

# Southview Park Surgery

## Quality Report

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Date of inspection visit: 13 July 2016  
Date of publication: 09/08/2016

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

## Ratings

Overall rating for this service		Good	
Are services safe?		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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Southview Park Surgery on 13 July 2016. Overall the practice is rated as good.

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

- Staff had confidence in reporting, recording, investigating and responding to significant events. However, the practice acknowledged improvements could be made to improve the detailing of the incidents, analysis, response and revisiting of lessons learnt.
- The practice had systems in place to share patient safety and medicines alerts but did not have systems established to ensure they were appropriately actioned. The searches were not revisited to ensure safe prescribing and the management of medicines.
- The practice appeared clean and tidy. An annual infection control audit had been conducted and cleaning schedules were in place but did not accurately reflect the full extent of actions undertaken.
- There were limited quality improvement processes, including clinical audit, in place at the practice.
- We found appropriate recruitment checks had been undertaken prior to employment.
- Staff were supported to have the skills, knowledge and experience to deliver effective care and treatment.
- Staff received detailed inductions, probationary reviews and yearly appraisals. The practice identified and addressed the development and training needs of their staff.
- Data from the national GP patient survey showed patients rated the treatment by the practice nurses as higher than the local and national averages. However, the reviews were less favourable of the GPs.
- Patients were able to book appointments in person, over the phone and on line.

# Summary of findings

- Some patients reported difficulties making convenient appointments. However, on the day urgent appointments and telephone appointments were available.
- There was a defined leadership structure in place, with assigned roles and responsibilities and staff appointed to act in each other's absence.
- Patients told us of the kind and welcoming reception they received from staff. We saw staff were polite, respectful and supportive to one another.
- The practice attended Basildon and Brentwood Clinical Commissioning Group events and participated in local pilot schemes.

The areas where the provider must make improvement are:

- Ensure patient safety and medicines alerts are appropriately actioned and revisited to ensure the safe prescribing and management of medicines.

The areas where the provider should make improvement are:

- Improve the comprehensive documenting and analysis of significant incidents, including identifying potential detriment to patients, staff or public. Actions identified should be reviewed to ensure their effective implementation.
- Implement a quality improvement process including clinical audit, aligning them to national and local guidelines. Ensure areas for improvements are actioned and shared with practice staff.
- Improve national cancer screening rates for patients.
- Review and reduce the attendance of patients at A&E departments.
- Ensure cleaning schedules reflect the full extent of activities undertaken.

**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**



- Staff had confidence in reporting, recording, investigating and responding to significant events. However, the practice acknowledged improvements could be made to improve the detailing of the incidents, analysis, response and revisiting of lessons learnt.
- The practice had systems in place to share patient safety and medicines alerts but did not have systems established to ensure they were appropriately actioned. The searches were not revisited to ensure safe prescribing and the management of medicines.
- Staff had received appropriate safeguarding training and knew how to identify and report concerns.
- The practice appeared clean and tidy. An annual infection control audit had been conducted and cleaning schedules were in place but did not accurately reflect the full extent of actions undertaken.
- We found appropriate recruitment checks had been undertaken prior to employment.
- Risks to patients were assessed and well managed such as; health and safety assessments and fire risk assessments.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were good with the practice achieving 95.9% of the QOF points available.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was evidence of quality audit but they were predominately related to medicine management. They lacked narrative relating to the interpretation of data, evidence of how changes had improved the safely and performance of the practice.
- Staff were supported to have the skills, knowledge and experience to deliver effective care and treatment.
- Staff received detailed inductions, probationary reviews and yearly appraisals. The practice identified and addressed the development and training needs of their staff.

# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- 82 Care Quality Commission comment cards were completed by patients and were overwhelmingly positive regarding the conduct and care provide by all the practice team to their patients.
- Data from the national GP patient survey showed patients rated the treatment by the practice nurses as higher than the local and national averages. However, the reviews were less favourable of the GPs.
- 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.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients were able to book appointments in person, over the phone and on line.
- Some patients reported difficulties making convenient appointments. However, on the day urgent appointments and telephone appointments were available.
- The practice had high non-attendance rates by their patients despite text reminders and following up with patients to try and reduce non-attendance.
- Patients benefitted from the attendance of community health services such as the midwife and counselling service to the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available. Staff told us they would try and resolve concerns at the time of reporting. Complaints and learning from them was shared with staff.

Good



# Summary of findings

## Are services well-led?

Good



- The partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.
- There was a defined leadership structure in place, with assigned roles and responsibilities and staff appointed to act in each other's absence.
- Patients told us of the kind and welcoming reception they received from staff. We saw staff were polite, respectful and supportive to one another.
- The practice valued and actively engaged with the patient participation group.
- The partners regularly said thank you and showed their appreciation to the practice team.
- The practice attended Basildon and Brentwood Clinical Commissioning Group events and participated in local pilot schemes.
- The practice did not hold clinical meetings and record actions allocated including reviewing their progress.

# 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 worked with the local care coordinator to conduct needs assessments and liaise with partner services to coordinate health and social care provision supporting independent living.
- The practice participated in the admission avoidance programme reviewing the care of those patients at risk of admission to hospital. Despite this, they had high accident and emergency admissions compare to the national average.
- Dosette boxes were available for patients from the local pharmacy to promote the safe management of medicines by patients.
- Shingle and flu vaccines were available for applicable patients.
- Senior health checks were conducted for over 65year olds
- Longer appointments were available.
- The practice actively identified carers and informed them of services that may assist them.

### People with long term conditions

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

Good



- The practice conducted comprehensive registration health checks for their new patients to aid the timely identification of conditions.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients at risk of infections were offered appropriate vaccinations such as the seasonal flu vaccination.
- The practice offered rescue packs for COPD patients.
- The practice had higher than the local and national average for reviews undertaken of their patients with COPD, including an assessment of breathlessness in the preceding 12 months. They achieved 93% in comparison to the local average of 88% and the national average of 90%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.

# Summary of findings

- The named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- We saw positive examples of joint working with midwives who attended the practice.
- The practice offered confidential family planning and sexual health are available to young people.
- On the day appointments for children and outside of school hours.
- Immunisation rates were relatively high for all standard childhood immunisations.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, the practice followed up with partners and guardians of children who failed to attend immunisations and hospital appointments.
- The practice's uptake for the cervical screening programme for 25- 64year old women was good achieving 84%, which was better with the national average of 82%.

Good



## 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 practice offered face to face and telephone consultations with their clinical team from 8am to 6.30pm Monday to Friday.
- 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.

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.
- Homeless patients were allowed to register under the practice address.
- Patients with addictions to drugs and alcohol were signposted and supported to access to local services.

Good



# Summary of findings

- Patients subject to abuse were supported and advised of services.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice worked with the local care coordinator to ensure the needs of their patients were being met and supporting them to maintain independence.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

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

- The practice offered flexible appointments for patients with poor mental health.
- The practice achieved above the national average for their management of patients with poor mental health. For example, 97% of their patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records within the last 12 months and 92% had their alcohol consumption recorded.
- The practice followed established crisis pathways. Patients with a propensity to self-harm were fast tracked to A&E and local hospitals.
- The practice conducted dementia screening for their patients. They achieved higher than the national average for the percentages of their patients diagnosed with dementia receiving a face to face review within the preceding 12 months. They achieved 90% in comparison with the national average of 84%.
- The practice regularly within multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Talking therapies were provided at the practice on Thursday morning.

Good



## Summary of findings

- Staff had undertaken training in dementia awareness and had an understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed inconsistencies in the performance of the practice. 385 survey forms were distributed and 125 were returned. This represented a response rate of 32.5%.

