for reporting and recording significant events.

- The practice manager led on this process within the practice, and staff members told us they knew how to report incidents if they became aware of an issue. The incident recording process supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw that patients affected by incidents had received; an appropriate communication, in a timely fashion, with information stating how the incident was addressed/ resolved and an apology if it was applicable.
- We reviewed 10 safety incident reports that had been documented in the last 12 months and these were discussed in weekly clinical meetings. All staff members were advised of any actions taken regarding incidents to ensure improved safety was embedded at the practice and to minimise incident reoccurrence. We saw incidents were reviewed annually to check for themes/ recurrent incidents. An example of action taken was as a result of information incorrectly scanned into the record of a patient with a similar name. The practice had implemented a new system for their staff to follow to reduce the risk of this happening again.
- Medicine and patient safety alerts were received, reviewed, acted upon appropriately, and shared with all staff members. When alerts required the review of patients' medicine or a substitution of medicine, a check within the patient's record system had been undertaken and the actions taken were documented.

Overview of safety systems and processes

The practice had procedures and policies to keep patients safe:

- The safeguarding policy reflected current relevant legislation, with local contact details, that was accessible on the practice intranet, and available to all staff members outlining who to contact about safeguarding concerns.

- There was a GP lead for safeguarding at the practice and the GPs and nurses had received role specific training to level three. The lead GP had provided safeguarding training to staff members at the practice.
- GPs attended local safeguarding meetings and when required provided reports for other health and social organisations.
- Staff members were able to explain their understanding and responsibility concerning both children and vulnerable adults to ensure they were safe from abuse. All staff members had received training to the level relevant for their role.
- Chaperones were offered when required, and there were notices in the waiting room and clinical areas that advised patients they were available. Staff members acting as a chaperone were trained for the role and had received a 'Disclosure and Barring Service' (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained standards of cleanliness and hygiene at the practice. There was an infection control policy in place and regular checks to ensure standards of cleanliness and hygiene were undertaken. A record of cleaning clinical surfaces after each patient contact was seen. The infection control lead performed an audit of infection control procedures and an annual statement that set out any work or actions needed to meet the standards stated within their policy.
- We saw that clinical waste was disposed of appropriately and stored securely until it was ready for collection.
- Dispensing staff members were appropriately qualified and had received checks to ensure their competency by the GP dispensing lead annually. Dispensary procedures kept people safe and the production of prescriptions and dispensing medicines policies were reviewed and updated in line with local and national guidelines.
- Medicines were stored securely in the dispensary, accessible to authorised staff members, and at the correct room temperature. All medicines were checked regularly to confirm they were within the expiry date, and safe for use. Although we noted that prescriptions and medicine waiting to be collected were not secure. The dispensary immediately changed their working

Are services safe?

procedure to ensure medicine and prescriptions were stored away from the dispensary reception window which was accessible to patients walking near to this area.

- Records showed us that medicines requiring cold storage were kept in refrigerators that were maintained at the required temperatures but monitoring required improvement. Staff members knew how to act if refrigerator temperatures and medicines were found outside the limits for safe use. However refrigerator checking processes were minimal and not in line with current guidelines for refrigerated medicine. We received evidence within 24 hours of an improved checking procedure to be adopted at the practice for the future.
- The practice held stocks of 'controlled drugs' (CDs). These are medicines that require extra checks and special storage arrangements because of their potential for misuse. The practice had a procedure that set out how these medicines were managed and we saw this was being followed. For example, CDs were stored in a secure cupboard and access was restricted to authorised staff members and the key was held securely. There were arrangements in place for the destruction of CDs and the practice carried out regular audits to ensure their recording processes were being followed. Members of dispensing staff were aware how to raise concerns related to CDs with the CD accountable officer in their locality area.
- There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying medicines, which included regular monitoring in accordance with national guidance. We were told that all prescriptions were reviewed, and laboratory tests checked by the GPs before the prescriptions were signed and/or medicine was given to patients.
- We saw a positive culture in the practice for reporting and learning from medicine incidents and errors. Some dispensing errors were logged and reviewed promptly, however, errors identified by staff before medicines were dispensed to patients (called 'near misses') were not recorded and monitored to help make sure appropriate actions were taken to minimise the chance of similar errors occurring again. The practice manager acted immediately and provided the dispensary staff with advice and a document to record these 'near misses' in the future.

