

Noakbridge Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We first carried out a comprehensive inspection at Noakbridge Medical Centre on 6 July 2016. The overall rating for the practice was requires improvement. The practice was requires improvement for providing safe, responsive and well-led services and good for providing effective and caring services. As a result, the practice was issued with a requirement notice for good governance.

The full report for the July 2016 inspection can be found by selecting the 'all reports' link for Noakbridge Medical Centre on our website at www.cqc.org.uk.

At our 7 August 2017 comprehensive inspection we found the practice had addressed all concerns highlighted from the previous inspection and improvements had been made. Overall the practice is now rated as good.

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

- There was an effective system in place for reporting and recording significant events. Staff confirmed discussions had been held and lessons learnt. We found evidence to demonstrate how learning had been shared and changes embedded into practice.
- Patient safety and medicine alerts had been appropriately responded to and revisited.
- All practice policies and protocols were practice specific, updated and reviewed including their significant events policy, infection prevention procedures and legionella risk assessment.
- Clinical audits demonstrated quality improvement, evidence of analysis had been seen and new methods implemented. We found the practice had revisited audits in line with national guidelines.
- The practice had reviewed their national GP survey July 2017 results and were implementing action plans to address the telephone issues that were raised.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- Children or vulnerable adults who failed to attend hospital appointments were followed up appropriately.
- Recruitment records were maintained for all staff.
- There was a clear leadership structure and staff felt supported by management. The practice held regular staff and clinical meetings which were documented and available for all staff to view.
- Information about how to complain was available and easy to understand. Complaints were responded to at the time of reporting where possible. Learning from complaints was shared with staff at clinical meetings and an annual review of complaints was conducted.
- All staff had received a Disclosure and Barring Service (DBS) check and an appraisal within the last 12 months.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

- We found that staff had a clear understanding of key issues such as safeguarding, Mental Capacity Act and consent.
- The practice had identified 35 patients as a carer which was approximately 0.8% of their patient list.
- The practice had a clear vision and strategy which staff understood and strived towards.

The areas where the practice should make improvements are as follows:

- Continue to improve the process for the identification of carers.
- Continue to monitor and ensure improvement to national GP patient survey results.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events. Documentation reflected discussions held and checks to demonstrate that changes had been embedded into practice. Staff confirmed discussions had been held and lessons learnt from them.
- When things went wrong patients received reasonable support, truthful information, and a written apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Records were maintained of checks on emergency medicines and equipment to identify out of date or items due to expire.
- Medicines and Healthcare Regulatory products Agency (MHRA) alerts and patient safety alerts were appropriately actioned and evidenced.
- There was an appointed infection prevention control lead who had received appropriate training to undertake the role. Infection control procedures and monitoring were specific to the practice and being carried out regularly.
- The practice had a relevant legionella and health and safety risk assessment to identify, assess and mitigate the risks to the health and safety of their staff and patients.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The most recent published results (2015-2016) showed the practice had achieved 99% of the total number of Quality and Outcomes Framework (QOF) points available. This was above the local and national averages for clinical performance.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, evidence of analysis had been seen and new methods implemented. However, we found in most audits new methodology had not been revisited to monitor whether change had been effective.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all 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.

- Data from the latest national GP patient survey published July 2017 showed patients rated the practice similar to local and national averages for several aspects of care, for example 91% of patients had confidence and trust in the last GP they saw or spoke to compared with the CCG average of 94% and the national average of 95%. .
- The practice had an effective system to review all attendances and admissions into accident and emergency.
- Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice provided good carers and bereavement support to patients and families however the practice had identified a low number of patients as carers.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice provided a range of clinical appointments. These included face to face, telephone, Web GP and extended hours appointments on a Tuesday evening until 7.30pm.
- Patients we spoke with on the day of the inspection said it was difficult to contact the surgery via telephone to book appointments. The practice had monitored their patient satisfaction levels and was exploring various methods to improve access to the service.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Complaints were responded to at the time of reporting where possible. Learning from complaints was shared with staff during team meetings at the time of the event and during the annual review.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice held regular staff and clinical meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked in partnership with the care coordinator team provided by the clinical commissioning group (CCG) to ensure patients identified at risk were contacted regularly and upon discharge from hospital.
- The practice worked closely with their admission avoidance patients and allowed them access through a priority telephone number.
- The practice offered shingles and pneumococcal vaccinations to patients.

