High Street Surgery - Epping

Quality Report

301 High Street Epping,
Essex,
CM16 4DA
Tel: 0844 5769797
Website: www.www.eppingsurgery.co.uk

Date of inspection visit: 8 October 2014
Date of publication: 19/02/2015

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We conducted a comprehensive announced inspection on 8 October 2014 under our new approach.

Our key findings were as follows:

- Staff recognised and understood the needs of patients and tailored access to care and treatments to meet these needs.
- The practice was working in partnership with other health and social care services to deliver individualised care.
- Staff were trained and supported to deliver high quality patient care and treatment and to improve outcomes and experiences for patients.

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

The provider should:

- Implement systems for sharing learning from complaints, incidents and significant events with staff so as demonstrate and embed improvements where necessary.
- Ensure that records are maintained to evidence checks carried out, to ensure that medicines are available as required and are in date and fire safety check including fire alarm and emergency lighting are carried out.

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?

Good

The practice is rated as good for providing safe services. Staff understood their responsibilities to raise concerns, and report incidents and near misses. Risks to patients who used services were assessed and systems and processes were in place to address these risks and ensure patients were kept safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Information we held about the practice showed that outcomes for patients were at or above the local and national average. National Institute for Health and Care Excellence (NICE) guidance was used routinely in the planning and delivery of patient care and treatment. People's needs were assessed and care planned and delivered in line with current legislation. This included assessment of capacity and the promotion of good health and self-care. Training was planned and delivered to address each staff member's personal goals and to enhance the delivery of patient care. There was evidence of strong multidisciplinary working.

Are services caring?

Good

The practice is rated as good for providing caring services. Feedback from patients about their care and treatment was consistently positive. We found the culture was patient centred and evidence that staff were motivated and inspired to offer kind and compassionate care. Staff took into consideration patients emotional and wellbeing needs and planned services that supported patients and met these needs. We found many positive examples to demonstrate how people's choices and preferences were valued and acted on.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. We found the practice had initiated positive service improvements for patients. The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients. The practice had reviewed the needs of the local population and tailored its services to meet these needs.

Patients reported good access to the practice and a named GP or GP of choice, with continuity of care and urgent appointments available

Summary of findings

the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised.

Are services well-led?

Good

The practice is rated as good for well-led. The practice had a vision and a strategy to deliver this and staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management. The practice had a number of policies and procedures to govern activity. Governance meetings were held every six months. All staff had had an induction and regular appraisals. Staff had opportunities to attend meetings, however records showed that learning outcomes and improvements were not routinely discussed or shared with staff.

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

The practice is rated as good for older people. We found that the practice provided good, individualised care to meet the needs of patients who were 75 years of age and older. This was achieved by speaking with people, understanding their individual circumstances and taking into account their needs when planning and delivering services. Patients needs were considered when discussing care and arranging appointments. For example home visits and telephone consultations were available where patients were unable to attend the practice.

The practice identified people with caring responsibilities and those who required additional support which was recorded on their patient record. Patients with caring responsibilities were invited to register as carers so that they could be offered support and advice about the range of agencies and benefits available to them

The practice had identified all their patients over 75 years of age. Each patient who was 75 years or older had a named accountable GP who was responsible for their care and treatment, in line with recent GP contract changes for 2014 to 2015.

The practice monitored the uptake rate of flu vaccinations for patients 75 years and over. We found regular patient care reviews were conducted in consultation with patients and carers where appropriate, which ensured the information was accurate and they were involved in the coordination of the care. The practice worked with other health care professionals such as district nursing teams and social services, and care plans were in place to support patients living at home to reduce unplanned hospital admissions.

People with long term conditions

Good

The practice is rated as good for the population group of people with long term conditions. Emergency processes were in place and referrals made for patients in this group that had a sudden deterioration in health. Appointments were available with the nurse practitioner for annual health checks and reviews for long term conditions such as diabetes and respiratory conditions including asthma and chronic obstructive pulmonary disease (COPD). When needed longer appointments and home visits were available. For those people with the most complex needs the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Good

The practice is rated as good for the population group of families, children and young people. Appointments could be booked in person, by telephone or via the practice website. Appointments could be booked up to six weeks in advance.