- 87% of respondents found it easy to get through to this practice by phone compared to the local average of 72% and the national average of 73%.
- 72% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the local average 83% and the national average of 85%.
- 80% of respondents described the overall experience of this GP practice as good compared to the local average of 82% and the national average of 85%.
- 65% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the local average 74% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 82 completed comment cards. This was high response rate. The comments were overwhelmingly positive regarding the conduct of all staff and the services provided at the practice. Patients provide detailed evidence of how the practice team had gone above and beyond what they expect from their surgery to support and care for them. They told us they had confidence in the practice and illustrated how staff had showed them compassion at difficult times.

The practice participated in the NHS Friends and Family test. They had received 103 responses from patients during 2015/2016. 92% of their patients asked were likely or extremely likely to recommend the practice.

We spoke with two patients during the inspection, both members of the patient participation group. They spoke highly of the practice and the kindness, support and patience of staff. They were aware some patients had experienced difficulties obtaining convenient appointments. However, they said patients were able to get on the day urgent appointments and speak to members of the clinical team.

## Areas for improvement

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

- Ensure patient safety and medicines alerts are appropriately actioned and revisited to ensure the safe prescribing and management of medicines.

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

- Improve the comprehensive documenting and analysis of significant incidents, including identifying potential detriment to patients, staff or public. Actions identified should be reviewed to ensure their effective implementation.

- Implement a quality improvement process including clinical audit, aligning them to national and local guidelines. Ensure areas for improvements are actioned and shared with practice staff.
- Consider joint clinical meetings with the GPs and practice nursing team. Ensure these are accurately recorded and reflect actions identified and their completion.
- Improve national cancer screening rates for patients.
- Review and reduce the attendance of patients at A&E departments.
- Ensure cleaning schedules reflect the full extent of activities undertaken.

# Southview Park Surgery

## Detailed findings

### Our inspection team

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

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

## Background to Southview Park Surgery

Southview Park Surgery is situated in a residential area of Basildon. There are patient parking facilities and on street parking nearby. There are four permanent GPs, one female GP and three male GPs. They are supported by two nurse practitioners, a healthcare assistant and reception and administrative team overseen by the practice manager and partners.

The practice has approximately 3800 patients registered with the practice. They serve a broad demographic with high levels of deprivation amongst children and older people. Their male and female patients have a lower than the local average life expectancy.

The practice is open 8am to 6.30pm Monday to Friday. Clinical appointments are available from 8am to 1pm and 3.30pm to 6.30pm. The prescribing nurses work Monday and Tuesday Mornings and all day Wednesday, Thursday and Friday. Appointments can be booked several months in advance. The practice also provides telephone appointments for on the day call backs. The practice does not operate extended hours.

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

The practice has a clear well produced comprehensive website. It is easy to navigate and provides details of services and support agencies patient may find useful to access.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 July 2016. During our visit we:

- Spoke with a range of staff (practice manager, GP and managing partner, reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

# Detailed findings

- 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. All staff had access to the reporting and recording of incident forms. The incident recording form 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). Staff told us they would inform the practice manager or GPs of initial concerns. We found three incidents had been recorded since November 2015. These related to referral processes, deteriorating health of a patient and recording of clinical consultations. We spoke to staff who confirmed the incidents had been discussed with them and learning shared. However, the practice records lacked detailed narrative of the incident. They failed to include details of discussions held with staff or analysis of the incidents to identified lessons learnt and proposed improvements.

We asked the practice how they managed Medicines and Health Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us that they shared the alerts with their clinical team, who were required to confirm the actioning of any information and this was documented. The practice demonstrated how the patient record system alerted prescribers to potential conflicts or risks relating to prescribing some medicines.

We checked patient records in respect of two alerts relating to the management of high risk medicines. We found three patients had been prescribed medicines contrary to guidance placing them at increased risk of muscle damage. A further nine patients had been prescribed medicine contrary to guidance without any narrative to explain the clinicians rationale and four of the patients had not been appropriately monitored whilst receiving the medicine.