Good



People with long term conditions

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

- Chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had a high QOF achievement in the assessment and delivery of interventions for the management of chronic diseases.
- 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. For those patients with the most complex needs, the named GP worked with the practice nurse and relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice participated in child health surveillance and immunisation rates were high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme for 25 - 64year old women was 78%, which was better than the CCG average of 75% and the national average of 73%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

- Routine pre-bookable weekend appointments were available to all patients.
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group such as smoking cessation.
- The practice offered a travel vaccination service including being a yellow fever vaccination centre.
- The practice offered a range of clinical interventions including minor surgery incisions, excisions and joint injections
- A full range of health promotion and screening services were available to patients. For example, over 40 years of age health checks, cholesterol and blood pressure checks and cardiovascular risk checks.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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.
- The practice had identified patients in sheltered accommodation and had hosted events for them to gather and feel part of the community.

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's data showed that 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 83% and the national average of 84%
- The practice was higher than the CCG average of 86% and the national average of 89% 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.
- The practice multi-disciplinary team meetings had been less frequent due to staff shortages in other teams however the practice had still conducted a review of their patients at clinical meetings to manage patients experiencing poor mental health, including those with dementia.
- The practice carried out advanced care planning for patients with dementia and provided home visits for those unable to attend the practice.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients and their family members were offered longer appointments to discuss concerns. Carers were highlighted on their patient record and offered appropriate vaccinations and health checks.

Good



Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages and had improved since the July 2016 data. 271 survey forms were distributed and 111 were returned. This represented 41% of the practice's patient list.

- The percentage of patients that found it easy to get through to this surgery by phone had shown a 24% increase from July 2016 to July 2017 increasing from 39% to 63%. This data is comparable with the CCG average of 66% and the national average of 71%.
- The percentage of patients that were able to get an appointment to see or speak to someone the last time they tried had increased by 17% from July 2016 to July 2017 increasing from 69% to 86% compared with the local CCG average of 82% and the national average of 84%.
- The percentage of patients that described their experience of making an appointment as good had shown a 5% increase from July 2016 to July 2017 increasing from 55% to 60% compared to the local CCG average of 67% and the national average of 73%.

- The percentage of patients who stated they would recommend this GP practice to someone who has just moved to the local area had improved by 3% increasing from 68% to 71% compared to the local CCG average of 72% and the national average of 77%.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring however they expressed their difficulty with contacting the practice over the telephone. The practice had reviewed their national GP survey results and were implementing action plans to address the telephone issues that were raised.

The practice had received NHS Friends and Family data for July 2017. The practice had received 28 completed cards. 92% were likely or extremely likely to recommend the surgery to their friends and family.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to improve the process for the identification of carers.
- Continue to monitor and ensure improvement to national GP patient survey results.

Noakbridge Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Noakbridge Medical Centre

The Noakbridge Medical Centre is situated in a residential area of Basildon. There is patient parking facilities and street parking nearby. The practice has approximately 3,999 patients registered with the practice.

- The practice operates from a single location: Bridge Street, Basildon, Essex, SS15 4EZ
- Services provided include: minor surgery, a range of clinics for long term conditions, health promotion and screening, family planning and midwifery.
- At the time of inspection, the practice had one male GP partner and one female salaried GP.
- There was one full time female practice nurse and one off site pharmacist.
- The non-clinical team comprises of a practice manager who was also a partner at the practice, reception and administrative staff.
- The practice opens between 8am and 6.30pm on Mondays to Fridays, extended hours are offered on Tuesdays 8am to 7.30pm. Appointments are offered from 9am to 1pm daily and from 3pm to 6pm on Mondays to Fridays.
- Appointments may be booked two weeks in advance and on the day from 8am. Patients are also able to book

appointments with GPs, practice nurses or a healthcare assistant at the local GP Hub service operating from 6.30pm to 8pm Monday to Friday and 8am to 8pm on Saturdays and Sundays.

- Out of hours care is provided by IC24, another healthcare provider. This can be accessed by patients dialling the practice or 111.
- The practice has a comprehensive website providing information on opening times, appointments, services, staff and patient group information.
- They serve a broad demographic with high levels of deprivation amongst children and older people.

