The Valkyrie Surgery

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Valkyrie Surgery on 7 July 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, well-led, effective and responsive and caring services. It was also good for providing services for older people, people with long term conditions, families, children and young people, working aged people (including those recently retired and students), people whose circumstances make them vulnerable and people with mental health (including people with dementia).

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Patient and staff safety was maintained through learning and improving from when things went wrong.
- The practice had procedures for safeguarding vulnerable adults and children. Staff were trained and the practice had dedicated lead staff to oversee these procedures. The practice had arrangements for chaperoning patients and all staff had undertaken training. Non-clinical staff who occasionally undertook chaperone duties did not have a disclosure and barring (DBS) check in place.
- The practice had suitable arrangements for managing medicines safely. The practice provided electronic prescribing and patients could pick up prescribed medicines from a choice of local pharmacies.
- The practice had arrangements in place for minimising the risks of infection. There were policies and procedures in place and staff had undertaken training.

Summary of findings

- Patients' needs were assessed and care was planned and delivered following best practice guidance and referrals to secondary care services were made in a timely way.
- Patients we spoke with said they were treated with empathy, compassion, dignity and respect. They said that they were listened to and involved in making decisions about their care and treatment. Results from the National GP Patient Survey 2015 indicated lower levels of patient satisfaction in relation to GPs and nurses listening to them and treating them with care and concern when compared to other GP practices locally and nationally.
- Information about services and how to complain was available and easy to understand and complaints were handled and responded to appropriately.
- Appointments were flexible to meet the needs of all patients. The practice performed in line with or higher than practices both locally and nationally for patient satisfaction with the surgery opening times, appointments system and ease of accessing appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff were supported by management. The practice sought feedback from staff and patients.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must:

- Ensure that staff are recruited robustly with all of the required checks carried out including disclosure and barring services checks and employment references.

Additionally the provider should:

- Review the systems for recording significant and other safety events so that they describe in detail the analysis of the event and show that these events are reviewed to ensure that learning is embedded in staff practice.
- Ensure that all staff who undertake chaperone duties are risk assessed and if required the have appropriate checks to help determine their suitability to work with vulnerable adults and children
- Carry out regular infection control audits to test the effectiveness of the procedures in place to reduce the risk of infections and introduce cleaning schedules.
- Ensure that all policies and procedures are kept under regular review so that they are up to date and reflect the day to day running of the practice.

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

The practice is rated as requires improvement for providing safe services. Safety alerts and serious incidents were acted on and learned from to improve patient safety. Records in relation to significant events and safety incidents did not show that these events were reviewed to ensure that learning was embedded in staff practice.

The premises and equipment was suitable and safe, and risks to patient and staff safety were identified and well managed. The practice was clean and there were effective infection control procedures in place. However infection control audits were not carried out to test the effectiveness of these procedures. Medicines were stored, handled and disposed of safely.

Improvements were needed to ensure that staff were recruited robustly. Appropriate checks including employment references and security checks were not carried out for all new staff to ensure their suitability to work with children and people who may be vulnerable. Staff were employed in appropriate numbers and trained to treat patients safely.

Are services effective?

Good

The practice is rated as good for providing effective services. Data made available to us showed that most patient outcomes were similar to other practices in the local area in relation to assessing and treating patients with long term conditions, vaccination and screening programmes. Treatment was planned and delivered in line with local and national guidance for GP practices. The practice staff worked with multidisciplinary teams including community nurses, health visitors and social workers to improve outcomes for patients and ensure that they received coordinated care and support as needed.

Are services caring?

Good

The practice is rated as good for providing caring services. Data from the National GP Survey 2015, Friends and Family Test and NHS Choices showed that patients rated the practice lower than others both locally and nationally in the area for some aspects of care. Patients expressed lower levels of satisfaction for how they were treated by GPs and nurses, their involvement in their care and treatment and being listened to. The practice acknowledged that

Summary of findings

staff shortages in the previous two year period had impacted. The practice had taken on board these comments and with newly recruited nursing and GP staff were confident that this would improve patient satisfaction.

Patients we spoke with during the inspection said they were treated with dignity and respect and they were involved in decisions about their care and treatment. The practice considered the needs of patients and their families when patients were receiving palliative care and nearing their end of their life and supported families following bereavements.

We observed staff including receptionists engaging with patients. They were polite, respectful and welcoming. Patients we spoke with said that this was how they were normally treated and that staff were compassionate and helpful.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and monitored and changed access to services to meet these needs. The appointments system was regularly reviewed and amended to take into account the needs of patients. The practice considered the needs of patients who may experience difficulties in accessing its services. Language translation services were available and some of the patient information had been translated into languages, which reflected the patient population. The practice facilities were accessible and suitable to accommodate patients with reduced mobility and patients with young children. Accessible toilets and baby changing facilities were available. Patients were provided with information to help them make complaints should they be unhappy with their care or treatment. Complaints were investigated and responded to openly and transparently.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy to meet the individual needs of patients taking into consideration the health care needs of the local population. The practice sought and acted on the views of patients and staff to make improvements to the services provided. There was a clear leadership structure and staff felt supported by management. Learning and improvement was promoted through a system of audits and reviews.

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

This practice is rated as good for the care of older people. The practice had a higher than the national average number of patients over the age of 75 years including a high number who lived in 25 local care homes. Each patient over 75 years had a named accountable GP who was responsible for their care and treatment and a full range of screening and vaccinations were available.

