

# Ambrose Avenue Group Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ambrose Avenue Group Practice on 16 February 2016. Overall the practice is rated as good.

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

- Patients were protected from abuse and avoidable harm as staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed. Information about safety was monitored, appropriately reviewed and addressed. Learning from incidents was cascaded to staff.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. There were multi-disciplinary team discussions to ensure patients' care and treatment was coordinated.
- Patients said they were treated with compassion and dignity and they were involved in their care and decisions about their treatment. Information about services and how to complain was available and easy to understand.
- Patients said they could make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The premises were purpose built and maintained to an acceptable standard throughout the clinical areas. Access for disabled people was in place including parking for the disabled and washroom facilities.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- There was a leadership structure and staff had lead roles in the delivery of services. Staff were appropriately qualified and competent to carry out their roles safely and effectively in line with best practice. Staff were supported and received satisfactory supervision and appraisal and were encouraged to undertake their continual professional development.

# Summary of findings

The areas where the provider should make improvement are:

- The practice should have a clear vision and strategy to deliver ongoing high quality care and promote good outcomes for patients. Staff should be clear about the vision and their responsibilities in relation to this.

- There should be a formal policy and arrangements in place to ensure that MHRA medicine alerts are always actioned in a timely manner.

**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



- Patients were protected from abuse and avoidable harm as staff we spoke with were confident to report serious incidents, whistle blow or challenge if they suspected poor practice. There were arrangements in place to implement good practice, learning from untoward incidents and an open culture to encourage a focus on patient safety and risk management practices.
- There was evidence that the MRHA medicines alerts were cascaded to all clinicians and there was also evidence of audit. Although late commencement dates following the alert were noted on occasion there was no indication of negative impact on patient outcomes
- Risks to patients were assessed and well managed. Medicines were managed safely and securely stored. Infection control procedures were being followed. Health and safety risk assessments had been completed and staff were receiving chaperone training and followed procedures.
- The surgery had provided safe staffing levels and skill mix and had encouraged teamwork to support a safe environment. Ongoing recruitment was being actioned where needed.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- There were arrangements in place to deal with foreseeable emergencies and accessible emergency equipment and medication at the surgery.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Processes were in place for implementing and monitoring the use of best practice guidelines and the practice demonstrated positive outcomes for patients through the care and treatment provided.
- Data from the Quality and Outcomes Framework showed patient outcomes were satisfactory for the locality and compared to the national average.

# Summary of findings

- The surgery routinely collected outcomes information and participated in clinical audits, national benchmarking and peer review to encourage service developments and quality improvements.
- All permanent staff were appropriately qualified and competent to carry out their roles safely and effectively in line with best practice. The number of staff receiving continual professional development, supervision and appraisal was satisfactory and staff told us they felt valued and supported by the organisation. Staff training needs and development were being met.
- There were multi-disciplinary team meetings to ensure patients' care and treatment was coordinated and the expected outcomes were achieved.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients and family members spoken with were positive about the services provided. We reviewed CQC comment cards completed by patients, which ranged from good to excellent for support and respect from staff. Patients said they were treated with compassion and dignity and they were involved in their care.
- We found that care was patient centred. The provider encouraged staff to develop services to provide patients with support where needed. Data from the national GP patient survey showed patients rated the practice similar to others for most aspects of care.
- Staff in all roles treated patients with dignity and patients felt well-cared for as a result. Patients we spoke with and those close to them were encouraged to be involved in their care, were listened to and were involved in decision making at all levels.
- Information for patients about the services available was easy to understand and accessible in the waiting areas, including support groups in the community.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.

# Summary of findings

- Appointments were available with a named GP when available and there was continuity of care, with urgent appointments available the same day. Extended surgery hours were available for patients at the practice on Mondays and at weekends.
- Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised. Learning from complaints was shared with staff.
- Staff worked with other healthcare professionals and external agencies to ensure that responsive care was delivered.

## Are services well-led?

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

- The practice had a focus on continuous learning and improvement at all levels.
- Staff were clear on the day to day operational management of the surgeries but not aware of a vision or strategy in place for the practice. Information relating to core objectives and performance targets were discussed at partner meetings but there was little evidence of this being cascaded to other staff teams.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. Staff told us they received feedback when they were performing well and would be confident to challenge poor performance to improve quality of care. Staff were consulted about all relevant issues affecting the practice.
- Staff understood the staffing structures and were aware of their own roles and responsibilities. Succession planning was in place and continuous professional development encouraged. Arrangements were in place to monitor and improve quality and identify risk through a programme of continuous clinical and internal audit.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- The practice worked in partnership with their patient participation group (PPG) and with the local community in planning how services were provided to ensure that they met patients' needs.