Why we carried out this inspection

We carried out a comprehensive follow up inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This service was previously inspected in July 2016 and overall they were rated as requires improvement. The practice received a good rating for providing effective and caring services and requires improvement for providing safe, responsive and well-led services. The inspection was planned to check whether the provider was compliant with the requirement notice and had made the necessary improvements to meet the legal requirements and regulations associated with the Health and Social Care Act 2008. We looked at the quality of the service to provide a rating under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 7 August 2017. During our visit we:

Detailed findings

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

What we found at our previous inspection in July 2016

There was no policy defining which incidents required reporting and the documentation failed to reflect discussions held and checks to demonstrate changes had been embedded into practice. Patients failing to attend for their hospital appointments were not being followed up to assess whether they were at risk. There was an appointed infection prevention control lead but they had not received appropriate training or support to undertake the role. Infection control procedures and monitoring were not being carried out effectively. Appropriate recruitment records had not been maintained for a member of the clinical team such as proof of identification and professional registration. The practice had not undertaken a health and safety or legionella risk assessment to identify, assess and mitigate the risks to the health and safety of their staff and patients.

What we found at this inspection in August 2017

Safe track record and learning

- There was an effective system in place for reporting and recording significant events which was aided by a significant events policy that all members of staff had access to. We reviewed three significant incidents that had been reported in 2017. From the sample of significant events we reviewed we found these were appropriately recorded and investigated. Staff confirmed the incidents had been discussed and learning identified. For example, following a cyber attack the practice had introduced paper referral forms as back up in the event of their electronic systems not being available.
- Staff told us significant incidents were discussed at the time of the incident and at clinical or team weekly meetings to identify trends and share lessons learnt. We reviewed three of the weekly practice meeting minutes for April 2017. We found significant incidents were a standard agenda item in the minutes and there were discussions relating to them. The meeting minutes and significant incidents log portrayed how learning had been shared, implemented and revisited to show improvements had been made and embedded into practice.

We asked the practice how they managed Medicines and Healthcare 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).

- We conducted searches, looked at anonymised patient records and were reassured that patients had been appropriately monitored. The practice was applying a consistent approach to ensure the timely and appropriate management of safety alerts. Staff told us the practice manager received the alerts and shared them with the clinical team. MHRA alerts were revisited to identify additional patients who may have been prescribed the medicines following the alert. We saw examples of them revisiting MHRA alerts that were released in May 2014 and January 2015.

Overview of safety systems and processes

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

- All staff received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to the appropriate level to manage child protection or child safeguarding (level three) and the receptionists had received level one training.
- The practice safeguarding arrangements reflected relevant legislation and local requirements. Policies were updated, displayed and accessible to staff outlining who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP who led on safeguarding children and vulnerable adults and staff were aware who to contact if the GP lead was not available. The GPs provided reports where necessary for other agencies.
- Notices were displayed in consultation rooms and waiting areas advising patients that chaperones were available. Clinical staff were trained to act as chaperones 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

Are services safe?

vulnerable). All staff had a DBS check in place and relevant training had been carried out for staff that carried out chaperone duties. When we spoke with staff they understood the role of a chaperone.

- We found the practice to be clean and tidy. The practice nurse was the infection control clinical lead and had received additional training to undertake the role. We reviewed the infection control audit dated May 2017. Risks were assessed and mitigated. The nurses maintained separate cleaning schedules and sterile environments prior to minor surgery. All staff received training in infection prevention control and spillages kits were available in an accessible area.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, working closely with the local medicine management team, 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We found medicines had been stored in accordance with guidance. The fridge temperature was monitored once a day (more often where the temperature appeared to have increased this was within normal limits) in line with practice policies and had an appropriate cold chain policy which staff were aware of.
- We reviewed four personnel files including three clinical staff files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body, references and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had a relevant fire risk assessment, dated July 2017 and carried out fire drills annually. Weekly fire alarm tests were logged.
- All electrical equipment had been checked in July 2017 to ensure the equipment was safe to use and 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 practice's legionella assessment had been completed in July 2017 and the practice conducted regular checks on their water system.
- The policy for responding to needle stick injuries was tailored to the needs of the practice, meaning staff understood what action was to be taken in the event of an incident.
- 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 reception and administrative team covered planned and unplanned absence, where practicable. We spoke with staff and they were aware of their responsibilities while other staff members were absent.

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 had received basic life support training in March 2016, the practice had difficulties booking training however all staff were due to renew their training in August 2017. There were emergency medicines available in the treatment room.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines were checked once a week, were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Clinical staff were aware of NICE guidelines and discussed relevant topics in practice and clinical meetings to allow information to be cascaded to all staff members.