The practice identified patients who were at risk of avoidable unplanned hospital admissions and planned care in conjunction with other health and social professionals to prevent these. Regular multidisciplinary team meetings were held with other health and social care professionals to support patients and ensure that they received coordinated care and treatment.

Home visits were provided available daily based upon patients' circumstances and needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long term conditions. The practice had effective arrangements for making sure that people with long term conditions had regular health and medication reviews. The practice offered a number of GP and nurse led clinics including clinics for diabetes, asthma, Chronic Obstructive Pulmonary Disease and heart disease. Staff had undertaken training to monitor and treat patients with common long-term health conditions. For example nurse led medication reviews and daily diabetic clinics were available.

Advice on health, diet, alcohol and tobacco consumption was available and health screening and was provided. When patients required referral to specialist services, including secondary care, patients were offered a choice of services, locations and dates. These referrals were made in a timely way and monitored to ensure that patients received the treatments they needed.

Families, children and young people

Good

The practice is rated as good for the population group of families, children and young people. Appointments were flexible and walk-in services were available each day. Ante-natal and post-natal checks were available. The practice monitored the physical and developmental progress of babies and young children and weekly

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drop in sessions were held at the practice with the health visitor. Appointments for children were made available outside of school hours. There were arrangements for identifying and monitoring children who were at risk of abuse or neglect.

There was information available to inform mothers about all childhood immunisations, what they are, and at what age the child should have them as well as other checks for new-born babies. Staff proactively followed up patients who failed to attend appointments for routine immunisation and vaccination programmes. Information and advice on sexual health and contraception was provided during GP and nurse appointments.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the population group of working-age people (including those recently retired and students). Appointments were flexible with telephone consultations, pre-booked and on the day appointments were available. Extended opening hours were available each week with early morning appointments from 7am available on Tuesdays and evening appointments up to 8pm on Thursdays. NHS health checks for patients aged between 40 and 75 years were available and promoted within the practice and on their website. Nurse led clinics were provided for well patient health checks.

People whose circumstances may make them vulnerable

Good

This practice is rated as good for the care of people living in vulnerable circumstances. The practice recognised the needs of people who were vulnerable such as homeless people, those with alcohol or substance misuse issues, and those with learning disabilities. Translation services were accessible for patients whose first language was not English. Staff were trained and understood their responsibilities to report concerns about the welfare of patients to the appropriate agencies.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia). People experiencing poor mental health had received an annual physical health check. The practice regularly worked with multidisciplinary teams to support people experiencing poor mental health including those with dementia. The practice carried out dementia screening services and referrals were made to specialist services as required. The practice had suitable processes for

referring patients to appropriate services such as psychiatry and counselling, including The Improving Access to Psychological Therapies (IAPT) and referrals to Child and Adolescent Mental Health Services (CAMHS) as required.	

Summary of findings

What people who use the service say

We gathered the views of patients from the practice by reviewing data available from NHS Choices and the National GP Patient Survey results published in January 2015. Prior to our inspection we also sent CQC 'Tell us about your care' comment cards to the practice for distribution amongst patients in order to obtain their views about the practice and the service they received. We received 30 completed 'Tell us about your care' comment cards. All of the patients who completed these expressed satisfaction with the care and treatments and service they received.

We spoke with five patients on the day of the inspection. Patients we spoke with told us that they were very happy with the practice. They commented on the kindness of reception staff and the professionalism and helpfulness of all staff. Patients also commented positively about the ease of access to appointments both routine and urgent and the care and treatments they received.

The results from the National GP Survey 2015 and NHS Choices were generally positive. Patients rated the practice higher than others locally and nationally in respect of the appointments system and their confidence in nurses and GPs. Patients were less satisfied in areas related to their involvement in making decisions about their treatment, and GPs and nurses listening to them.

Areas for improvement

Action the service MUST take to improve

Ensure that staff are recruited robustly with all of the required checks carried out including disclosure and barring services checks and employment references.

Action the service SHOULD take to improve

- Review the systems for recording significant and other safety events so that they describe in detail the analysis of the event and show that these events are reviewed to ensure that learning is embedded in staff practice.
- Ensure that all staff who undertake chaperone duties are risk assessed and if required the have appropriate checks to help determine their suitability to work with vulnerable adults and children
- Carry out regular infection control audits to test the effectiveness of the procedures in place to reduce the risk of infections and introduce cleaning schedules.
- Ensure that all policies and procedures are kept under regular review so that they are up to date and reflect the day to day running of the practice.

Outstanding practice

The Valkyrie Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a Care Quality Commission practice manager specialist advisor and a Care Quality Commission GP specialist professional advisor.

Background to The Valkyrie Surgery

Valkyrie Surgery is located in a purpose built primary health care centre situated in a residential area of Westcliff on Sea in Essex. The practice provides services for approximately 14,000 patients living within the Westcliff area. The practice holds a General Medical Services (GMS) and contract and provides GP services co-commissioned by NHS England and Southend on Sea Clinical Commissioning Group.

The practice has a branch surgery located within the Leigh Primary Care Centre on the London Road, Leigh on Sea in Essex. Patients can choose to attend appointments at either practice.

The practice population is similar to the national average for younger people, children under four years, working aged and recently retired, and higher for older people aged over 75 years. Economic deprivation levels affecting children, older people and unemployment were higher than the practice average across England. Life expectancy for men and women are in line the national averages. The practice patient list has a higher than national average of working aged people who are unemployed.