**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

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

Good



- The practice offered responsive, proactive, personalised care to meet the needs of the older people in its population. Nationally reported data showed that outcomes for patients were comparable for conditions commonly found in older people.
- The surgery offered senior health checks for all those over 75 years and they all had a named GP. The practice offered home visits and urgent appointments for those with enhanced needs.
- Named GPs worked closely with care homes attached to the practice, some visited several times a week, with involvement by the Community Matron. The practice nursing team visited for chronic disease checks, to take BP readings and blood testing.
- Telephone appointments were available for those who could not get to the surgery. A carer's register highlighted those who cared for a loved one and who may have needed support and advise.
- GPs worked with local multidisciplinary teams to reduce the number of unplanned hospital admissions for patients at risk, including those with dementia and those receiving end of life palliative care.
- The surgery had a GP Care advisor who looked after patients social and economic needs.

### People with long term conditions

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

Good



- 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 relevant health and care professionals to deliver a multidisciplinary package of care.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Chronic disease reviews were offered in the surgery or at home if the patient was housebound. Diabetes Protocols were followed with support from the Diabetes lead doctor and COPD/Asthma annual reviews and follow up appointments were actioned with a trained Asthma Nurse.
- A recall system was in place to ensure continuity of care for all disease management of long term conditions, together with

# Summary of findings

medication reviews and follow up checks as and when required or requested. There were anti coagulation blood testing clinics held by the health care assistant (HCA) team who also conducted home visits if required.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Children on the at risk register had a named GP and the practice had an open door policy for children if a parent requested a same day appointment.
- Childhood immunisation programme was offered with follow up to patient's parents/carers if appointment was not attended. Immunisation rates were relatively high for all standard childhood immunisations. Baby checks and pre-school checks were also provided.
- 74% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months which is comparable to national standards.
- Extended appointments were available for young people with emotional needs, stress or depression. Contraception services are offered (Gillik criteria) along with sexual health advice to young people.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours on a Monday evening and Saturday morning with a GP and also with either a Nurse or HCA. There were telephone triage appointments and double appointments available where necessary.
- The practice was proactive in offering online services including the booking of appointments and electronic prescribing (where

Good





# Summary of findings

patients could arrange for their repeat prescriptions to be collected at a pharmacy of their choice) as well as a full range of health promotion and screening that reflected the needs for this age group.

- Patients were aware of Drop in/Bookable Phlebotomy Clinics, SMS text messaging services and were complimentary about the flexible consultative approach of the practice.

## 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 worked with multi-disciplinary teams in the case management of vulnerable people to ensure that patients whose circumstances made them vulnerable were supported holistically. The practice offered annual health checks for patients with learning disabilities.
- The practice carried out home visits to undertake health reviews as needed and offered longer appointments for patients with a learning disability. A named GP worked with the learning disability care homes and there was a care adviser available to support social and economic needs.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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

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

- There was evidence of shared communication with the crisis team and health in mind that the practice used when referring patients for mental health assessments. Care plans were in place for those patients suffering with dementia, poor mental health and palliative care. 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to other practices.
- The practice offered annual checks, extended appointments and regular telephone appointments for patients experiencing poor mental health. Advice was provided about how to access

Good



# Summary of findings

various support groups and voluntary organisations. Systems were in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

- Staff had received training and had an understanding of how to support patients with mental health needs and dementia. A suicide protocol and on call GP for emergency appointments was in place.

# Summary of findings

## What people who use the service say

During the inspection we met with four representatives of the patient participation group (PPG) and spoke with one other patient in the surgery. There were positive views from a breadth of patients and those close to them about the care provided. All patients said they were happy with the care they received and thought staff were approachable, committed and caring. The PPG said they were encouraged to work in partnership with the staff at the practice to improve patient care.

The national GP patient survey results published on July 2015 showed the practice was performing in line with local and national averages. 258 survey forms were distributed and 110 were returned. This represented a 42% return rate.

- 84% Said the last GP they saw or spoke to was good at giving them enough time compared to a CCG average of 85% and a national average of 86%.
- 82% Said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 83%, national average 85 %).

- 90% Said the last appointment they got was convenient (CCG average 92%, national average 91%).