- The practice had implemented the work led by the local medicine management team to make sure prescribing was in line with local guidance and best practice clinical guidelines for safe prescribing.
- Blank prescription forms; including those used in the printers for computer generated prescriptions, were stored securely and tracked through the practice in accordance with national guidance.
- Nurses administered medicines in line with local and national guidance using patient group directions (PGDs) and (PSDs). These were current and had been regularly reviewed. . However we noted the patient specific directions (PSDs) used by the assistant practitioner to treat patients were not always signed or had clinical oversight before vaccinations were given.
- Arrangements for emergency medicine, medicine management and vaccinations, in the practice were safe (including obtaining, prescribing, recording, handling, storing and their security).
- We reviewed four personnel files including a recently employed staff members file and found appropriate recruitment checks had been undertaken prior to their 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 managed.

- Risks to patients and staff members were managed, documented, and monitored regularly. The risk assessments in place included; the premises fixtures and fittings, fire safety equipment and processes, health and safety guidance for staff members. Assessments also covered the control of substances hazardous to health, infection control, and legionella testing (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However we saw two areas of risk that had not been documented although the practice had thought there was a possible risk. Signage was added to a sloping floor in a corridor to avoid a possible trip hazard, and the dispensing work flow was moved away from the dispensary reception hatch to ensure the possible security risk of prescriptions waiting to be collected and medicine being dispensed. These changes addressed the two areas of risk seen.

Are services safe?

- Staff members had received training in the event of a fire and knew how to act and keep people safe. Practice risk assessments included fire risk equipment checks and drills.
- The practice held a service and maintenance contract for the electrical equipment used at the practice and equipment had been checked and tested to ensure it was safe for use.
- The practice building was adequately maintained to keep patients and staff members safe.
- The practice manager planned and monitored the number of staff and the role mixes needed to meet their patient population needs. We were told annual leave and staff member's sickness was factored into their planning and staff members supported one another by covering during annual leave or sickness.

Arrangements to deal with emergencies and major incidents

The practice had appropriate arrangements in place to respond to emergencies and major incidents.

- All staff members had received basic life support training and had access to an emergency system on their computer software to call for help and support if needed.
- Emergency medicines were available and all staff members knew their location. There were processes in place to check these medicines regularly to ensure they were safe for use and in date.
- There was a defibrillator and oxygen available at the practice, with adult and child masks available; we also saw there was a first aid kit and accident book available.

The practice had a detailed business continuity plan to provide information for staff members in the event of a major incident such as power failure or building damage. The plan included staff roles and responsibilities, and emergency contact numbers for staff members. Contacts for the connected utility services were also part of the plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

There was guidance available to keep clinical staff up to date with the most recent clinical guidelines from the National Institute for Health and Care Excellence (NICE) to improve patient care and treatment. These were accessible on the practice intranet system available on every computer desk-top at the practice.

Management, monitoring and improving outcomes for people

The practice used 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 recently published results of 2015 - 2016 showed the practice achieved 96% of the total number of points available compared with 92% locally and 94% nationally. The practice QOF exception reporting for the practice was 4% (compared with 8% locally and 10% nationally). (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 not an outlier for any QOF (or other national) clinical targets. Data showed:

Performance for diabetes related indicators was higher than the local CCG and national average.

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months was 78% (compared with 74% locally and 78% nationally).
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 84% (compared with 78% locally and 78% nationally).
- Performance for mental health related indicators was lower than the local CCG and national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 67% (compared

with 83% locally and 88% nationally). We questioned this low finding and the practice told us they had invested in training a nursing member of staff who had recently attained an advanced university diploma in mental health for primary care. We were shown current attained figures of 76% for this performance indicator for the current year 2016-17. This was noted as an improvement in the monitoring for this patient group.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last year. For example an audit of returned medicines showed painkilling medicines were most commonly returned. To reduce the cost of prescribing this medicine they decided a smaller amount could be prescribed until clinicians were assured the medicine was being used effectively
- The practice also participated in local medicines management audits, national benchmarking, and dispensing audits.