The practice is managed by six GP partners who hold financial and managerial responsibility for the practice. The practice employs three salaried GPs. Four male GPs and five female GPs are employed at the practice. Two nurse prescribers, a diabetes specialist nurse and two health care assistants are also employed. The clinical team are supported by a practice manager, an assistant practice manager and a team of administrative, secretarial and reception staff.

Valkyrie Surgery is a training practice and provides training positions for up to three GP trainees at any one time.

The practice is open between 8am and 6.30pm Mondays to Fridays. Early morning appointments are available on Tuesdays and evening appointments up to 8.30pm on Thursdays.

The practice has opted out of providing GP services to patients outside of normal working hours such as evenings, weekends and public holidays. Unscheduled out-of-hours care is provided by NHS 111 services and patients who contact the surgery outside of opening hours are advised of how to contact this service. This information is also available on the practice website.

Why we carried out this inspection

We inspected Valkyrie Surgery as part of our 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. This 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

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.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including NHS England and Southend Clinical Commissioning Group (CCG) to share what they knew. We carried out an announced inspection on 7 July 2015. During our inspection we spoke with a range of staff including GPs, nurse practitioners, practice nurses, the practice manager, reception and administrative staff. We reviewed policies, procedures and other documents in relation to the management and day-to-day running of the practice. We spoke with patients who used the service. We talked with carers and family members. We reviewed comment cards, NHS Choices, Friends and Family Test, and National GP Patient Survey results published in January 2015 where patients and members of the public shared their views and experiences of the service.

Requires improvement

Are services safe?

Our findings

Safe Track Record

The practice had policies and procedures for reporting and responding to accidents, incidents and near misses. Staff we spoke with told us that they were aware of the procedures for reporting and dealing with risks to patients and concerns. They told us that they were supported to raise concerns and that the procedures within the practice worked well.

There were systems for acting on patient safety alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts have safety and risk information regarding medication and equipment often resulting in the review of patients prescribed medicines and/or the withdrawal of medication from use in certain patients where potential side effects or risks are indicated.

The practice manager told us that MHRA and other relevant alerts were forwarded to the GPs for review and to identify patients who may be affected. GPs including locum GPs we spoke with were able to demonstrate that they received and acted on these alerts, making changes to patients' treatments and updating patient records where this was appropriate. Historically safety alerts had not been saved or made readily accessible to staff to refer to if needed. The practice manager showed us that this information was now stored and accessible to staff within the practice computerised system.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents, accidents and near misses. Staff we spoke with said that the practice had an open and 'no blame' culture and they would record, and report any significant or untoward event to their line manager. We saw that reporting forms were available on the computerised system and hard copies were also available and staff were aware of where to find these. We reviewed a sample of significant events recorded and investigated within the previous 12 months. We found that these had been investigated and discussed during weekly clinical meetings and learning from where things had gone wrong was shared with staff. Staff we spoke with were able to give examples of learning and improvement as a result of such events. For example more robust checking procedures for emergency medicines and equipment were introduced following an incident where defibrillator pads had not been reordered Records we viewed did not show that safety incidents and events were regularly reviewed to ensure that any learning had been embedded in practice to improve safety outcomes for patients.

Reliable safety systems and processes including safeguarding

The practice had suitable policies and procedures in place to identify risks to vulnerable children, young people and adults. These policies included details of staff roles and responsibilities, how and who to report concerns to. All staff at the practice had undertaken appropriate safeguarding children and adults training. The practice had dedicated GP leads who had oversight of the adult and child safeguarding arrangements. Staff we spoke with were aware of the practice procedures for protecting vulnerable patients. They knew how to identify signs of potential abuse or neglect in children, older and vulnerable patients and who to report these concerns to. There was a flow chart available to staff to assist them to refer concerns within the practice and to external agencies as appropriate. Staff were aware of the practice whistleblowing policy and their responsibilities for reporting concerns externally such as referring concerns to the local safeguarding team if appropriate.

Information about vulnerable patients was shared with staff appropriately. There was a system to highlight vulnerable patients on the practice's electronic records. GPs were appropriately using the required codes in electronic records to ensure risks to vulnerable adults and children and young people who were looked after (under the care of the local authority / in foster care) or on child protection plans were clearly flagged and reviewed. Information was used to make staff aware of any relevant issues when patients attended (or failed to attend) appointments. GPs reported that meetings with healthcare professionals were not routinely held to discuss child safeguarding issues. However they provided detailed reported and shared information with social services and police as requested. The senior GP partner acknowledged that more could be done to engage with and build working relationships with the local health visitor team and was planning on inviting them to multidisciplinary meetings.

The practice had a chaperone policy, which was available and easily visible in the waiting room and consulting

rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Staff were provided with information to assist them in their understanding of this role. Records showed that all staff who undertook chaperone duties had been trained and discussions with staff evidenced that they understood their roles and responsibilities. However some staff who carried out these duties did not have a risk assessment to determine if a Disclosure and Barring Services check was required. These checks help employers prevent unsuitable people from working with vulnerable groups, including children. The practice manager said that they were in the process of reviewing staff files and would identify and arrange for these checks for all relevant staff.

Medicines Management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There were written procedures in place for the receipt, handling and storage of temperature sensitive medicines such as vaccines to ensure that medicines remained effective and suitable for use. The actual, maximum and minimum temperatures of fridges used to store medicines were monitored twice daily. This helped identify any issues with the storage of medicines such as vaccines and other medicines which required cold storage to ensure that they did not exceed those recommended by the medicine manufacturer.

