

The Stansted Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at The Stansted Surgery on 20 December 2017 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Some patients found it difficult to use the appointment system and reported that they were not able to access care when they needed it; however, the practice was aware of this and was changing the appointments structure from the New Year.
- There was a strong focus on continuous learning, improvement and staff development at all levels of the organisation.
- Prescription stationery was not always stored securely.
- The practice had identified a low number of patients who were carers.

Summary of findings

The areas where the provider **should** make improvements are:

- Improve the identification of carers.

- Improve security of clinical rooms.






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?	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

The six population groups and what we found

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

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

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider **should** make improvements are:

- Improve the identification of carers.
- Improve security of clinical rooms.

The Stansted Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector and included a GP specialist adviser.

Background to The Stansted Surgery

The registered provider for this service is The Stansted Surgery. This provider operates under a General Medical Services (GMS) contract. The practice is located in the Castle Maltings Centre, in Stansted Mountfitchet.

This practice is a teaching practice and will have medical students from 2018. Medical students may observe patient consultations and examinations with the patient's consent. They also provided work experience for sixth form students interested in a career in medicine.

The practice provides services for a slightly higher than national average number of 0-18 year olds. There are fairly low levels of income deprivation affecting both children and older people.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- Prescription stationery was not stored securely.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments and had a risk register, which was regularly reviewed. It had relevant safety policies which were regularly reviewed and communicated to staff. Updates to these policies were communicated via email to all staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The practice was considering

offering additional services in-house and the lead for infection control had considered what actions were required related to infection control training and prevention should these services be offered.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice was aware that they were understaffed and were due to have an additional GP start in January 2018. The practice were aware that imminent housing developments meant that they would need to review their staffing levels again in order to meet that demand.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The practice had internal review systems to check that records were being completed appropriately.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

Not all the practice systems for the appropriate and safe handling of medicines were sufficient.

Are services safe?

- The practice had systems in place to keep prescription stationery securely, however we found on the day of our inspection that these systems were not sufficient. The practice told us that from now on they would lock all clinical rooms when not in use.
- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Prescribing levels were in line with local and national averages.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice, and all of the population groups, as good for providing effective services

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check.
- The practice followed up on older patients with complex conditions when they were discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice provided weekly ward rounds to their patients who were resident in local care homes.
- Annual flu vaccination clinics were held.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- We viewed unverified data of the practice's current performance for patients with long-term conditions which showed that they were close to, or meeting the target for the majority of performance indicators.
- The practice ran a weekly diabetes clinic.
- Annual flu vaccination clinics were held.

Families, children and young people:

- Information sharing meetings regarding young patients from this group with medical or social issues were held every four to six weeks. The multidisciplinary meeting included GPs, nurses, children's community nurses, health visitors, midwives and health visitors.

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

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, refugees and those with a learning disability.
- The practice gave us examples of how they had supported patients to access healthcare.

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

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, they had a good awareness of which of their patients required additional support.
- The practice were able to give us examples of how staff's knowledge of their patients had safeguarded patients within this group. Some of their learning from situations was then shared with other local providers to improve local care for this group of patients.
- We viewed unverified data of the practice's current performance for patients with dementia and mental health which showed that they were close to, or meeting the target for the majority of performance indicators.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Are services effective?

(for example, treatment is effective)

At the time of our inspection there were no Quality Outcome Framework (QOF) results for this location (QOF is a system intended to improve the quality of general practice and reward good practice).

- The practice used information about care and treatment to make improvements. The practice had reviewed the number of patients presenting with a specific complaint and had plans to change aspects of their practice to improve patient outcomes.
- The practice was actively involved in quality improvement activity. For example, they had completed an audit of the number patients with a specific long-term condition being offered a particular treatment. This was repeated again and improvement in outcomes for patients were noted.
- Where appropriate, clinicians took part in local and national improvement initiatives. For example, they were part of a local peer review system where the appropriateness of referrals was reviewed. The practice was taking part in a national diabetes audit looking at care of treatment for this condition.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.
- Staff were encouraged and given opportunities to develop. For example, several reception staff had expressed a wish to progress to another role within the practice. They had received additional role specific training and were working as either a health care assistant (HCA), or in one case a phlebotomist.
- The practice provided staff with ongoing support. This included an induction process, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included regular competency checks.
- The practice ensured the competence of temporary clinical staff by random checking of their clinical decision-making and documentation.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition, refugees and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision-making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The Care Quality Commission comment card we received was positive about the service experienced.
- We spoke with three patients who told us that they usually had enough time in their consultation, that they were treated with dignity and respect by staff. Two patients told us that they felt listened to.