The practice were concerned by the inspection findings and immediately provided an undertaking to review their response to all such alerts. They established search protocols within their patient record system to systematically check for prescribed medicines and medicine conflicts, thereby identifying patients who may potentially be adversely affected. They also supplied the

commission with a plan relating to the immediate actions they had taken to safeguard patient safety. However, it was not a robust procedure that ensured searches would be revisited.

### Overview of safety systems and processes

The practice had 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. These arrangements reflected relevant legislation and local requirements. 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 led on safeguarding and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Clinical staff were trained to child safeguarding level 3 and some had undertaken additional training in safeguarding children from sexual exploitation, female genital mutilation and domestic violence awareness. The practice followed up on all non-attendance at hospital appointments for under 18year old and child immunisations, often on the day.
- A notice in the waiting room advised patients that chaperones were available if required. The practice nurses predominately perform the role. However, all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We found the practice was clean and tidy. The practice had a defined infection prevention and control policy revised March 2017. The practice nurses were the infection control clinical leads and had received training and educated and supported the practice team. An annual infection control audit had been conducted and cleaning schedules were in place. However, they did not reflect the full extent of cleaning undertaken by the practice nursing team. The practice encouraged and supported staff to receive appropriate vaccinations such as hepatitis B for blood borne viruses.

## Are services safe?

- The arrangements for managing some medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice had identified gaps in their monitoring systems and were developing alerts generated by automatic protocols within the patient clinical record system. This was to enhance the effective monitoring of conditions such as those that require blood tests. However, they did have processes in place for handling repeat prescriptions which included the review of high risk medicines. The policies were being revised to reflect recent improvements in their governance of their medicine management.
- The practice carried out regular medicines audits, with the support of the local medicines management teams including dietitians, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer some vaccines such as B12 against a Patient Specific Directive.
- We reviewed three personnel files for two clinicians and one non clinical member of staff. We found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice had revised their fire risk assessment in 2016 and conducted regular checks on their fire safety equipment such as their emergency lighting, alarms and extinguishers.
- All electrical equipment had been checked in July 2016 to ensure the equipment was safe to use and clinical equipment had been checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The premises were identified to be at low risk of legionella disease.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The GP locums covered during the GP partner's absence and the practice had trained staff to undertake aspects of the practice manager's duties in their absence.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- Emergency medicines were in date, listed and checked regularly. They were accessible to staff in a secure area of the practice and all staff knew of their location.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were accessible to staff.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The practice plan had been reviewed in December 2016 and included a defined cascade procedure for notifying staff of issues. The plan included actions to be taken and emergency contact numbers for staff.

### 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. Health and safety monitoring procedures were established and actively monitored. Staff had undertaken training in accident and incident reporting. They were also aware of how to report occupational diseases.

# 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. They shared and discussed changes in guidance and we saw evidence of this reflected in their clinical practice. The practice monitored adherence in relation to QOF outcomes.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 95.9% of the total number of points available in 2015/2016. Their clinical performance was above the local and national averages for QOF. The practice also had a low exception reporting rate of 5.1%. This was 1.8% below the local rate and 4.1% below the national exception rate. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from the 2015/2016 QOF clinical targets showed:

- Performance for diabetes related indicators were comparable with the national average. For example, the percentage of patients with diabetes, on the register in whom the last IFCC-HbA1C is 64mmol/mol or less in the preceding 12 months. Patients on the diabetic register who had the influenza immunisation had similar to the national average, achieving 93% in comparison with the national average of 94%.
- The practice achieved above the national average for their management of patients with poor mental health. For example, 97% of their patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records within the last 12 months and 92% had their alcohol consumption recorded.