The nurses administered vaccines using directives that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of these directives and evidence that nurses had received appropriate training to administer vaccines.

Systems were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with the practices medicines management policies.

The GPs discussed the arrangements for the management of high risk medicines which may have serious side-effects. The GPs we spoke with were aware of and adhering to the shared care arrangements where patients were prescribed these medicines and ensured that blood tests were carried out as required.

The practice provided electronic prescribing services. Patients could have their prescriptions sent electronically to their chosen pharmacy. Patients we spoke with told us that they were given explanations about their medicine and any changes to these. They also said that the arrangements for obtaining prescriptions worked well.

Cleanliness & Infection Control

The practice had policies and procedures in place to protect patients and staff against the risk of infections. These included procedures for dealing with bodily fluids, handling and disposing of clinical waste, dealing with needle stick injuries and managing risks associated with Legionella (a germ found in the environment which can contaminate water systems in buildings). Records showed that all staff had infection prevention and control training. The practice infection control lead nurse had recently left the practice. The nurse manager had taken over this role but had not conducted any audits to test the effective ness of infection control procedures.

Patients we spoke with during the inspection told us that they found the practice was always clean and that they had no concerns. We observed the premises to be visibly clean and tidy. Hand sanitising gels were available for patient use. Hand washing sinks with liquid soap, sanitising gel and paper towel dispensers were available in treatment rooms and toilet facilities, as were posters promoting good hand hygiene. We saw records to confirm that patient disposable privacy curtains were changed on a regular basis. We saw that the practice had arrangements to segregate and safely store clinical waste including disposable instruments and needles at the point of generation until it was disposed of.

Staff were provided with appropriate personal protective equipment including disposable gloves and aprons. Spillage kits were available for cleaning and disposing of body fluids and staff we spoke with were aware of where to locate these when needed. Records showed that all clinical staff underwent screening for Hepatitis B vaccination and immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

Staff we spoke with confirmed that there were no cleaning schedules in place for daily, weekly and periodic cleaning tasks for general and clinical areas. A cleaning audit had

been conducted in May 2015. We saw that this covered checking all areas within the practice for general cleanliness. Some areas for improvement had been identified and we saw that these had been actioned.

GPs carried out minor surgical procedures such as skin excisions and joint injections. We saw that single use disposable instruments were provided for all procedures and staff were trained in aseptic techniques to minimise the risks of infections. Records showed that audits were carried out in respect of surgical procedures to help monitor and minimise the risks of infections.

Staff recognised patients who may be more vulnerable and susceptible to infections, such as babies, young children, older people and patients whose immune systems may be compromised due to illness, medicines or treatments. Advice and information was provided so as to help patients protect themselves against the risks of infections.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. We found that the practice had sufficient stocks of equipment and single-use items required for a variety of diagnostic and screening procedures, such as blood tests, respiratory, diabetes and well person procedures. Records we viewed showed that all equipment was tested and maintained regularly. All portable electrical equipment was routinely tested. All diagnostic equipment such as weighing scales, spirometer, thermometers, ear syringe and the fridge thermometer were calibrated in line with the manufacturer's instructions so as to ensure that this equipment was fit for use. Through discussion with staff and a review of records we saw that equipment was replaced as needed.

Staffing & Recruitment

The practice had procedures for recruiting new staff to help ensure that they were suitable to work in a healthcare setting. We reviewed three records for staff who had recently been recruited and found that these procedures had not been consistently followed. Employment references and interviews had not been carried out in line with the practice policy. Security checks through the Disclosure and Barring Service (DBS) had been not carried out for all staff. Checks had been made to ensure that GPs and nurses had appropriate qualifications and effective registration with the appropriate professional body, such as the Nursing and Midwifery Council (NMC) for nurses and the General Medical Council (GMC) for GPs. These checks helped to ensure that staff employed were suitable to work with vulnerable people. Inductions were not in place for new staff so that they could familiarise themselves with their roles and responsibilities. The current practice manager had been in post for four months prior to which there had been a period where the practice did not have a practice manager. They told us that they were reviewing all the practice procedures and would ensure that proper recruitment procedures would be employed.

There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had experienced staffing shortages during 2013 / 14 with staff leaving the practice. The practice had recruited to these posts and was working to establish these staff within the team. There was a staff rota in place and staffing levels were reviewed to ensure that actual staffing levels and skill mix were in line with planned staffing requirements. The practice had arrangements for providing staff cover in the event of unplanned absence due to illness and planned leave. We saw that the practice had reviewed its busiest times and allocated extra staff to cover these. Staff told us there were enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Monitoring Safety & Responding to Risk

The practice had arrangements for identifying and managing risks to staff and patients. There was a detailed health and safety policy, which staff were aware of. Risks were identified through a variety of assessments, which covered fire safety, security of premises and records, medicines management, staffing levels and untoward issues which may impact on the running of the practice. Some of these assessments had not been reviewed within the previous 12 months and the practice manager acknowledged this and told us that they were developing a plan for reviewing the practice policies, procedures and risk assessments.

The practice had policies and procedures in place for recognising and responding to risks to patients. Staff we spoke with told us that they were aware of these procedures. For example staff had access to policies and procedures for treating any sudden deterioration in patients including children and treating patients in the event of a mental health crisis. Staff were able to

demonstrate that they were aware of the correct action to take if they recognised risks to patients. For example staff described how they would escalate concerns about an acutely ill or deteriorating child or a patient who was experiencing a mental health crisis.