Effective staffing

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

- The practice had an induction process for new staff members. We spoke with a recently appointed staff member who told us the practice induction programme had given them confidence, and prepared them for their role. It had covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, security and confidentiality.
- Nurses that administered vaccinations and took samples for the cervical screening programme had received specific training which had included an assessment of their competence. Staff who administered vaccinations could demonstrate their training and an understanding of the national immunisation programmes.
- We saw appraisals were used by management to identify staff training needs. We were shown staff members had access to appropriate e-learning in-house and external training that met their learning needs and covered the scope of their work. Staff members we spoke with said they had received an appraisal within the last 12 months and been given the opportunity to attend external training.

Are services effective?

(for example, treatment is effective)

- We saw all staff members had received basic life support training in the last year.

Coordinating patient care and information sharing

The GPs had appropriate information needed to plan and deliver care and treatment; this was available and accessible to all clinical staff members through the practice intranet and the patient record system.

- This included; patient treatment plans, medical records, investigative processes, communications, patient discharge notifications, and test results. A library of patient information such as NHS patient information leaflets was available in the waiting room.
- When clinicians referred patients to other services they shared relevant patient specific information appropriately and in a timely way.
- Staff communicated with multidisciplinary teams to meet the various needs of patients.
- Staff members worked together in the practice, and with other health and social care service providers to understand, meet, assess, and plan on-going care and treatment. This included when patients were referred to other services, or discharged from hospital.

Consent to care and treatment

Consent to care and treatment was obtained by staff members in line with legislation and current guidance.

- Staff members knew the relevant consent and decision-making processes and had an understanding of the Mental Capacity Act 2005. Assessments of capacity to consent were carried out and recorded in line with their policy prior to providing treatment.

Supporting patients to live healthier lives

The practice recognised patients who may need extra support. For example:

- Patients receiving end of life care, patients that were carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and/or alcohol cessation. We saw evidence that patients were signposted or referred to appropriate services and followed up when needed.
- The practice uptake in the cervical screening programme was 85%, which was higher than the local average of 83% and the national average of 82%. The practice had a procedure to remind patients who had not attended their cervical screening test. They also followed up women who were referred as a result of abnormal results.
- The practice encouraged the uptake of the national screening programmes for bowel and breast cancer by using information on their notice boards in the waiting room, on their website and opportunistically during routine appointments.
- Data showed the percentage of people aged, 60-69, screened for bowel cancer within six months of the invitation at the practice was 67% (58%). Females, aged 25-64, that attended for cervical screening within the target period of three and a half or five and a half years at the practice was 82% (locally 76% and nationally 74%).
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged between 40 to 74 and senior health checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, when abnormalities or risk factors were found.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we saw that all staff members were courteous and helpful to patients; this included treating them with dignity and respect.

- Patients' told us their privacy and dignity during examinations, investigations and treatments were respected and maintained by the staff members and the provision and use of curtains that surrounded the examination couches.
- Patients also told us they were treated with consideration, and involved in making decisions about their care and treatment. All the patients we spoke with told us it was a very caring, community established practice, with helpful, supportive staff members.
- Consultation and treatment room doors were closed during consultations to ensure conversations taking place could not be overheard.
- Staff members at the reception desk told us they could recognise when patients appeared distressed or needed to speak about a sensitive issue. They said they would find a private place away from the waiting room where patients could discuss their issues or problems.

The 69 comment cards we received were all positive about the standard of care and treatment delivered at the practice. Comments on the cards confirmed staff were friendly, polite, helpful, and indicated they felt supported by the services provided. Results from the national GP patient survey published in July 2016 showed that satisfaction rates were higher than other practices in the local CCG area and nationally.

For example:

- 94% of respondents said the GP was good at listening (locally 87% and nationally 89%).
- 99% of respondents said the GP gave them enough time (locally 86% and nationally 87%).
- 97% of respondents said they had confidence and trust in the last GP they saw (locally 95% and nationally 95%).
- 95% of respondents said the last GP they spoke to was good at treating them with care and concern (locally 85% and nationally 85%).
- 98% of respondents said the last nurse they spoke to was good at treating them with care and concern (locally 90% and nationally 91%).

- 94% of respondents said they found the receptionists at the practice helpful (locally 87% and nationally 87%).

We spoke with eight members of the patient participation group (PPG) they told us they were more than satisfied with the care and treatment provided by the practice. They received emailed information and gave their opinions when asked. They told us they felt valued and that their suggestions and opinions mattered.