- The practice achieved higher than the national average for the percentages of their patients diagnosed with dementia receiving a face to face review within the preceding 12 months. They achieved 90% in comparison with the national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was comparable with the national average achieving 81% in comparison with the local average of 82% and the national average of 84%.
- The practice had higher than the local and national average for reviews undertaken of their patients with COPD, including an assessment of breathlessness in the preceding 12 months. They achieved 93% in comparison to the local average of 88% and the national average of 90%.

The practice were also performing above the local and national averages for their identification of chronic pulmonary heart disease. The practice explained that they were committed to the early identification of long term conditions. In order to achieve this, they conducted comprehensive screening of their patients as part of their new registration check. They told us how they supporting their patients to enhance their understanding and management of conditions to improve their health and wellbeing.

However, the practice was an outlier for the percentage of patients with diabetes on the register whose last measured total cholesterol (measure within the preceding 12 months) is 5mmol/l or less. They achieve 68% in comparison to the local average of 75% and the national average of 80%. The practice told us of their difficulties monitoring their performance in this area. They explained that due to system limitations they were unable to apply the current QOF criteria until six months into the assessment period. This is a known system issue that the practice has raised with Basildon and Brentwood CCG and the system supplier. No remedial action has been proposed. Some of their patients reported having received their check with hospitals but their blood results were not accessible to the practice.

The practice had above the local average for accident and emergency admissions for ambulatory care sensitive conditions (22.99 per 1,000 of the population) far above the national average of 14.8 per 1,000 of the population. Ambulatory care sensitive conditions are those which it is possible to prevent acute exacerbations and reduce the

# Are services effective?

## (for example, treatment is effective)

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 believed this was attributable to being located close to the accident and emergency department. The practice told us they had tried to determine the reasons for their patient's attendance but the hospital reports lacked details. They had raised their concerns with Basildon and Brentwood CCG representative during their practice meetings.

There was some evidence of quality improvement. The practice had reviewed the percentage of patients who had a child and had their breast feeding status recorded. In March 2015, the practice identified 82% of their patients had their data recorded. Consequently staff were educated on the importance of recording information and the follow-up audit undertaken in June 2015 showed an improvement of 10%, thereby achieving a 92% recording rate. This was revisited again in August 2015, where the practice achieved a recording rate of 97%. Data was subsequently reviewed quarterly to sustain the practices improved performance.

The practice had also audited the number of patients aged 16 years and over that should have their BMI recorded in their notes. In July 2015, the practice identified 34% of their relevant patients had the data recorded. This had improved in September 2015 achieving 43% and was revisited.

The practices most recent audits related to minor surgery and medicine management. The medicine management audits often relating to cost efficiency. The reports lacked narrative to explain the data, outcomes, learning identified and the revisiting of issues to demonstrate improvements. They also failed to state who the reports had been discussed with and how they were intended or had informed improvements.

### Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff. This covered

such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. All staff also undertook a probationary period where feedback was sought from colleagues.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines told us how they were supported by the practice to access resources including attending external training to ensure they stayed up to date with changes to the immunisation programmes.
- The learning needs of staff were identified through a system of appraisals and meetings. All staff had access to appropriate training to meet their learning needs and to cover the scope of their work. The staff told us the practice partners and management were all approachable. They received ongoing support informal and formal support from one another, clinical supervision and facilitation and support for revalidating GPs. All staff had received their probationary reviews or an appraisal within 12 months. Where development needs had been identified appropriate training had been scheduled and dates issued for completion.
- Staff had undertaken extensive training during their employment, including; safeguarding, fire safety awareness, basic life support, equality and diversity, information governance, conflict resolution and consent. Staff had access to and made use of e-learning training modules and local training in the CCG time to learn sessions.

### Coordinating patient care and information sharing

The practice regularly reviewed the accuracy of their patient records to ensure information shared with all clinicians was appropriate to plan and deliver care and treatment. Patient information was predominantly shared through the patient record system enabling it to be accessed in a timely and accessible way. This included care and risk assessments, care plans, medical records and investigation and test results.