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 for 2015/2016 showed the practice achieved 99% of the total number of points available.

Their overall exception reporting was 3% which was below the local average of 4% and the national average of 6%. (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). We looked at the way the practice exception reported their patients and we found that the practice monitored their exception reporting and had appropriate justification for patients on the exception list.

Data from 2015/2016 showed the practice were comparable or above the national averages in the following areas of QOF performance:

- Performance for diabetes related indicators was comparable to 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 75% in comparison with the

CCG average of 74% and the national average of 78%. Exception reporting in this indicator was 6% which was comparable with the CCG average 7% and national average 9%.

- The practice achieved above the national average for their management of patients with poor mental health. For example, 93% 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. This was comparable with the CCG average of 86% and the national average of 89%. 97% had their alcohol consumption recorded compared with the CCG average of 86% and the national average of 89%. Exception reporting in this indicator was 0% which was below the CCG average 8% and national average 10%.
- The practice was comparable to 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 78% in comparison with the CCG average of 83% and the national average of 84%. Exception reporting in this indicator was 18% which was above the CCG average 8% and national average 7%.
- The percentage of patients with hypertension having regular blood pressure tests was comparable with the national average achieving 79% in comparison with the CCG average of 86% and the national average of 87%. Exception reporting in this indicator was 3% which was comparable the CCG average 3% and national average 4%.
- The percentage of patients with asthma on the register who had an asthma review in the preceding 12 months that included an assessment of asthma control was 79%. This was higher than the CCG and national average of 75%. Exception reporting in this indicator was 2% which was below the CCG average 4% and national average 7%.
- The practice also achieved 97% which was above the CCG average of 87% and the national average of 90% for the percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the medical research dyspnoea scale in the preceding 12 months. Exception reporting in this indicator was 5% which was below the CCG average 6% and national average 12%.

Are services effective?

(for example, treatment is effective)

The practice held three specific QOF meetings within a year to audit their performance and identify ways to improve patient outcomes. As well as QOF meetings the clinical team met every week to discuss learning disability patients, admission avoidance and non-attendance figures. Unverified data for 2016/2017 showed the practice were performing above or comparable to local and national averages.

The practice operated a clinical and administrative audit programme. They used this to obtain assurance of the quality of their services and to inform and drive improvements.

We reviewed two clinical audits relating to medicines not recommended. The practice had conducted searches of patient records for an epilepsy medicine prescribed to women of child bearing age. The audit had found a number of patients on the medication, they had reviewed and contacted those patients and had re-audited to find that none of their patients were being prescribed the medicine contrary to guidance. The second audit we reviewed found that seven patients were being prescribed medicines contrary to guidance, the practice had made changes and re-audited their patients after six months and found that they had reduced the number of patients to zero.

Effective staffing

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

- The practice had a comprehensive induction programme for both their clinical and administrative staff. This covered such topics as clinical systems, basic life support, safeguarding responsibilities and escalation procedures, Mental Capacity Act training, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role specific training and updating for relevant staff. For example, their receptionists had received chaperone training and were able to give relevant information regarding current practice.
- Staff administering vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources, reviewing current NICE guidelines and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, and information governance. Staff had access to and made use of e-learning training modules and in-house training. Basic life support training was booked to be completed in August by all members of staff from an external company.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when prescribing medication on repeat prescriptions, the practice had an effective method of communicating with the pharmacist regarding any changes that had been made.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. Multidisciplinary (MDT) meeting minutes evidenced discussions between professionals regarding action plans for patients care. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Previously the meetings had taken place regularly however there had been no formal meetings taking place for approximately nine months due to staff changes in other teams. The practice had continued to monitor patients with complex needs in their weekly clinical meetings. The staffing issues had now been resolved and MDT meetings were being organised with high priority.

Consent to care and treatment

We spoke with members of the clinical team and checked clinical records for patients receiving treatment where

Are services effective?

(for example, treatment is effective)

consent should be received such as patients receiving treatment for minor surgery. We found staff understood and sought patients' consent to care and treatment in line with legislation and guidance. We saw evidence in patient records of clinical staff counselling patients before treatment and obtaining written consent.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

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, smoking and alcohol cessation, and mental health. Patients were signposted to the relevant service such as community programmes, appointments with the lead GP or nurse at the practice and annual health checks.