Information and advice was available to promote health to women before, during and after pregnancy. Expectant mothers had access to midwife clinics every week. The practice monitored the physical and developmental progress of babies and young children. There were arrangements for identifying and monitoring children who were at risk of abuse or neglect. Records showed that looked after children, those subject to child protection orders and children living in disadvantaged circumstances were discussed and any issues shared and followed up at monthly multi-disciplinary meetings. GPs and nurses monitored children and young people who had a high number of A&E attendances or those who failed to attend appointments for immunisations and shared information appropriately. Staff were trained to recognise and deal with acutely ill babies and children and to take appropriate action.

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. Appointments for childhood immunisations were available at times to suit patients.

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 the 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 offer continuity of care. Appointments could be booked in person, by telephone system or via the practice website. Appointments could be booked up to six weeks in advance. Pre-booked late evening appointments up to 8pm on Tuesdays were available.

Information about annual health checks for patients aged between 40 and 74 years was available within the practice and on their website. Health checks including well man and well woman checks were available through pre-booked appointments with the nurse

Summary of findings

practitioner. The practice provided travel advice and vaccination through appointments with the practice nurse team. Information on the various vaccinations available including diphtheria, tetanus, polio, and hepatitis A was available on the practice website.

When patients required referral to specialist services they were offered a choice of services, locations and dates.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with learning disabilities. The practice was well established within the community and knew their patient group well. The practice kept a register of patients with learning disabilities. From records we saw that of the practice was proactive in encouraging patients with learning disabilities to attend their appointments for their annual health checks.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice had sign-posted vulnerable patients to various support groups and third sector 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 and out of hours.

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). The practice had a lead GP for overseeing the treatment of patients who experienced poor mental health. People experiencing poor mental health had received an annual physical health check.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. The practice provided dementia screening services and referrals were made to specialist services as required.

The practice had sign-posted patients experiencing poor mental health to various support groups and third sector organisations including MIND. Patients were referred to local counselling sessions where appropriate and patients were provided with information about how to self-refer should they wish to receive counselling.

Summary of findings

What people who use the service say

Patients who we spoke with on the day of our inspection and those who completed comment cards prior to our visit made very positive comments about High Street Surgery - Epping. They told us that they were very happy with the care and treatment that they received. 24 patients completed comment cards and the majority of these indicated that staff were caring and respectful. Patients told us that they felt listened to, that their treatments and care was explained to them in a way that they could understand and that staff responded to their needs in a timely way.

Patients told us that they were very happy with the care and treatment they received. They told us they were usually able to make same day appointments or to pre-book in advance. The majority of patients said they could always be seen by the GP of their choice. Some patients commented that this sometimes meant waiting for an appointment.

Areas for improvement

Action the service SHOULD take to improve

- Implement systems for sharing learning from complaints, incidents and significant events with staff so as demonstrate and embed improvements where necessary.
- Ensure that records are maintained to evidence the checks carried out to ensure that medicines are available as required and are in date and fire safety check including fire alarm and emergency lighting are carried out.

High Street Surgery - Epping

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 and a practice manager specialist advisor.

Background to High Street Surgery - Epping

High Street Surgery - Epping is located in the heart of Epping Town. The practice services a geographical area that covers Epping, North Weald and Theydon Bois. High Street Surgery - Epping provides services for approximately 6,600 patients living in the area.

The practice is a partnership between two GPs. The practice employs one salaried GP, one advanced nurse practitioner, three practice nurses and one health care assistant. In addition there is a team of administrative and reception staff who support the practice.

The practice is open between 8.30am and 6.30pm on weekdays with extended hours up to 8pm on Thursday evenings. The practice operates a telephone triage service during the morning. Patients may speak with the a GP and on two mornings a week with the advanced nurse practitioner. Patients are offered a telephone consultation or a face to face appointment as needed. All afternoon and evening appointments must be pre-booked in advance and patients may pre-book appointments up to three months in advance.

High Street Surgery – Epping does not provide an out-of-hours service to patients. Details of how to access out-of-hours emergency and non-emergency treatment and advice is available within the practice and on its website.

Why we carried out this inspection

We inspected High Street Surgery - Epping 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. 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.

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 Clinical Commissioning Group 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?

Detailed findings

- 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 to share what they knew. We carried out an announced visit on 8 October 2014. During our visit we spoke with a range of staff including the GPs, practice nurses, reception and administrative staff and the practice manager. We spoke with patients who used the service. We observed how people were being cared for and talked with carers and family members and reviewed personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe Track Record

The practice used a range of information to identify risks and improve quality in relation to patient safety. The practice had policies and procedures for reporting and responding to accidents, incidents and near misses. There were systems for dealing with the alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA). These alerts had safety and risk information regarding medication and equipment, often resulting in the withdrawal of medication from use and return to the manufacturer. We saw that all MHRA alerts received by the practice had been actioned and completed. There were also arrangements for reviewing and acting on National Patient Safety Agency (NPSA) alerts. These are alerts that are issued to help reduce risks to patients who receive NHS care and to improve safety.