There were some areas where the practice was not performing in line with local and national averages:

- 35% of respondents to the GP patient survey found it easy to get through to someone at the practice on the phone (National average 73%)
- 63% of respondents to the GP patient survey were either very satisfied or fairly satisfied with the GP practice opening hours. (National average 78%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. Views ranged from good to excellent for care and attention received from the GPs and practice nurses.

## Areas for improvement

### Action the service SHOULD take to improve

- The practice should have a clear vision and strategy to deliver ongoing high quality care and promote good outcomes for patients. Staff should be clear about the vision and their responsibilities in relation to this.

- There should be a formal policy and arrangements in place to ensure that MHRA medicine alerts are always actioned in a timely manner.

# Ambrose Avenue Group Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Ambrose Avenue Group Practice

Ambrose Avenue Group Practice and the branch surgery at Tollgate Health centre provide primary care services to a population of approximately 15050 patients in the Colchester area. The practice holds a General Medical Services (GMS) contract. The premises is purpose built and there is designated parking for the disabled on both sites. We did not visit the branch surgery during this inspection.

The main practice and branch surgery share four female GPs, five male GPs, one nurse practitioner two practice nurses and three health care assistants. There is also a practice manager, administration and reception staff.

The practice population is slightly higher than the national average for those of working age over forty; those recently retired and for older people aged over 75 years. Economic deprivation levels affecting children, older people and unemployment are lower than the practice average across England. Life expectancy for men and women are similar to

the national averages. The practice patient list is similar to the national average for long standing health conditions and lower disability allowance claimants. The number of care home patients is comparable to national averages.

Both surgeries are open every day of the working week from 8am. until 6.30pm. With no closures during the day and extended hours on a Monday evening and Saturday morning. Telephone access is available from 8am. They offer both face-to-face and telephone appointments. Patients also have on line appointment options.

Emergency appointments are available throughout the day. The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by the NHS 111 service and patients who contact the surgery outside of opening hours are provided with information on how to contact the service. This information is also available on their own and the NHS choices website.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 and 8 October 2013. During our visit we:

- Viewed information provided by the practice, which included feedback from people using the service about their experiences.
- Spoke with a range of staff (receptionists, practice nurses, practice manager, administrators and doctors) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- 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)

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff knew how to report serious events, whistle blow or challenge if they suspected poor practice. They would inform the practice manager of any incidents and there was a recording form available for noting all incidents although not all staff were aware of this. An example was a risk to information governance from patients with similar names.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where incidents were discussed. Learning from when things went wrong was shared with staff through meetings and discussions to improve safety in the practice. For example, a medicine was out of date in the emergency bag, this was discussed as a significant event and checking systems reviewed by the practice manager to avoid reoccurrence.
- There was evidence that the MRHA medicines alerts were cascaded to all clinicians and there was also evidence of audit and medication reviews to ensure compliance with national guidance. Late commencement dates following receiving the alert were noted at times such as domperidone and amlodipine simvastatin MRHA alerts. There was no evidence of a formal system/process to decide appropriate and timely action of these MRHA alerts, however, there was no indication of negative impact on patient outcomes.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. An example given was a number of complaints in relation to the time taken to deal with repeat prescription requests. Changes had been made to their systems and staff had received additional training to improve this service.

### Overview of safety systems and processes

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

- We saw safeguarding policies and procedures in place which were understood and implemented by staff. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs had been trained to an appropriate level to manage safeguarding concerns.
- Staff who acted as chaperones including HCAS were checked for suitability and trained for the role, although some HCAS still needed to complete the training.
- There was an infection control policy in place and staff had received up to date training. Annual infection control audits were undertaken and practices reviewed. Such as replacement of waiting room chairs and colour coded bins to improve hygiene practices.
- Staff we spoke with were aware of medicine management policies and monitoring systems were in place to pick up medicine errors. The arrangements for managing medicines, including vaccinations, in the practice kept patients safe (including obtaining, recording,

handling, storing and security). Prescription pads were securely stored but did not have a distribution log. This was highlighted for action at the time of inspection.

- The medical centre offered the Electronic Prescription Service, which allowed patients to choose or "nominate" a pharmacy to get their medicines or appliances from. 75% of patients had elected to use this system.
- Staff were positive regarding recruitment practices and told us that the induction was helpful to new starters. We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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. The practices uptake for the cervical screening programme was 83% which was higher than the CCG and national average of 77%.