The practice encouraged their patients to attend national screening programmes. Data from the National Cancer Intelligence Network showed the practice was comparable with the local and national averages for screening their patients. For example;

- The practice's uptake for the cervical screening programme for women aged 25- 64 years old who had screening tests performed in the preceding 5 years was 78%, which was comparable with the CCG average of 75% and the national average of 73%.
- The practice's uptake for the breast cancer screening programme for patients aged 50 - 70 years old who had screening tests performed in the preceding 6 months was 72%, which was comparable with the CCG average and national average of 73%.

- The practice's uptake for the bowel cancer screening programme for patients aged 60 - 69 years old who had screening tests performed in the preceding 6 months was 57%, which was comparable with the CCG average of 55% and the national average of 56%.
- The practice was above local and national average for their referral of new cancer diagnosis on the two week wait referral pathway. The practice referral rate was 58% in comparison to the CCG average of 54% and the national average of 49%.

There was a policy to offer text message reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were above the national standard of 90%. For example;

- The practice achieved 100% for the percentage of children aged one year with full course of recommended vaccines.
- The practice had achieved between 94% of appropriate vaccinations for children aged two years of age.
- The practice had achieved between 94% of appropriate vaccinations for children aged five years of age.

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 found members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff showed understanding and compassion to meet patient needs.

Unfortunately the practice had not received the Care Quality Commission comment cards therefore we were unable to evaluate patient's feelings towards the kindness, dignity and respect that the practice offered. We spoke with a member of the patient participation group (PPG). They told us that the practice was engaging with the community and overall they were satisfied with the care provided. The patients we spoke with on the day of the inspection were happy with the care that they had received.

Results from the national GP patient survey, published in July 2017, showed patients felt they were treated with compassion, dignity and respect. The practice were comparable with the local and national satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients said the GP was good at listening to them compared to the CCG average of 84% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 86%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 86%.

- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.

The practice had a low uptake of the NHS Friends and Family survey. They had used their receptionists and poster displays in the waiting area to advertise the friends and family test however staff said they found it difficult to get patients to fill out the forms. The July 2017 results were positive regarding patient experiences of the service. The practice had received 28 completed cards of which 92% of the patients who completed the friends and family cards were likely or extremely likely to recommend the surgery to their friends and family.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable with local and national averages however in one case they were below national averages. For example:

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

The practice had provided the practice nurse with training and extra time to help them involve patients with decisions about their care as a response to their previous 2016 patient survey data. The patients we spoke with on the day highlighted how comfortable and reassured they felt by the nurse that was at the practice.

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care. They served a predominately white British population. The practice had noticed an increase in their Eastern European population and had offered them a longer appointment to accommodate their needs. Translation services were available for patients who did not have English as a first language and we saw notices in the reception area informing patients this service was available.

The practice had used a sign language interpreter provided by NHS England however they have found patients often prefer to use written communication during consultations.

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 staff if a patient was a carer. The practice had identified 35 patients as a

carer which amounted to 0.8% of their patient list. We found the practice had a carers policy which had been updated in June 2017. However, the practice believed that the reduction in their carers figures since the last inspection was due to a recent increase in their patient list size. Carers were invited for health assessments with the social service groups and appropriate flu vaccinations. The practice had also spoken to staff to increase awareness of carers, the receptionist were aware to highlight carers on their system records. Information was advertised on waiting board in reception to raise awareness of the benefits and services carers may access. The receptionists were able to give verbal communication to direct carers to the various avenues of support available to them. Carers could also find information from leaflets kept in the waiting area and the practice website.

Staff told us that if families had suffered bereavement, their named GP or nurse contacted them via telephone and a condolence card was sent out. Support and guidance was offered during these conversations and patient were offered to book a consultation if they felt they needed it.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our previous inspection in July 2016

The practice staff tried to resolve concerns at the time of reporting. Formal complaints were found to have been appropriately recorded, investigated and responded to. The practice had addressed all the concerns raised and spoken with staff including members of the clinical team to obtain their accounts. However, this had not been consistently documented. Learning had been identified and changes to practice discussed with staff.