Records we viewed including minutes from team meetings and though discussions with staff we found that complaints, accidents and other incidents such as significant events were not reviewed regularly to monitor the practice's safety record and to take action to improve on this where appropriate.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and investigating significant events. Accidents, significant events and any other safety incidents were fully investigated and a root cause analysis was carried out to help determine where improvements could be made to avoid recurrence.

Staff, including receptionists, administrators and nursing staff, told us the practice had an open and transparent culture for dealing with incidents when things went wrong or where there were near misses. They told us that they were supported and encouraged to raise concerns and to report any areas where they felt patient care or safety could be improved. However the procedures in place for dealing with significant events and concerns were not clear on how learning from incidents was to be shared amongst the staff team. Nurses and other members of staff told us that they were not always made aware of the outcomes of investigations or reviews of significant events or concerns. We looked at the minutes from clinical meetings where concerns and significant events were discussed. We found that there were no learning outcomes recorded. Staff we spoke with said that investigations into safety incidents were not reviewed periodically to ensure that staff learning was embedded in practice and patient safety was improved.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. Practice training records made available to us showed that all staff had received relevant role specific training on safeguarding children and vulnerable adults. Staff we spoke with were able to demonstrate that they understood their responsibilities to keep patients safe and they knew the correct procedures for reporting concerns. The practice had a designated lead for safeguarding vulnerable adults and children. The lead had oversight for safeguarding and acted as a resource for the practice. Staff we spoke with were aware of whom the leads were and who they could speak to if they had any safeguarding concerns.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so staff were aware of any relevant issues when patients attended or failed to attend appointments; for example looked after children or those children who were subject to child protection plans, elderly patients and those who had learning disabilities. Vulnerable adults and children were discussed at weekly GP meetings and monthly multidisciplinary team meetings to which local health visitors and school nurses were invited to attend.

A chaperone policy was in place and posters were displayed on the waiting room noticeboard and in consulting rooms. Records we viewed showed that chaperone training had been undertaken by all nursing staff, including health care assistants. Patients we spoke with were aware that they could have a chaperone during their consultation, if they wished to do so.

Patients' individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system which collated all communications about the patient including scanned copies of communications from hospitals. We saw evidence that audits had been carried out to assess the completeness of these records and that action had been taken to address any shortcomings identified.

Good

Are services safe?

Medicines Management

Medicines were managed safely so that risks to patients were minimised. There were suitable arrangements for the secure storage of medicines, including vaccines, emergency medicines and medical oxygen. Medicines were stored at the appropriate temperature to ensure that they remained effective. The temperatures of fridges used to store medicines were checked daily to ensure that they did not exceed those recommended by the medicine manufacturer. We checked a sample of medicines, including those for use in a medical emergency and these were found to be in date. Nursing staff told us that they regularly carried out checks to ensure that medicines were available in sufficient quantities and were in date. Staff confirmed that there were no records maintained to evidence that these checks were carried out. The practice manager assured us that these would be introduced.

Information about the arrangements for obtaining repeat prescriptions was made available to patients. Patients could order repeat prescriptions in person, by post or online via the practice electronic repeat prescription system. Prescriptions could also be sent electronically to the patients preferred pharmacy to avoid the need to attend the practice to pick up prescriptions. Information about the arrangements for requesting and obtaining repeat prescriptions was displayed in the practice and available on their website.

The practice followed national guidelines around medicines prescribing and repeat prescriptions. Patients we spoke with told us they were given information about any prescribed medicines such as side-effects and any contra-indications. They told us that that the repeat prescription service worked well and they had their medicines in good time. They also confirmed that their prescriptions were reviewed and any changes were explained fully to them.