Arrangements to deal with emergencies and major incidents

The practice had policies and procedures in place to manage medical emergencies. Records showed that all staff had received training in basic life support. Emergency medicines and equipment were available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). Nurses checked emergency equipment each month and these checks were recorded. All emergency medicines we checked were in date.

A disaster recovery plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice such as loss of power, adverse weather conditions, staff shortages or other circumstances that may affect access to the building or a disruption of the service. The plan contained relevant details and contact numbers to assist staff. The plan did not identify members of staff who would be responsible for implementing procedures in the event of an untoward incident. There were robust arrangements for assessing and managing risks of fire within the practice. Regular fire alarm tests and evacuation drills were carried out. Staff were trained in fire safety procedures and had carried out evacuation exercises. Records showed that fire safety equipment including extinguishers and alarms were tested and serviced regularly.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We saw that patient care and treatment was delivered in line with recognised best practice standards and guidelines including the National Institute for Health and Care Excellence (NICE), Clinical Commissioning Group guidelines and policies. Staff told us that information and any changes in legislation or national guidelines were shared during regular clinical staff meetings. Records we viewed confirmed this. New patients were offered health checks when they joined the practice and staff proactively contacted patients where appropriate to attend for regular health checks and reviews.

GPs had lead roles for a number of long term conditions including heart disease, respiratory conditions and diabetes. They served as a source of expertise for colleagues in the practice and were responsible for ensuring new developments or specific clinical issues were discussed at the relevant practice meetings. There were a number of clinics held at the practice including those for patients with asthma and chronic obstructive airways disease, family planning, minor surgery and diabetes. The nurse practitioner and practice nurses supported this work through nurse led clinics which allowed GPs to focus on patients with more complex healthcare needs.

All GPs we spoke with used national standards guidance for patients with suspected cancers to be referred and seen within two weeks. We saw that regular discussions were held between GPs to discuss patient care and appropriate pathways for medical conditions such as diabetes and heart disease. This helped ensure that appropriate referrals were made to secondary care services where appropriate.

Staff told us that information relating to patients who accessed the out-of-hours services and patients' test results were reviewed by GPs on a daily basis. We saw that when patients were discharged from hospital, their discharge summary letters were reviewed and patients' records were updated with any changes in medicines or planned treatment.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, summarising patients' records, managing child and adult protection alerts and medicines management. Information was shared widely with staff and other healthcare professionals.

The practice participated in enhanced services commissioned by NHS England. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract in order to improve outcomes for patients). The practice kept registers of patients with learning disabilities, those receiving palliative care and patients who were identified as vulnerable or at risk of unplanned hospital admissions. Patients had care plans and the practice held regular multidisciplinary meetings. These were well attended by external professionals such as the community nursing team to help ensure that patients were treated and supported appropriately according to their assessed needs. We found that the practice was performing in line with local and national targets for the uptake of all childhood vaccinations and immunisations, flu vaccinations and women's cervical screening.

Data we reviewed showed that the practice's performance in assessing and treating of patients with long term conditions such as diabetes, asthma, chronic respiratory diseases and heart disease were higher than or in line with the local Clinical Commissioning Group (CCG) and national averages. For example from data we reviewed for 2013/14 we found that The proportion of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 81% compared to the national average of 78%. The practice also performed in line with other GP practices for other checks for patients with diabetes demonstrating that patient's conditions were well managed. We also found that the proportion of patients with atrial fibrillation (with CHADS2 score of 1), measured within the last 12 months, who are currently treated with anticoagulation drug therapy or an antiplatelet therapy was 98% which was the same as the national average. These medicines are used to help minimise the risk of blood clots and stroke which are associated with heart conditions.

The practice had a system in place for carrying out clinical audits, a process by which practices can demonstrate ongoing quality improvement and effective care. We saw that a number of clinical audits had been carried out to help improve outcomes for patients. We looked at a

number of audits including one which had been carried out following a change in Medicines and Healthcare Products Regulatory Agency (MHRA) guidance around the prescribed dosage of specific antidepressant medicine. High doses of this specific medicine may cause serious cardiac side effects in certain patients including those over the age of 65 years. The MHRA guidance recommended the maximum dosage that patients in at risk groups should be prescribed. The practice reviewed all patients who were prescribed this medicine at a higher than recommended dosage. The practice contacted each patient to inform them of the changes and repeat prescriptions were amended. The audit was repeated after six months and showed that the number of patients on a higher than recommended dose of had reduced. A small number of patients had requested that their dosage of the medicine be increased as the lower dosage was ineffective in managing their symptoms and this was recorded in patient's notes.

The practice protocol for repeat prescribing was in line with national guidance and staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. The practice were performing in line with others in the CCG area for medicine prescribing such as use of frontline antibiotics and use of non-steroidal anti-inflammatory medicines NSAIDs (used to treat inflammatory conditions such as arthritis).

Effective staffing

The practice employed staff who were suitably skilled and qualified to perform their roles. All GPs were up to date with their yearly continuing professional development requirements. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). The practice employed a number of locum GPs who worked regularly. There was a detailed locum GP induction pack in place and those locums staff we spoke with said that they were supported and mentored in their roles.