What we found at this inspection in August 2017

Responding to and meeting people's needs

The practice worked with their patients and patient participation group to ensure they identified, understood and responded to the needs of its local population. The practice reported a positive relationship with NHS England and local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice had recognised that there was a limited amount of resources for example limited staffing availability when the GPs were on annual leave. They had worked with the CCG to build a relationship with a local GP practice where they can share resources such as telephone lines and staff.
- The practice offered online appointment booking and electronic prescribing for acute and repeat prescriptions. Patients were invited to submit an online request for their repeat prescriptions and could collect them at a pharmacy of their choice. The practice worked closely with their local pharmacist to ensure the timely and appropriate management of patient's medicines.
- Patients were also able to access the GP hub service provided through the Basildon and Brentwood CCG. This enabled patients to access and book appointments from Monday to Friday between 6.30pm to 8pm and Saturday and Sunday between 8am to 8pm.
- There were longer appointments available for patients with a learning disability. If requested in advance any patient could get longer appointment times if needed.
- Home visits were available daily for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Telephone consultations were available daily for the convenience of patients unable to attend the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice provided contraception services, including long acting reversible contraception and screening for sexually transmitted diseases.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately such as the yellow fever vaccination.
- Minor surgery for incisions, excisions and joint injections were conducted at the practice.
- The practice nurse undertook tissue viability assessments for patients requiring wound care.
- There were facilities for the disabled, such as a designated parking bay but no assisted entry systems and a hearing loop.
- There were translation services available including for patients with hearing impairments. The practice worked closely with their care co-ordination team to ensure vulnerable patients were not admitted into hospital frequently.
- Medicine reviews for Chronic Obstructive Pulmonary Disease (COPD), asthma, diabetes and other long term health conditions were conducted by the clinical team.
- Patients were invited to disclose sensory needs. Patients with hearing difficulties were able to arrange appointments by coming into the surgery, sign language interpreters are available to use however the practice have found most of their patients preferred to use written communication.
- Patients and their family members living with dementia were offered longer appointments to discuss concerns. Carers were coded on their patient record systems and offered appropriate vaccinations and health checks.
- The practice had noticed patients within sheltered housing had become isolated and withdrawn from their care at the practice. The lead nurse had organised a gathering for these patients at the practice on a Saturday morning with the help of other staff members and their PPG. The practice found that these patients had responded well to the invite and had organised another meeting to encourage patient to feel welcomed. They hoped that they could eventually highlight key health issues.
- The practice actively engaged with their patients and families living with dementia. All practice staff had dementia training to assist in identifying and supporting their patients better. They had displayed clearer signage

Are services responsive to people's needs?

(for example, to feedback?)

for patients and extra phone calls were made to patients with dementia when they had upcoming appointments and to ensure the practice had correct contact details for next of kin. Dementia patients were discussed at the multidisciplinary team meetings and the monthly clinical team meetings as evidenced within the March 2017 meeting minutes.

Access to the service

The practice opened between 8am and 6.30pm Monday to Friday, except on Tuesdays where the practice offered extended hours until 7.30pm. Appointments were from 9am to 1pm every morning and 3pm to 6pm in the afternoons. The nurse's clinics ran throughout the day from 9am to 1pm and in the afternoon from 2pm to 6pm. On weekends, evening and bank holidays, patients are able to book appointments through 'The Hub' which is located at various different surgeries in the surrounding area. Out of hours care is provided by IC24. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey, published in July 2017, showed that patient's satisfaction with how they could access care and treatment had improved and was comparable with the local and national averages, compared to the July 2016 data where they were below average. For example:

- 66% of patients were satisfied with the practice's opening hours compared with the CCG average of 71% and the national average of 77%.
- 63% of patients said they could get through easily to the practice by phone compared with the CCG average of 66% and the national average of 71%.
- 60% of patients described their experience of making an appointment as good. This was below the CCG average of 67% and the national average of 73%.
- 72% of patients said the last appointment they got was convenient compared with the CCG average of 77% and the national average of 81%.

The practice had monitored their patient survey data since the previous inspection and had encouraged patients to book online to avoid the telephones and they had advertised a system which allowed patients to describe their symptoms which the doctors reviewed within 24 hours and responded to either by booking an appointment

for them or having a telephone consultation with the patient. They had also conducted internal surveys in response to the national GP survey results which showed the practice could improve the wait for answering the telephones so they had implemented a five ring policy to ensure the receptionists answered the telephones within five rings.

We asked the practice when the next available appointments were with a GP and member of the nursing team. The next appointment available with a GP and nurse was in two days' time, various emergency appointments were also available the following day.