Cleanliness & Infection Control

We found the premises were visibly clean and tidy. The practice had suitable procedures for protecting patients against the risks of infections. Hand sanitising gels were available for patient and staff use. These were located at the entrance, reception area and throughout the practice as were posters promoting good hand hygiene. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

We saw there were cleaning schedules in place for general and clinical areas and cleaning records were kept. There were infection control policies and procedures for staff to follow, which enabled them to plan and implement control of infection measures. These included procedures for dealing with bodily fluids, handling and disposing of surgical instruments and dealing with needle stick injuries. 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. All clinical staff underwent screening for Hepatitis B vaccination and immunity. People who were likely to come into contact with blood products, or were at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. Appropriate infection control audits were carried out to assess the effectiveness of the arrangements for minimising risks to patients and staff.

The practice had a policy for the management, testing and investigation of legionella (a bacteria found in the environment which can contaminate water systems in buildings). We saw records that confirmed the practice was carrying out regular checks in line with this policy in order to reduce the risk of infection to staff and patients.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. Medical equipment including blood pressure monitoring devices, scales, thermometers and emergency equipment such as an automatic external defibrillator were periodically checked and calibrated to ensure accurate results for patients. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. Equipment used in the

practice was regularly checked by staff and records were kept to show when these checks were carried out. Where appropriate equipment was serviced in line with the manufacturer's recommendations.

Staffing & Recruitment

The practice had suitable and robust procedures for recruiting new staff to help ensure they were suitable to work in a healthcare setting. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. Employment references and criminal records checks were obtained for all newly appointed staff before they started work at the practice. The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. There were procedures in place for managing under-performance or any other disciplinary issues. The majority of staff had worked at the practice for a number of years. The practice manager confirmed that criminal records checks had not been obtained for these staff. They showed us records that evidenced that these records were being sought.

Staff told us there were always enough staff to maintain the smooth running of the practice and to ensure that patients were kept safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements. Staffing levels were regularly reviewed to ensure that there was appropriate cover to deal with day-to-day appointments and home visits. There were arrangements in place to ensure that extra staff were employed if required to deal with any changes in demand to the service as a result of both unforeseen and expected situations such as seasonal variations (winter pressures), or adverse weather conditions.

Monitoring Safety & Responding to Risk

The practice had systems and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. Staff told us that weekly and monthly checks were carried out to ensure that medicines and emergency equipment was in date, and to test the effectiveness of fire detection and safety equipment. Fire safety equipment including fire alarms and emergency lighting were periodically checked to ensure that they were in safe working order..

The practice had policies and procedures in place for recognising and responding to risks. Staff we spoke with told us that they aware of these procedures. Staff had undertaken training and were able to demonstrate that they were aware of the correct action to take if they recognised risks to patients. For example, they described how they would escalate concerns about an acutely ill or deteriorating child or a patient who was experiencing a mental health issue or crisis.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. There were procedures in place for staff to refer to when dealing with emergency situations. We saw records showing all staff had received training in basic life support. Emergency equipment and medicines, including oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency), were available at a dedicated point within the practice. All staff asked knew the location of this equipment.

The practice had a business continuity plan in place to deal with a range of emergencies that may impact on the daily operation of the practice. The plan identified key members of staff and their roles and responsibilities in identifying and managing risks to the provision of service from the practice. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to.

A fire risk assessment had been undertaken that included actions required to maintain fire safety. We saw records that showed staff had had fire training and that regular fire drills were undertaken.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline their rationale for the delivery of patient care and treatment. Staff were familiar with current best practice guidance accessing guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. Information, new guidance and changes to current guidelines was made available to and shared with staff by email notifications and during staff meetings so as to ensure that practices were in line with current guidelines to deliver safe patient care and treatments. We found the GPs were utilising clinical templates to provide thorough and consistent assessments of patient needs. Records we saw showed us that the practice's performance for antibiotic prescribing was comparable to similar practices.

The practice had dedicated GP leads in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work which allowed the practice to focus on specific conditions. Reviews for patients who had long term chronic illnesses such as asthma, diabetes, heart disease or respiratory conditions were carried out in nurse led clinics. The nurses and healthcare assistant skills and knowledge was continually developed through regular training sessions to help support the practice. The nurses and the healthcare assistant we spoke with told us that they were involved in lead areas such as smoking cessation, unplanned admission avoidance and carrying out health checks through the routine appointment systems.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race were not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

Staff from across the practice had key roles in the monitoring and improvement of outcomes for patients. These roles included data input, child protection alerts, management and medicines management.

The practice participated in clinical audits and peer review, which led to improvements in clinical care. Clinical audits and peer review are ways in which the delivery of patient treatment and care is reviewed and assessed to identify areas of good practice and areas where practices can be improved. The GPs told us clinical audits were often linked to medicines management information and safety alerts. We saw that clinical audits were carried out following safety alerts about side effects of some medicines for patients with particular medical conditions. Following the audit the GPs carried out medication reviews for patients who were prescribed these medicines and altered their prescribing practice, in line with the guidelines.