All clinical and non-clinical staff had clearly defined roles within the practice and were able to demonstrate that they were trained to fulfil these duties. All staff clinical staff had undertaken recent annual appraisals of their performance from which learning and development needs were identified. Records viewed showed that these staff had individual personal development plans in place. The practice manager told us that they had not carried out an appraisal for non-clinical staff since they had been recruited to their post. They told us that these were planned for later in the year.

The majority of staff we spoke with were positive about the peer support arrangements and working relationships between all members of staff within the practice. Some non-clinical staff reported that they felt less supported. The practice manager acknowledged that due to the level of work around management and finances undertaken in the first months they were in post that they had not introduced their planned systems for supporting staff and that these would be implemented in the near future.

The practice also had systems in place for identifying and managing staff performance and providing support and further training to assist staff should they fail to meet expected standards.

Working with colleagues and other services

The practice worked with other service providers, including social services, the local hospital trust and community services to meet patients' needs and support patients with complex needs. There were clear procedures for receiving and managing written and electronic communications in relation to patients' care and treatment. Correspondence including test and X-ray results, letters including hospital discharge, out–of-hour's providers and the 111 summaries were reviewed and actioned on the day they were received. All staff we spoke with understood their roles and felt the system in place worked well.

The practice held monthly multidisciplinary team meetings to which the relevant community health and social care professionals were invited to review and plan care and treatment for patients such as those who with life limiting illnesses and vulnerable patients. The out-of-hour's service had access to appropriate information to assist doctors to treat patients as needed when the practice was closed. The practice engaged with the local Clinical Commissioning Group for support and advice on issues relating to primary medical services.

Information Sharing

The practice had systems to share information with staff, patients and other healthcare providers. Staff used an electronic patient record to coordinate, document and

Good

Are services effective?

(for example, treatment is effective)

manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. The practice used several electronic systems to communicate with other providers. For example, there were facilities for sharing patient records between GP practices when a patient registered or deregistered. The community nursing team and health visitors had access to the patient records where patients had consented to the sharing of their medical information. Electronic systems were also in place for making referrals to secondary care services such as specialist consultants. Staff reported that the systems were easy to use.

The practice had ensured the electronic Summary Care Records were completed and accessible on line. Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or outside of normal hours. Information about the sharing of patient information was available on the practice website and in written leaflets which were readily available.

Consent to care and treatment

The practice had policies and procedures in place for obtaining a patient's consent to care and treatment where patients were able to give this. The policy covered obtaining and documenting consent for specific interventions such as minor surgical procedures and vaccinations. GPs and nurses we spoke with had a clear understanding of these procedures and told us that they obtained patient consent before carrying out physical examinations or providing treatments. We saw that where a patient's verbal consent was given this was documented in the electronic patient notes with a record of the relevant risks, benefits and complications of the procedure. Consent procedures included information about people's right to withdraw consent.

Staff we spoke with understood the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties to meet the requirements of these legislations when treating patients. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they and/or their carers were involved in agreeing, where they were able to do so. All clinical staff we spoke with demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 years who have the legal capacity to consent to medical examination and treatment). Patients we spoke with confirmed that their treatment, options available, risks and benefits had been explained to them in a way that they could understand. They told us that their consent to treatment was sought before the treatment commenced.

Health Promotion & Prevention

There was a wide range of information leaflets, booklets and posters about health, social care and other helpful topics in the waiting room with dedicated patient information boards. These included information to promote good physical and mental health and lifestyle choices including advice on diet, smoking cessation, alcohol consumption and substance misuse. There was information available about the local and national help, support and advice services. Information about the range of immunisation and vaccination programmes for children and adults, including MMR, shingles and a range of travel vaccinations were well signposted throughout the practice and on the website.

The practice offered a full range of health checks. All newly registered patients were offered routine medical check-up appointments. Patients between 40 and 74 years old who had not needed to attend the practice for three years and those over 75 years who had not attended the practice for a period of 12 months were encouraged to book an appointment for a general health check-up. Data we viewed for 2013/14 showed that the practice performed in line with the local and national averages for the uptake of standard childhood immunisations, seasonal flu vaccinations, cervical screening (smear tests) and annual health checks for patients with one or more long-term health condition such as diabetes and respiratory diseases and those with learning disabilities. For example the percentage of children aged 24 months who had a mumps, measles and rubella (MMR) vaccination was 91% compared to the local CCG area average of 95%. The percentage of children aged 5 years who had received an infant meningitis C vaccination was 95% which was the same as the local CCG average.

Data from 2013/14 showed that The proportion of women aged 25-64 years who had a cervical screening test

Good

Are services effective?

(for example, treatment is effective)

performed in the preceding 5 years was 68% compared to the local CCG average of 82%. We saw that this had been improved upon for 2014/15 and the practice was on course to reach local averages.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

Each of the five patients we spoke with during our inspection and 30 patients who completed comment cards said that all staff were caring and that staff listened to them and took their views and concerns into consideration. The results from the practice patient survey in 2014 showed that 96% of patients said that staff were helpful and welcoming. We reviewed the most recent data available for the practice on patient satisfaction. This included information from the National GP Patient Survey published in January 2015. 74% of patients who responded said that the receptionists were helpful. 56% said the last GP who they saw were good at treating them with care and concern and 72% said that nurses did. These results were lower in comparison to GP practices both locally and nationally. The practice had reviewed these comments and attributed these in some part to GP and nurse shortages within the previous 12 months due to a number of long serving staff taking retirement. The practice had experienced difficulties in recruiting staff during this period. New staff had recently been appointed in 2015 and the practice felt confident that this would result in increased patient satisfaction.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Privacy curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We saw that reception staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager who would investigate.