The practice no longer benefited from funding for the coordination of multidisciplinary meetings. The last formal meetings were held in July 2015 and October 2015. The

# Are services effective?

## (for example, treatment is effective)

practice had reinstated their three monthly meetings to review the care of patients with complex needs. The practice did report challenges in securing the attendance of some partner agencies. However, their last meeting held in June 2016 was attended by community health and social care services. More frequent discussions were held with their care coordinator to ensure their evolving needs of patients were met. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

### Consent to care and treatment

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

- Clinical and non-clinical staff had received training in consent and Mental Capacity Act 2005. We spoke to members of the clinical team who understood the relevant consent and decision-making requirements of legislation and guidance. The practice nurse provided an illustrative example of how they had applied their understanding of mental capacity to administering vaccines.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP recorded the outcome of the assessment.
- The practice obtained written consent for all surgical procedures. We reviewed the documentation and found it detailed the procedure and informed the patient of potential outcomes.

### Supporting patients to live healthier lives

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

The practice had a lower than local and national average of new cancer cases. They encouraged their patients to attend

national screening programmes. However, data from the National Cancer Intelligence Network showed the practice had inconsistent performance in comparison with local and national rates of screening for their patients in some areas. For example;

- The practice's uptake for the cervical screening programme for 25- 64year old women was good achieving 84%, which was better with the national average of 82%.
- The practice's uptake for the screening of women age 50-70 years for breast cancer in the last 36 months was 61% which was below the local average of 69% and the national average of 72%. Their screening rates for women within the same age band for attendance within six months of their invitation were also low. The practice achieved 55% which was below the local average of 71% and the national average of 73%.
- The practice uptake for screening persons aged 60-69 years of age for bowel cancer within 6months of their invitation was below the local and national average achieving 49% as compared to the local and national average of 58%.

The practice told us they did follow up non-attendance by patients for national screening programmes other than during consultations. Literature was available to patients within the waiting areas on national cancer screening programmes.

Childhood immunisation rates for the vaccinations given were comparable to local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 98% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We 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. Consultation and treatment room were removed from the main waiting area and doors were closed during consultations. Conversations taking place in these rooms could not be overheard. Reception staff knew the patients and when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The 82 completed Care Quality Commission comment cards were overwhelmingly positive about the service experienced. Patients provided illustrative examples of how the practice team had shown exceptional compassion to patients during times of great distress and difficulty. We spoke with two patients during the inspection, both members of the patient participation group. They also spoke highly of the practice team and the kindness, support and patience of all staff.

Results from the national GP patient survey, published in January 2016 showed patients rated their experience with the practice reception team as below the local and national averages. For example, 75% of respondents said they found the receptionists at the practice helpful compared to the local average of 85% and the national average of 87%. The practice told us they recorded all concerns reported by patients to identify trends and found some dissatisfaction with the reception team. These often related to being unable to provide convenient appointments or provide sick certificates or repeat prescription immediately. The comment cards completed by patients reported high levels of support and satisfaction with the reception team and acknowledgement for their often difficult role.

The practice was comparable for its satisfaction scores on consultations with GPs. For example:

- 81% of respondents said the GP was good at listening to them compared to the local average of 85% and the national average of 89%.
- 83% of respondents said the GP gave them enough time compared to the local average of 84% and the national average of 87%.

- 89% of respondents said they had confidence and trust in the last GP they saw compared to the local average of 93% and the national average of 95%.
- 79% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the local average of 80% or the national average of 85%.

The practice told us they had commissioned an independent survey for their GPs in response to the national GP patient survey findings. They intended to use it to inform the training and development needs of their staff and strengthen their clinical team.

Patients reported higher than local and national averages for satisfaction with the practice nursing team. For example, 93% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 90% and the national average of 91%.