Care planning and involvement in decisions about care and treatment

During the inspection, all the patients we spoke with told us they felt involved in the decision making process for their care and treatment. They also told us they felt listened to and supported by staff members and were given sufficient time during consultations to make decisions about the choice of treatments available to them. Patient feedback on the comment cards we received reflected these views, and the results from the national GP patient survey were in line with these patient responses. Questions involving planning and making decisions about care and treatment were higher than local and national averages for GPs and nurses.

For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments (locally 85% and nationally 86%).
- 94% of patients said the last GP they saw was good at involving them in decisions about their care (locally 81% and nationally 82%).
- 96% of patients said the last nurse they saw was good at explaining tests and treatments (locally 89% and nationally 90%).
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care (locally 85% and nationally 85%).
- The practice provided facilities to help patients be involved in decisions about their care:
- Staff told us they had access to translation services for patients who did not have English as their first language.
- Information leaflets were accessible and available in easy to read formats. Their website provided information in other languages.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room, told patients how to access support groups and organisations if they were a carer. The treatment templates encouraged staff members to check for carer's within their practice population. The patient record system alerted practice staff members if a patient was also a carer; this ensured that carer's were given extra consideration when arranging appointments so they could meet their caring and healthcare needs and responsibilities. The practice had identified 134 carer's this equated to 1.9% of the practice population. The practice manager told us that carers were identified on the patient record system to ensure they were offered on-going support to keep them safe and healthy.

The practice bereavement process offered families that had suffered bereavement contact from their usual GP, and an invitation for them to meet with the GP. Information for bereaved families was available within the reception area to ensure staff members were informed when family members contacted the practice, this enabled them to communicate with them appropriately. In the practice, and on the practice website there were self-help guides and benefits advice to support the bereaved.

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 the Clinical Commissioning Group (CCG) to assure improvements to services where they were identified. CCGs are clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

- The practice focused their attention on frail and vulnerable patients, including those with safeguarding concerns. Clinicians discussed those patients they felt needed extra monitoring and care to reduce their risk of a hospital admission during weekly clinical and regular multidisciplinary meetings. These discussions assured the team that patients thought to be deteriorating could be well managed in a whole team approach. Treatment plans were in place for all patients they recognised as needing this support.
- The practice provided longer appointments to patients living with a learning disability.
- Home visits were available for older patients and patients who would benefit from them.
- Appointments were available on the same day requested for children and for those patients with serious or urgent medical conditions.
- Nursing staff had received extra training in specific areas of clinical work to meet the practice population needs for example; prescribing and managing minor injuries; and specific chronic disease management, to ensure they could support both the patients and GPs fully.
- Patients were able to access travel vaccinations when they needed them.
- The purpose built GP practice was wheelchair accessible, and translation services were available to aid patients.
- The practice had 21 patients living with a learning disability and we saw that all had been offered an annual health check.

Access to the service

During 8am and 8.30am and at lunchtime from 1pm to 2pm, an answerphone message connected patients to the

duty doctor for emergencies. The practice opening hours were 8.30am until 1pm and from 2pm until 6.30pm every weekday. The branch practice opened from 8.30am until 1pm each weekday morning only. The clinical sessions operated during the opening hours. Patients calling the practice outside normal practice working hours were advised by the answerphone message to contact the 111 non-emergency services. Patients requiring urgent treatment were advised to contact the out of hour's service provided by Care UK.

Results from the national GP patient survey showed that patient's satisfaction with the access to care and treatment were higher than other local and national averages.

- 79% of patients were satisfied with the practice's opening hours (locally 76% and nationally 76%).
- 96% of patients said they could get through easily to the practice by phone (locally 71% and nationally 73%).

All the patients we spoke with on the day of the inspection said they were able to get an appointment when they needed one.

Listening and learning from concerns and complaints

The practice had a system to manage complaints and concerns; they had received seven in the last 12 months, four of these were verbal and three were written. We saw they had been well documented, managed and complainants had received an apology when appropriate. The practice had also reviewed the complaints annually to ensure there were no themes or trends that needed to be addressed.