The practice had monitored their patient non-attendance (DNA) rates to identify trends and act on potential safeguarding concerns. The practice had monitored each month's DNA and found that it had fluctuated each month; as a result they had advertised their missed clinical hours in the waiting area to make patients aware. They were also due to implement a text messaging reminder a day before the patients appointments. All appointments missed by children or vulnerable persons had been followed up by phone or during a subsequent consultation.

The practice monitored their patient's attendance at accident and emergency (A&E) departments. The practice internally monitored their patients A&E attendance figures. The receptionists would highlight all patients discharged from hospital; the doctor would follow this up with either an appointment or a telephone call to see if patients required additional care.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example posters in the waiting area, knowledge from the receptionists and the practice's complaints policy.

The practice manager told us that their team were committed to resolve issues at the time of reporting, if practicable and all complaints were discussed at monthly

Are services responsive to people's needs? (for example, to feedback?)

clinical or team meetings. The practice maintained a separate record of all significant events and complaints. These were reviewed by the practice manager and clinician involved to identify risks and respond in a timely and appropriate manner.

The practice had received ten complaints in 2016 and one complaint since January 2017, these related to patient

confidentiality, clinical referrals and staff attitude. We reviewed three of the ten complaints and found all had been acknowledged, investigated and responded to in a timely and appropriate manner. Lessons learnt were documented within an annual review and shared with the team via clinical or practice meetings at the time of the complaint.

Are services well-led?

Good 

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

Our findings

What we found at our previous inspection in July 2016

The practice was rated as requires improvement for providing well-led services. There were governance frameworks in place monitoring clinical performance. However, inconsistent arrangements were in place to identify, manage and mitigate risks such as for infection prevention control or health and safety. Clinical meetings were inconsistently held and the records were found to be incomplete, these lacked evidence of discussion, decisions, actions assigned, dates for review or completion of tasks.

What we found at this inspection in August 2017

Vision and strategy

The practice had a published mission statement and values. They stated they would be compassionate and supportive to provide high quality care to all patients; they aimed to always listen and provide a safe service. The staff at the practice were keen to develop themselves with the opportunities presented to them by other professionals. We spoke with staff who demonstrated their understanding and application of the practice values.

The practice had contacted their CCG regarding a future European Union GP recruitment scheme for additional doctors to improve their workload and accessibility. The practice were working together with the CCG and another local GP practice to improve their patient experience and address some of their staff issues they had experienced.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- The practice had an effective system of audits to monitor quality and to make improvements.

- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice was aware of their regulatory responsibilities and notified the commission of appropriate incidents in a timely and appropriate manner.

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 told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. We found that the staff dynamic enabled the practice to focus on future improvements.

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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team social days were held often.
- Staff said they felt respected, valued and supported, particularly by the partners and management in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice via weekly practice meetings.

Are services well-led?

Good 

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

- The practice regularly engaged with another local GP practice to discuss care pathways and trends identified from significant events.
- The practice participated in local initiatives commissioned by the CCG and NHS England.
- The practice had conducted a critical analysis of their practice prior to the inspection. They were honest with the inspection team about their achievements, challenges they faced and areas where they believed they could improve.
- The practice supported their staff by setting standards of conduct for their patients. They publicised their standards of conduct, which asked their patients to treat staff with respect and courtesy. For example, by patients keeping their appointments, notifying the practice of any cancellations and only using the out of hour's provision for urgent conditions which could not be accommodated by the practice.

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

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

- The practice spoke highly of their relationship with their patient participation group (PPG). We spoke with a member of the PPG, they expressed that engagement

had been sporadic at times due to time constraints from both sides however they spoke highly of the team at the practice. They told us they valued the commitment of the partners, practice manager and nursing team who were receptive to their feedback and supportive of their opinions. The PPG member was able to give various examples of when the practice had implemented suggestions from the PPG, for example they had improved the lighting outside the surgery and introduced a privacy marker to allow patients more privacy when talking to receptionists in the waiting area.

- The practice had gathered feedback from staff through practice meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management for example the administrative staff had requested GPs to carry out tasks in an alternative way which they agreed to do following the practice meeting. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice manager and team members met regularly and felt involved with how the practice was run. The practice also encouraged staff to share learning through scientific and medical research to inform their assessments and treatments.
- Staff members regularly interacted within a social environment which staff said encouraged team building.