The GP partners showed us how the practice was making use of reference data collected by the NHS in order to gain an insight into the effectiveness of the practice. This included information taken from the Quality Outcomes Framework (QOF) system; part of the General Medical Services (GMS) contract for general practices where practices are rewarded for the provision of quality care. The practice's overall QOF score for the clinical indicators was in line with or higher than the local and national average, demonstrating that they were providing effective assessments and treatments for patients.

Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP went to prescribe medicines. We were shown evidence to confirm that following the receipt of an alert the GPs had reviewed the use of the medicine in question and where they continued to prescribe it outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

Effective staffing

The practice employed staff who were appropriately skilled and qualified to perform their roles. We looked at employment files, appraisals and training records for three members of staff. We saw evidence that all staff were appropriately qualified and trained, and where appropriate, had current professional registration with the Nursing and Midwifery Council (NMC) and General Medical Council (GMC). We saw that staff undertook relevant

Good

Are services effective?

(for example, treatment is effective)

training and reflective practice to enable them to maintain continuous professional development to meet the revalidation requirements for their professional registration.

All new staff underwent a period of induction to the practice. There were tailored inductions to support new staff according to their role and job description. Support was available to all new staff to help them settle into their role and to familiarise themselves with relevant policies, procedures and practices.

Training and development needs were identified through annual appraisal of staff performance. Staff had personal development plans, which were kept under review. We saw that where staff had identified training interests that arrangements had been made to provide suitable courses and opportunities. Nursing staff told us that they received regular clinical supervision, support and advice from the GPs when needed. The practice also had systems in place for identifying and managing staff performance should they fail to meet expected standards.

The practice had named GPs and nurses to act as leads for overseeing areas such as safeguarding, infection control, palliative care and treatment and staff training. The nurse practitioner had undertaken specific training in the treatment of minor illness such as colds, flu, acute asthma, digestive complaints and urinary tract infections. They carried out health checks and reviews for patients who had chronic long term conditions. This enabled the GPs to focus on more complex medical conditions.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. 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 hours 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 discuss patients with complex such as those with end of life care needs, vulnerable adults and looked after children or those on the at risk register. These meetings were attended by district nurses, social workers, palliative care nurses, and decisions about care planning were documented in a shared care record.

Information Sharing

The practice had systems in place to provide staff with the information they needed. An electronic patient record system called SystmOne was used by all staff to coordinate, document and 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.

Records we saw showed us that that multidisciplinary meetings took place at the practice with a range of other health professionals in attendance to co-ordinate care and meet the needs of the patients. Palliative care meetings took place monthly and GPs and managers from the practice met with Macmillan nurses to ensure there was a joined up approach to care and treatment for the patient.

Consent to care and treatment

We saw that the practice had a consent policy and consent forms. Patients and staff told us that they were asked for their consent prior to any treatment being carried out. The practice nurse confirmed written consent was always obtained from parents prior to immunisations given to their child. We also spoke with parents of young children. They told us the clinicians confirmed their relationship with the child and whether they agreed that their child could be immunised before care was provided.

Clinicians demonstrated an understanding of legal requirements when treating children. They understood Gillick competency. This is used to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

The nurses and GPs we spoke with were aware of the Mental Capacity Act 2005. The Mental Capacity Act is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so.

Good

Are services effective?

(for example, treatment is effective)

Patients with learning disabilities and those with dementia were supported to make decisions through the use of care plans which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it).

Health Promotion & Prevention

All newly registered patients were offered routine medical check-up appointments with a health care assistant. 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. The practice did not offer specific health promotion clinics and checks were carried out at during pre-bookable appointments with either the nurses or GPs.

There was a range of health promotion leaflets available in the waiting area with information to promote good physical and mental health and lifestyle choices. We saw information about mental health domestic violence advice and support was prominently displayed in waiting areas with helpline numbers and service details. Information available included advice on diet, smoking cessation, alcohol consumption, contraception within the practice and on the website. Sexual health and smoking cessation sessions were provided. There were also leaflets signposting patients to other local and national support and advice agencies. Information about health promotion was available on the practice website and patients were encouraged to access a local NHS supporting self-care booklet.