### Monitoring risks to patients

## Are services safe?

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and fire training was provided to all staff. We saw that equipment was routinely checked for electrical safety and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There were episodes of staff shortages at times and recruitment was ongoing to address this. Staff told us they were confident that managers ensured, where able, that the right staffing levels and skill-mix were sustained to support safe, effective patient care and levels of staff wellbeing.

### **Arrangements to deal with emergencies and major incidents**

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.

- There were procedures for dealing with medical emergencies and major incidents. All staff received annual basic life support training and those we spoke with were able to describe how they would act in the event of a medical emergency. The practice had procedures in place to assist staff to deal with a range of medical emergencies such as cardiac arrest, or anaphylaxis (severe allergic reaction) Emergency medicines and equipment were available. We discussed the need for additional risk assessments regarding the positioning of emergency bags to ensure easy access and safe storage, as not all staff were aware of the key codes.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

We spoke with staff on the day of our inspection and were satisfied that care and treatment was being delivered in line with best practice and legislation. They were aware of the guidance provided by the National Institute for Health and Care Excellence (NICE) and how to access the guidelines.

- There were lead GPs for different clinical areas of care. We saw that NICE guidelines and updates were discussed at clinical meetings. Systems were in place to keep all clinical staff up to date and how the guidelines were used to deliver care and treatment that met peoples' needs. An example was a recent review of the hypertension protocol.
- Patient safety alerts were reviewed by the lead GP who made appropriate clinical decisions. The information was then shared with other staff if relevant to their role. This ensured patients received effective consultations and treatment.

### Management, monitoring and improving outcomes for people

GPs, staff and patients we spoke with told us that the practice was proactive in promoting patients' health and disease prevention to improve outcomes for people. This included offering set appointments with a health trainer on site, one patient who attended said they felt empowered to make life style changes to improve their health.

We looked at monitoring systems and spoke with lead staff about the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice) The most recent published results were 95.5% of the total number of points available, with 8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from the year 2014 to 2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. Such as: 95% of patients with diabetes, on the register, had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) compared to a national average of 94%
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2014 to 31/03/2015) was comparable to other practices at 85% as compared with the national average of 83%.
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2014 to 31/03/2015) was comparable to other practices at 85% and to the national average of 83%.

Performance for COPD related indicators was comparable to the CCG and national average, apart from one area which we followed up:

The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2014 to 31/03/2015) was 77% compared with the national average of 89%.

- The lower than national average performance was explained as being due to a member of the nursing staff leaving the practice. The practice had recruited to this post and felt that this would improve their performance in the coming year.

The audit lead for the practice presented outcomes from audits at practice meetings and we saw examples of two cycle audits where changes in practice had been actioned, such as;

- A medicine audit following a medicine alert regarding amlodipine and simvastatin which resulted in a review of all patients on the medicine combination to comply with guidelines.
- The practice participated in national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. Such as a two cycle audit of the atrial fibrillation NICE guideline which resulted in a review of patients in whom anticoagulation was indicated, to ensure treatment complied with best practice.



# Are services effective?

## (for example, treatment is effective)

### Effective staffing

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

- Staff told us about the procedure in place for the recruitment and induction of new staff. A recent employee told us about the induction programme they had received. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Shadowing was also provided to support new starters and encourage integration.
- Although the practice was not a training practice they held GP educational events twice yearly. They also provided practice nurse training and development opportunities. The nurse practitioners and practice nurses had apprentice practice nurses/students assigned for six months who would observe on consultations for professional development.
- Staff could demonstrate how they received role-specific training and updating. For example, the practice nurses' qualifications, work experience and ongoing training showed competencies for reviewing patients with long-term conditions, administering vaccinations and taking samples for cervical screening.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We saw training logs which showed that clinical and non-clinical staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff we spoke with had received an appraisal within the last 12 months. One receptionist spoken with was supportive of the dual roles being introduced for new reception staff which included prescription referral training. Staff rotated between the main and branch surgeries to ensure there was a consistent approach to care at both locations.

### 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.

- Staff we spoke with could show how relevant information was shared with other services in a timely way, for example when referring patients to other services in the community through regular liaison with

the community matron, health trainer, care adviser and health visitor. There were six weekly palliative care meetings which included discussions around care and risk assessments, care plans, medical records and investigation and test results. Regular partner and clinical minuted meetings were actioned to assess and review high risk patients and coordinate their care.

- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw through minutes and discussions with staff that the care and treatment of patients who were receiving palliative care, those who were identified as being at risk of unplanned hospital admission and other vulnerable patients was discussed and reviewed to ensure that appropriate and relevant information was available to all the agencies involved in patients' care and treatment.

### Consent to care and treatment

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

- Patients' consent to care and treatment was always sought in line with legislation and guidance including the Mental Capacity Act 2005. The practice had policies and procedures around obtaining patients' consent to treatment. Staff we spoke with could demonstrate that they understood and followed these procedures. GPs and the practice nurse we spoke with told us when providing care and treatment for children, young people or where a patient's mental capacity to consent to care or treatment was unclear, assessments of capacity to consent were carried out in line with relevant guidance.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- There were named GPs for each of the care homes assigned to the surgery which were visited two or three times a week. We spoke to one residential care home manager who was complimentary regarding this service, highlighting ongoing continuity of care and health

# Are services effective?

(for example, treatment is effective)

promotion services as very good. This meant these patients had been able to gain access to management of their long term conditions such as diabetes, pulmonary disease and dementia care.

- The practice had a health trainer and care adviser attached to the surgery to support patients with lifestyle choices, health promotion and social and economic support systems. We saw examples of correspondence and liaison from GPs with school teachers, physicians for advice, and occupational therapists for home adaptations and mental health teams for assessments to support patients to live healthier lives.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to

74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Flu vaccination rates for the over 65s were 72%. These were also comparable to national averages of 73%.

- The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 81%. Breast and bowel screening programmes were in line or higher than national averages.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 99% and five year olds from 97% to 98%.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed that staff were polite and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Patients told us that staff addressed them in a polite manner. Reception staff were careful when speaking on the telephone not to repeat any personal information.

We met with four representatives of the patient participation group and spoke with one other patient in the surgery. They all expressed positive views about the care provided, which they all noted was patient centred. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We saw thankyou cards outlining the professional caring approach of doctors and staff and the last NHS Friends and Family est reflected that 83% of patients would recommend the surgery.

We observed the clinical areas and saw that members of staff were courteous and very helpful to patients and treated them with dignity and respect. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good and at times excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey published in July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was similar to other practices for its satisfaction scores and this was confirmed by patients we spoke with. For example:

- 91% had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 94% and national average of 95%.
- 87% Say the last nurse they saw or spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.

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

We saw arrangements were in place which showed that the provider supported patients in being involved in their care, even when they lacked the capacity or needed advocates to speak on their behalf. Patients told us they were able to ask questions if they were unsure about what was happening to them and understood about their care. They were kept informed and treated with respect and dignity by the staff providing the care. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey published in July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable with local practices but lower than CCG and national averages. For example:

- 81% said the last GP they saw or spoke to was good at listening to them compared to the local average of 86% and the national average of 88%.
- 68% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the local average of 79% and the national average of 81%.

There was a large variation in one of the areas surveyed and we followed this up with the practice on the day of the inspection;

73% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the local average of 85% and the national average of 84%. We were told by the practice that it was thought that vacancies in the nursing team may have impacted on this data. We were informed that recruitment and training was ongoing to develop the service provision.

Staff told us that translation services were available for patients who did not have English as a first language. We did not see any notices in the reception areas informing patients of this service and patients we spoke with were not aware. We highlighted this with the practice at the time.

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

## Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations, such as for emotional wellbeing and mental health services. We saw that end of life support mechanisms for patients included palliative care specialist referrals to the local hospice and regular case reviews were actioned with multi-disciplinary teams to ensure patient and carer support. Bereavement support was also in place.

The practice's computer system alerted GPs if a patient was also a carer. The practice register of all people who were carers was 0.83% (125) of the practice list size which is significantly lower than the national average of 2%. We

checked and noted that the surgery had a poster in the waiting room offering support, advice and a website for further information on carers such as the Essex carer's support service. They handed out forms to those who wished to register as a known carer. There were double appointments for carers who felt they needed extra support. The practice manager was currently liaising with the PPG on their outreach sessions to also advertise to carers about the support that was available to them. The practice manager noted that since putting the posters out and clinicians had been speaking to the patients and their carers to offer advice, that the register had started to grow.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The lead GPs attended forum meetings with the CCG and worked in partnership with the patient participation group to represent the practice and patients in developing responsive services.