Care planning and involvement in decisions about care and treatment

Each of the five patients we spoke with on the day of our inspection told us that they felt they were listened to and involved in discussions about their care and treatment. They told us told us that health issues were discussed in a way that they could understand and they felt listened.

Patients told us that they had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the 30 comment cards we received was also positive in respect of GPs and nurses listening and involving them in their care and treatment.

We reviewed information from the National GP Patient Survey published in January 2015. 76% of patients who responded to the survey said that the last nurse they saw or spoke with was good at listening to them. This was lower than local and national averages which were both 90%. Eighty one percent said that GPs were good at listening to them, which was slightly lower that the local average 84% and also lower than the national average 89%. The practice attributed these low scores in part to the difficulties in recruiting clinical staff and their previous reliance on locum staff and were confident that patient satisfaction in these areas would improve.

The practice had policies and procedures for supporting people who may have difficulties accessing services. Staff were aware of these. They also told us that they actively engaged with patients from the travelling communities in the area to improve patient access to the practice within this population group. Discrimination was avoided when making care and treatment decisions and GPs said that the culture in the practice was that patients were cared for and treated based on need and the practice took account of a patient's age, gender, race and culture as appropriate.

Patient/carer support to cope emotionally with care and treatment

Patients who we spoke with during the inspection told us that staff were caring and that they offered emotional support as needed. We saw that the practice worked proactively with other health and social care providers including local hospice services to enable patients who wished to remain living in their homes when their health deteriorated. We saw that patients receiving palliative care had a detailed care plan, which was regularly reviewed. Information was shared with relevant health care providers, including the out-of-hours service to ensure that patients received appropriate care as they approached their end of life. The practice had procedures for supporting bereaved families and where families experienced bereavement their GP contacted them by telephone and appointments or home visits were arranged as needed.

Good

Are services caring?

The practice had policies and procedures in place for identifying and supporting patients who voluntarily spent time looking after friends, relatives, partners or others due to illness or disability. Patients who were carers for others were identified at registration and provided with information to ensure they understood the various avenues of support available to them. Information in the patient waiting room, told patients how to access a number of support groups and organisations within the local area.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood the different needs of the population it served and acted on these to plan and deliver appropriate and responsive services. The appointments system was flexible with pre-booked appointments, and same day appointments available. The practice had a branch surgery in Leigh on Sea and patients could access GP and nursing services from both locations. The practice population consisted of high numbers of patients over the age of 75 years, including those living in 25 local care homes. The practice worked closely with the care homes to ensure that patient received appropriate treatment, medicines and health reviews. We contacted four care homes and the managers of these told us that they were satisfied with the services that they received. They told us that GPs were responsive to requests for information and home visits. The practice regularly monitored its population; comments and complaints received, and reviewed its services to meet patients' needs.

Tackling inequity and promoting equality

The practice understood and responded to the needs of patients with diverse needs and those from different ethnic backgrounds and patients whose circumstances made them vulnerable or hindered access to services. All staff had undertaken training in equality and diversity. The practice population included patients from Eastern European communities, for some English was not their first language. Two reception staff spoke Czech and had translated information about childhood immunisations to assist patients understand this information. The practice kept registers of patients with learning and physical disabilities and carried out annual health checks. The practice offered a full range of health checks and access to telephone consultations, book on the day appointments and home visits.

The practice had access to language translation services where required to support patients whose first language was not English. A hearing loop system was available to support patients who used hearing aids and devices. The premises and services were suitable to meet the needs of patients with physical disabilities for example there was step free access and a passenger lift to the first floor where the waiting area and consultation rooms were situated. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice as well as baby changing facilities.

Access to the service

Details about how to make, reschedule and cancel appointments was available to patients in the practice information leaflet on the practice website. Appointments were available between 8am and 6.30pm. Early morning appointments from 7am on Tuesdays and evening appointments up till 8.30pm on Thursdays were also available. Appointments could be booked up to two weeks in advance by telephone, online or in person. The practice offered telephone consultations and a triage system to help determine whether patients needed to be seen face-to-face. GPs told us that the number of telephone consultations had been reduced in favour of more face-face appointments following feedback from patients.

There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed they referred to the NHS 111 out-of-hours service.

Patients we spoke with during the inspection told us that they were happy with the appointment system and that they could usually see or speak with their preferred GP and make same day appointments for urgent treatments if needed. Each of the 30 patients who completed comment cards reported that they could easily access routine and same day appointments with GPs and nurses as needed.

We reviewed the data from the National GP Patient Survey published 2015. Seventy four percent of patients who participated said that they were happy with the practice opening times. This was similar to the local and national averages of 75%. The survey also showed that 72% of patients found their experience of making an appointment to be good, and 92% said that their last appointment was convenient for them. These were both higher than results for GP practices locally and nationally. The practice was also higher than both local and national averages for patient satisfaction with access to appointments and

Good

Are services responsive to people's needs?

(for example, to feedback?)

waiting times. Seventy two percent of respondents said that they found it easy to contact the practice by telephone and 68% said that they did not normally have to wait too long to be seen after their appointment time.

Listening and learning from concerns & complaints

The practice had a 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. Patients were provided with information to help them understand the complaints procedure and how to raise complaints or concerns. This information included details of how a complainant could escalate their concerns to the NHS England and the Health Services Ombudsman, should they remain dissatisfied with the outcome or if they felt that their complaints had not been dealt with fairly. Patients we spoke with were aware of the process to follow if they wished to make a complaint. Patients we spoke with said that they had not needed to make a complaint about the practice.