There was no data available from the July 2017 annual national GP patient survey, as the practice had moved location during this period.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. The practice website and information could be translated using a search engine translation service within the website.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers, through their new patient registration pack. They had recently reviewed their carers registered and identified anomalies, so were conducting a review of their register. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified and confirmed 25 patients as carers (approximately 0.3% of the practice list).

- The practice had a carers' pack, which included details of support agencies.
- Carers were offered a flu vaccination.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- Any telephone calls to the practice for appointments were handled by a back reception office.
- It was not possible to overhear consultations when outside the clinical rooms.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, they offered pre bookable extended hours from 7am on Tuesdays, and from 6.30pm to 7.30pm Tuesdays and Thursdays. The practice had employed a phlebotomist to provide in house blood tests four mornings a week.
- Patients could book in advance appointments, via a local hub service, at evenings or weekends.
- We spoke with two patients of working age who told us that they had to take days off work to come to the practice.
- The practice was aware, through the patient survey and comments from patients, that there was still dissatisfaction with aspects of access to the service. They were changing some aspects of service provision from January 2018, for example:
 - More appointments were being made available online.
 - Phone lines were opening 30 mins earlier at 8am
 - There would be more advanced nurse practitioner appointments available on the day. The length of those appointments was increasing by 2 minutes from 10 minutes to 12 minutes.
 - Every Tuesday there would be three GPs offering the pre-bookable extended hours in the morning.
 - There would be a Saturday Surgery on the last Saturday of every month from 8am to 12pm.
 - When the practice had no more on the day slots available, patients would be offered a telephone call from a clinician. If the clinician determined the patients needed to be seen that day then the session would be temporarily extended into the lunchtime.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.

- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The NHS Choices website shows that 74% of patients would recommend this practice based on 42 responses.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of five were offered a same day appointment when necessary.
- Mothers-to-be calling with health concerns were offered a same day appointment where appropriate.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. For example, extended opening hours and would be offering some Saturday appointments from January 2018. These appointments were pre-bookable.
- Telephone GP consultations were available, which supported patients who were unable to attend the practice during normal working hours.

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

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- Where a patient was living in vulnerable circumstance the practice supported them however they could. For example, the practice had written letters to support housing applications for patients with no paperwork. They had offered their own address as a contact point for letters and appointments and then contacted the patient in their preferred method to collect the mail.
- The practice supported refugee families to access healthcare and other support networks.
- The practice told us that if a patient may find it difficult to be in the waiting area, reasonable adjustments would be made, such as, the patient being seen at quieter clinical times.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Staff were able to demonstrate where the practice had responded to the needs of patients experiencing poor mental health and adjusted their interactions to support the patient's needs.
- Patients experiencing a mental health crisis would be seen same day.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. Some patients we spoke with told us that they were not informed of when clinicians' sessions were running with a delay. During our inspection we saw that delays were displayed on the TV screen on the wall of the waiting room.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients we spoke with had mixed views on whether the appointment system was easy to use. The practice had identified dissatisfaction with the current system and a new appointments schedule would be implemented at the beginning of January 2018.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available both on the practice website and as a leaflet on the reception desk. We did note that the contact details within the leaflet on the website displayed an incorrect address.
- The complaint policy and procedures were in line with recognised guidance. 15 complaints were received in the last year. We reviewed 2 complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. Lessons learned were disseminated in team meetings.

Are services well-led?

Good 

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

Our findings

We rated the practice, and all of the population groups, as good for providing well-led services.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice were in talks with a private provider to extend the current hub service offered at Dunmow or Saffron Walden to be provided from the practice premises as well.

Culture

The practice had a culture of high-quality sustainable care.

- Both the practice manager and some of the partners within the practice had changed within the last six months and internal systems were subject to review. Despite this period of change staff stated they felt supported and were happy with changes made.
- The practice focused on the needs of patients.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety.
- Arrangements around the security of prescription stationary required review however the practice had plans to achieve this.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

Good 

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

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. For example, they used CCTV and telephone recording to review and improve the patient experience.
- The practice submitted data or notifications to external organisations as required.

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice had conducted a survey of patient satisfaction with the service provision and used this feedback to review and change service provision.
- There was a small but active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For example, staff were encouraged to learn new skills to enable them either to change roles within the practice or to provide an enhanced service to patients.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared within teams and used to make improvements.