- Patients told us that getting through on the phone was previously a problem, which was also highlighted in the national GP survey and also raised by the PPG. In response the practice had installed a new telephone system providing an improved service for patients and that patients had noticed an improvement
- Patients and the PPG told us the practice responded to issues raised by them. Such as the introduction of timed appointments for phlebotomy clinics at the Ambrose site and walk-in appointments at the branch surgery to allow more choice for patients.
- The PPG had monthly meetings with the practice and held out reach clinics on the sites to raise patient awareness on topics such as the use of antibiotics. Data reflected that the practice were higher than the national average currently and the GPs were reviewing practices to reduce wastage?? where possible.

### Access to the service

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 90% said the last appointment they got was convenient, compared with the local average of 92% and the national average 91%

There was one area of low performance which we followed up:

- 63% of patients were satisfied' with their GP practice opening hours. (01/07/2014 to 31/03/2015) (National average 78%).
- The national GP survey indicated lower levels of satisfaction with opening hours on both the main and

the branch surgery. The current surgery hours were from 8.30am until 6.30pm, with two GPs working Monday evenings from 6.30pm to 8 pm to support people who could not attend during normal opening hours. There were Saturday pre-booked appointments available with a GP, practice nurse or healthcare assistant from 8 to 11.30am. We spoke with patients on the day of the inspection and reviewed comments submitted on CQC comment cards and they told us they were satisfied with the opening hours. They told us they felt the surgery were responsive to their needs and that the flexible GP service in the afternoons to provide emergency appointments was effective.

People told us on the day of the inspection that they were able to get appointments when they needed them and were sent text message reminders for confirmation of an appointment time was appreciated.

### Listening and learning from concerns and complaints

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

The practice 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. This information was included in the patient leaflet. Information clearly described how patients could make complaints and raise concerns, what the practice would do and how patients could escalate their concerns should they remain dissatisfied. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

Recorded complaints were documented including actions taken and closure. We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

We looked at the complaints audit to date (as at February 2016) and our findings showed that 77% of the total of 13 complaints (0.09%) had a prescribing theme. The majority of complaints were in relation to the time the practice had taken to respond to a repeat prescription request. The

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

surgery had experienced some recruitment issues and it had taken time to correct these. Actions had been taken to

multi skill new reception staff to enable them to cover the high volume of prescription requests the surgery had on a daily basis. This was work in progress at the time of inspection.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The lead GP discussed with inspectors an ongoing strategy to deliver high quality care and promote good outcomes for patients, including plans as a training practice in the future.

- We saw a mission statement in the waiting area but staff were not aware of it. Staff we spoke with were clear on the day to day operational management of the surgeries but not aware of a vision or strategy in place for the practice. Information relating to core objectives and performance targets were discussed at partner meetings but there was little evidence of this being cascaded to other staff teams.

Staff had an understanding of the priorities for the coming year in relation to services, patient safety and cost effectiveness, but there was no formalised approach to this.

### Governance arrangements

There was a governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk through a programme of continuous clinical and internal audit.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. There was an emphasis on learning from significant events, complaints and clinical audits and these were discussed at weekly partner meetings and shared with clinical staff through the electronic notification systems and clinical meetings.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice to ensure high quality care. They prioritised safe, quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to members of staff.

- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. Staff told us they received feedback when they were performing well and would be confident to challenge poor performance to improve quality of care. There was a

lack of formal meetings for the administrative and reception staff who relied mainly on notifications and emails for information. The practice manager was looking at formalising meetings in the near future to improve staff engagement.

- Staff had clearly defined roles and responsibilities and they told us they had a sufficient skill mix of staff across all the roles to deliver the care needs of the patient population. Reception coordinator roles had been recently introduced to provide a point of contact for administration staff. All of the staff we spoke with talked about their commitment to ensuring patients were looked after in a safe and caring manner. Patients we spoke with said the staff were professional and helpful. Clinical staff told us they were well supported at the practice.
- The provider was aware of and complied with the requirements of the Duty of Candour. Staff told us there was an open culture where they could raise concerns and these would be acted on. The practice had processes in place for knowing about notifiable safety incidents and this information was shared with staff to ensure appropriate action was taken

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

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

- The practice had an active Patient Participation Group (PPG) and had a membership of 20 active members and 60 virtual patients. The PPG worked closely with other organisations such as the health forum committee and CCG and the local community in planning how services were provided to ensure that they met patients' needs. For example changing access to blood testing services and improvements to the telephone system. The practice was in the process of providing new waiting room display units and had consulted the PPG about the information priorities of the patients.

### Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. There was an annual meeting to review trends and outcomes for the surgery.