The practice manager was responsible for handling all complaints in the practice. We looked at a sample of complaints received by the practice within the past 12 months and the practice responses to these. We saw that complaints were acknowledged and responded to within the appropriate timeframe. These were responded to in an open and transparent way and apologies given where this was appropriate. GPs told us that complaints were discussed at weekly clinical meetings and the minutes from meetings, which we saw, confirmed this. We saw that complaints were periodically analysed to identify trends or themes and any learning outcomes were acted on and shared with staff.

Are services well-led?

Good

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

Our findings

Vision and Strategy

The practice had a clear vision to put patients' needs at the heart of everything they do to provide high quality care. The practice had a patient charter which described patients' rights and responsibilities. Staff we spoke with were aware of the vision and values for the practice and told us that they were supported to deliver these.

The practice had a focus on planning for the future to ensure the continuity of services. This had included the move to purpose built premises in 2013 and the employing new GP partners. We saw that the practice had recognised where they could improve outcomes for patients and had was making changes accordingly through work with the local Clinical Commissioning Group, conducting reviews and listening to staff and patients.

Governance Arrangements

The practice had a number of policies and procedures in place to govern its activity and these were available to staff. We looked at a sample of these policies and procedures, including those related to medicines management, infection control, staff recruitment and training, fire safety and patient confidentiality. Some of these policies had not been reviewed to ensure that they were up to date and reflective of the management and day-to-day running of the practice. The practice manager who had been in post for four months had a development plan in place, which included reviewing and amending, where needed, policies and procedures within the practice.

The practice used a number of clinical and non-clinical audits and reviews to monitor and improve the services provided. Areas for improvement, where identified from complaints and analysis of significant events, were shared with staff to secure improvements. The practice used data from local and national quality schemes such as QOF to benchmark performance. The Quality and Outcomes Framework (QOF) is the annual reward and incentive programme detailing GP practice achievement results. QOF is a voluntary process for all practices in England and awards practices achievement points for managing some of the most common chronic diseases including diabetes, coronary heart disease and chronic obstructive pulmonary disease.

Leadership, openness and transparency

There was a clear leadership structure with named members of staff in lead roles in several areas of patient care including medicines management and unplanned hospital admission avoidance. Staff also took lead roles in infection control, safeguarding vulnerable patients and fire safety and health and safety. The management team met twice monthly to discuss structural and organisational development to ensure the effective running of the practice and three monthly meetings were held with administrative and reception staff. Staff we spoke with were clear about their own roles and responsibilities and knew who to go to in the practice with any concerns.

Seeking and acting on feedback from patients, public and staff

The practice sought and acted on feedback from patients on a regular basis. It monitored the results of the NHS Friend and Family Test, National GP Survey and NHS Choices data. They reviewed comments made by patients and developed action plans to address any issues where these were raised.

The practice had an active Patient Participation Group (PPG). A PPG is made of practice staff and patients that are representative of the practice population who are involved in discussions and decisions about the range and quality of services provided by the practice. We spoke with two members of the PPG and they told us that the practice was open to and acted on, where possible, the suggestions made by the group. They gave us examples of changes made as result of suggestions made by patients including the introduction of a regular patient newsletter and reducing the number of telephone triage consultations in favour of face-to-face appointments. The PPG carried out patient surveys and the results from these were made available to patients, as they were displayed in the patient waiting area and on the practice website. The results from the most recent survey, carried out in 2014 and action arising from this were shared with patients by way of a regular newsletter.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. The majority of staff told us they were supported to actively contribute and give their feedback, comments and suggestions. The majority of staff told us they felt valued and able to contribute ideas and suggestions. Some members of administrative and

Are services well-led?

Good

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

reception staff told us that they did not always feel supported to do so. There had been recent changes in the practice management The practice manager acknowledged that due to the level of work around management and finances undertaken in the first months they were in post that they had not introduced their planned systems for supporting staff and that these would be implemented in the near future.

Management lead through learning and improvement

The practice had management systems in place which enabled learning and improved performance. We spoke with a range of staff, most of whom confirmed that they received annual appraisals where their learning and development needs were identified and planned for. Clinical staff told us that the practice supported them to maintain their professional development through training and mentoring. Some administrative and reception staff told us that they felt less supported and that they did not have recent appraisal. The practice manager told us that a programme for appraising all staff was due to be implemented.

Regular clinical meetings were held learning outcomes from reviews, complaints and serious incidents were shared widely and followed up to help ensure that learning was imbedded into practice. We observed a clinical meeting on the day of the inspection during which we saw that complaints, significant events and comments from the NHS Choices website were discussed. Any areas for learning or improvement were discussed and plans implemented to achieve these.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed 1. Persons employed for the purposes of carrying on a regulated activity must— A. be of good character, B. have the qualifications, competence, skills and experience which are necessary for the work to be performed by them, and C. be able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the work for which they are employed. 2. Recruitment procedures must be established and operated effectively to ensure that persons employed meet the conditions in— A. paragraph (1), or B. in a case to which regulation 5 applies, paragraph (3) of that regulation. 3. The following information must be available in relation to each such person employed— A. the information specified in Schedule 3, and B. such other information as is required under any enactment to be kept by the registered person in relation to such persons employed.