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

Patients told us they felt involved in decision making about the care and treatment they received. Results from the national GP patient survey published in January 2016 showed patients responded positively to questions about the nursing team. In particular their involvement in planning and making decisions about their care and treatment. For example; 93% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the local and national average of 85%. In February 2016 the practice, in partnership with their PPG, had revisited patient experiences of their service. Overall the patient feedback was consistently good with high levels of satisfaction with the nursing team.

However, patients reported less favourably on their experiences of their GPs. For example;

- 76% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 73% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the local average of 76% and the national average of 82%.

The practice was aware of the results from the survey in relation to patient satisfaction. . They had spoken to the

## Are services caring?

clinical team regarding the concerns raised and had identified areas for improvement. However, the practice had also commissioned an independent GP survey to assist the practice to identify individual training and development needs within their clinical team

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in the waiting room. The practice nursing team also printed out specific information to educate and assist patients to improve self-management of conditions.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 72 patients (1.9% of their patient list size). The practice asked patients on registering if they were a carer. They were provided with information packs and advised of services that may be beneficial to them such as seasonal flu vaccinations and sent text reminders. The practice also had a designated carer's corner notice board within the patient waiting area advising patients of the various avenues of support available to them.

Palliative care patients had direct access to a clinician including out of hours. Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and 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 understood the needs of their patient population and provided a range of services to meet their needs. For example;

- The practice offered appointments with the GPs and practice nursing team from 8am Monday to Friday. Appointments could be booked in person, on the phone or on line.
- The practice has nurse practitioners who offer emergency appointments for minor ailments and may prescribe for some conditions.
- There were longer appointments available for patients on request or where there was an identified need such as for patients with learning disabilities.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There was not assisted entry from patients and the reception team did not have view of the entry doors. However, there was a bell to alert staff to a person who may require assistance and a separate intercom system.
- Talking therapies were provided at the practice on Thursday morning.
- There were facilities for the disabled, including a toilet for the disabled, a hearing loop and translation services available.
- Phlebotomy services were provided to vulnerable patients such as those with poor mobility.
- The practice worked with the local care coordinator to liaise with health and social care services, supporting patients to maintain their independence.
- The practice worked closely with their local pharmacist speaking daily to ensure the timely and appropriate management of patient's medicines.

The practice acknowledged that patients had requested more clinical appointments. However, in May and June 2016 the practice had identified 326 clinical appointments wasted due to non-attendance by patients. This was

despite text reminders being sent to patients, follow up calls and text being sent to determine the reason for non-attendance and information being published on the hours of clinical time wasted. The practice monitored repeat non-attendance by patients for consultations. Patients who persistently failed to attend appointments were asked to cancel the appointment. The practice regularly reviewed their non-attendance rates with their patient participation group and discussed strategies to reduce the prevalence.

### Access to the service

The practice was open 8am to 6.30pm Monday to Friday. Clinical appointments are available from 8am to 1pm and 3.30pm to 6.30pm. The prescribing nurses work Monday and Tuesday Mornings and all day Wednesday, Thursday and Friday. Appointments can be booked several months in advance. The practice also provides telephone appointments for on the day call backs. The practice does not operate extended hours. Urgent appointments were available throughout the day.

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 comparable to local and national averages.

- 76% of respondents were satisfied with the practice's opening hours compared to the local average of 73% and the national average of 78%.
- 87% of respondents said they could get through easily to the practice by phone compared to the local average of 72% and the national average of 73%.

We asked the practice when the next available appointment was with the GPs. Telephone appointments were available with the GP within two days or a face to face consultation within a week. Next day appointments were available with the practice nurse and healthcare assistant.

People 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

# Are services responsive to people's needs?

(for example, to feedback?)

GPs in England and had been reviewed in February 2016. It included reference to independent advocacy service and right to appeal the outcome of the practice findings if dissatisfied with the Ombudsman.