- Their complaints policy recognised guidelines set out for GPs in England and met local requirements with regards to the contact details available.
- The practice manager was the named designated staff member that led and managed all complaints. There was information available in the practice complaints leaflet, the practice leaflet, within the practice charter leaflet and on their website to support patients that wanted to make a complaint. Practice meeting agenda's had a standing agenda item to discuss any complaints they had received to ensure they could be shared with all staff members.

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 aims and objectives were:

- To provide a high standard of primary care in a confidential and clinically safe environment showing respect at all times irrespective of ethnic origin, religious belief, personal attributes or their health problem.
- To treat the patients holistically, in a patient centered manner, to involve them in their care and treatment, involve other professionals, and ensure patient consent at all times.
- Further improvement objectives at the practice were to educate and inform patients to be proactive in their own health and wellbeing. To ensure the practice complied with all relevant legislation, and provide a learning environment to train health professionals.
- The future planning at the practice included exploring the benefits for patients and staff members regarding being part of the establishment of a 'Super Practice' in their locality.

Governance arrangements

The practice used its policies procedures and processes to support the delivery of good quality care. These outlined the use of the practice systems to ensure that:

- Staff members understood their roles and responsibilities to provide team support.
- Practice specific policies were in place and staff members knew where to access them.
- The practice monitored their performance which ensured their ability to maintain and improve patient outcomes. This was shown in their higher than average local and national patient satisfaction and Quality Outcome Framework (QOF) high achievement results.
- Risks were well managed, and actions had been taken when needed to ensure patients and staff member's safety. These were well documented, prioritised, and followed-up. However we saw two areas of risk that had not been documented although the practice had thought there was a possible risk. Signage was added to a sloping floor in a corridor to avoid a possible trip hazard, and the dispensing work flow was moved away from the dispensary reception hatch to ensure the possible security risk of prescriptions waiting to be collected and medicine being dispensed. We saw that

both areas risk on the day of inspection had been addressed. We received an email from the practice within 24 hours to show a change to practice procedures to ensure prevention was maintained.

Leadership and culture

The GPs in the practice demonstrated that they had plenty of local experience, capacity and capability to lead the practice and ensure high quality care was provided. They prioritised safe, community based, and compassionate care. The GPs were visible in the practice and staff members told us they took time to listen and supported their views on any improvement or development suggestions they made. The GPs encouraged a culture of openness and honesty and were aware of and complied with the requirements of the 'Duty of Candour' when dealing with safety incidents.

- The practice had arrangements to deal with notifiable safety incidents when they arose and ensured staff members were informed of any learning that had been gained when they were investigated.
- The leadership structure was clear and staff members told us they felt supported by management.
- Staff members told us they were involved in the regular practice team meetings and that they appreciated the open culture within the practice. We were also told by staff members that they felt confident to raise any topics and were supported when they did.
- Staff members said they felt respected, and valued, particularly by the practice manager and GPs at the practice.
- The practice manager attended the local 'Practice Managers group' meetings. This ensured they had regular contact with their fellow peers in the locality and could share ideas and good practice to support locality primary care service work.

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

The practice encouraged and valued feedback from patients, the public and staff members. They used feedback gathered to modify practice developments.

- The practice monitored feedback from patients through the national GP survey and 'Friends and Family' comments cards.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff members via staff meetings, appraisals and during ad-hoc discussions. Staff members told us they would not hesitate to give feedback and discuss any concerns or issues with their colleagues or management.
- The practice worked well with their patient participation group (PPG) to gain patient experience and opinions before making changes. They met with a group of eleven members regularly to discuss any recent issues, concerns or information and provided electronic information to a further 80 virtual members. One of the improvements made as a result of the PPG concerned the patient call system with numbers and lights in the waiting area sometimes caused confusion. The practice trialled working with the clinicians coming out to call the patients within the waiting area. This change was well received by patients and staff members and the practice made the change permanent.

Continuous improvement

There was a focus on learning and improvement within the practice.

- We were told that continual improvement was an important ethos throughout the practice, and that this was one of the practice objectives. This work included the GPs, registrars, the nursing and administrative staff members.
- The practice had participated in the local 'North East Essex Diabetes Service' (NEEDS) scheme and had achieved the top ranking practice in the locality for improved outcomes for their diabetic patients. To ensure the practice continued to improve their already excellent results they also participated in the 'National Diabetes Audit' and the 'Norfolk Diabetes Study'.