- Staff were trained in complaints and refresher training provided in time to learn sessions. The last of which was held in May 2016.
- The practice manager was the designated responsible person who handled all complaints in the practice with oversight from the partners.
- We saw that information was available to help patients understand the complaints system. Complaints and concerns posters were displayed in the patient waiting areas and information leaflets were available. Complaints information was also available on their practice website.

- The practice also had responded to comments posted on NHS Choices website.

The practice recorded verbal and written complaints to capture all comments and concerns. The practice had recorded three complaints within the last year 2015/2016. These related to clinical care and conduct of staff. We found all complaints had been acknowledged in a timely manner. Where the concerns related to clinical decisions clinical opinions had been sought and patient notes appropriately reviewed. Their response was detailed addressing each concern raised and was compassionately and sensitivity worded. Apologies were given where appropriate and learning outcomes identified and shared with staff both informally and formally through the investigations and practice meetings.

# 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 partners and their practice team were highly committed and wished to deliver excellent, effective, efficient and evidenced care for their patients. The practice procured the contract for Southview Park Surgery in 2013 and sought to bring sustainable and accessible primary care services to a deprived community. Patients told us of the improvements they have experienced in service since the partners took over the practice. It was the practices intention to embed their changes and continue to strengthen their clinical team.

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. However, there was an absence of documentation to support discussions held amongst the partners, practice management and practice team. All staff were clear about their role and responsibilities and how they complemented the work of their colleagues. Practice specific policies were in place but being continuously reviewed to ensure they accurately reflected practice.

The practice had a good understanding of their clinical performance in respect of QOF and the requirements of the local medicine management team. As a consequence of reviewing their internal governance systems they had identified areas for improvement and strengthening of their processes. Data audits had been conducted but many lacked narrative to explain their purpose and how they had informed and improved performance. The practice acknowledged the potential benefits from conducting more clinical audits to inform the development and delivery of patient care.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They were supported by a committed and competent practice manager who was proficient on navigating and interrogating their patient record system. The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

There was a defined leadership structure in place, with assigned roles and responsibilities and staff appointed to act in each other's absence. The practice partners and management team spoke regularly formally and informally with the practice team. We review non clinical team meeting minutes and the practice nurse team meeting minutes. They listed attendees, had an agenda and provided an overview of discussion. Actions were assigned but not always clearly documented, with dates for completion or evidence where they had been reviewed to ensure their timely completion.

Patients told us of the kind and welcoming reception they received from staff. We saw staff were polite, respectful and supportive to one another. The practice told us how the partners regularly said thank you and showed their appreciation to the practice team. For example, they often brought cake or lunch for the staff to share and arranged and paid for days out for the practice team.

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

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

- The practice team knew many of their patients and encouraged their patients to speak with them regarding any issues. The patients also gathered feedback from patients through the patient participation group (PPG), reviewing the findings of the GP national patient survey and complaints and comments received. The PPG met quarterly and told us they were consulted regularly, regarding issues that may affect services. We reviewed the last two sets of PPG meeting minutes from March 2016 and June 2016. We found discussions related to staffing, patient information on the practice and out of hours provision, non-attendance by patients and friends and family test response. Actions were not assigned but the previous meeting minutes reviewed and agreed.
- The practice had gathered feedback from staff through informal daily discussions, monthly team meetings, performance reviews, annual appraisals, staff events such as meals and days out. Staff spoke confidently and comfortably with the practice partners, management and members of the practice team. They all told us they enjoyed working at the practice and for the partners.

# Are services well-led?

Good 

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

They told us they were supported and encouraged to provide feedback to would discuss any concerns and seek a resolution. They told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

The practice attended Basildon and Brentwood Clinical Commissioning Group events and participated in local pilot schemes to improve outcomes for patients in the area. For example, work with the Diabetes Alliance for Research in England.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to ensure patient safety alerts relating to medicines had been appropriately actioned, including patients care being reviewed and medicines being prescribed and monitored to ensure the safety of service users.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	