Information about the range of immunisation and vaccination programmes for children and adults were well signposted throughout the practice and on the website. Through discussion with staff and from records viewed we saw that the practice performed well and had a high uptake for both childhood and adult immunisation and vaccinations. The practice had a low uptake of flu vaccinations for patients over 65 years. We saw that the practice staff had worked proactively to encourage patients to attend scheduled appointments with telephone calls and letters sent to all relevant patients. In addition the practice offered home visits for flu vaccinations to those patients who were unable to attend the practice.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We spoke with four patients and reviewed the most recent data available for the practice on patient satisfaction, including comments made by patients who completed comment cards. We also looked at information from the national patient survey. The evidence from these sources showed patients were generally satisfied with how they were treated and that this was with compassion, dignity and respect. We saw from the results of the national GP patient survey that the practice scored higher than the national average for patients expressing satisfaction with how they were treated by nurses and GPs.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 24 completed cards and the majority were positive about the service experienced. Patients said they felt the practice provided excellent care and treatment. Patients commented that staff were kind, efficient, helpful and caring. They said staff were respectful and treated them with dignity.

Staff were aware of the practice's policies for respecting patients' confidentiality, privacy and dignity. Reception staff told us that where patients wished to discuss any personal matters that they would be offered a private room where they could discuss any matters in private. Records showed that relevant staff had undertaken training on how to chaperone a patient, and were aware of the procedure. There were signs in the waiting areas and consulting rooms explaining that patients could ask for a chaperone during examinations. Patients we spoke with told us that they knew that they could have a chaperone during their consultation should they wish to do so.

The practice was easily accessible to patients with mobility issues. There were hearing loop facilities for patients who were hearing impaired. Consultation and treatment rooms were located on the ground floor for patients who may have difficulty accessing rooms on the first floor.

The practice had a range of anti-discrimination policies and procedures and staff told us 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. The practice manager told us she would investigate these and any learning identified would be shared with staff. There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us referring to this had helped them diffuse potentially difficult situations.

Care planning and involvement in decisions about care and treatment

The practice had policies and procedures in place for obtaining patients' consent to care and treatment where people were able to give this. The procedures included information about people's right to withdraw consent. The GPs and nurses we spoke with had a clear understanding of 'Gillick' competence in relation to the involvement of children and young people in their care and their capacity to give their own informed consent to treatment. They were knowledgeable about the Mental Capacity Act and the need to consider best interests decisions when a patient lacked the capacity to understand and make decisions about their care.

Patients we spoke to on the day of our inspection told us that they felt listened to and supported by staff. They were given sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. They told us that information in relation to their health and the treatment that they received was explained to them in a way that they would understand. Patient feedback on the comment cards we received was also positive. The majority of the 24 patients who responded told us that they were happy with their involvement in their care and treatment.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patents this service was available. Translation facilities were available on the practice's website.

Patient/carer support to cope emotionally with care and treatment

The practice had policies and procedures in place for identifying and support patients who voluntarily spent time looking after friends, relatives, partners or others, who needed help to live at home due to illness or disability. Patients who were carers for others were encouraged to discuss their situation with nurses and GP's when they first

Good

Are services caring?

registered with the practice and during appointments so that they could be provided with information and support to access local services and benefits designed to assist carers.

The practice had arrangements for obtaining patients' wishes for the care and treatment they received as they approached the end of their lives. Patients' wishes in respect of their preferred place to receive end of life care were discussed and the GPs worked with other health care professionals and organisations to help ensure that patients' wishes were acted upon. Information was available about the support available to patients who were terminally ill and their carers and families. For example, patients and carers were advised of the local Macmillan bereavement and support services for people with life limiting conditions.

Staff told us families who had suffered bereavement were called by their usual GP. This call was either followed by a patient consultation the practice, or a home visit where this was more appropriate. There was a variety of written information available to advise patients and direct them to the local and nationally available support and help organisations.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood and was responsive to the different needs of the population it served and acted on these to plan and deliver services. Appointment times were flexible to meet the needs of patients from the different population groups. Pre-bookable late evening appointments were available up to 8pm on Tuesdays to help meet the needs of working aged patients and those who may find it difficult to access the service during normal working hours. Home visits with GPs and nurses were available where patients were unable to attend appointments at the practice.

The practice used the national Gold Standards Framework for advanced planning in the care of patients who were receiving palliative care and treatment. Gold Standards Framework is an initiative that was developed in 2000 to improve palliative care and ensure that people who are nearing end of life receive the right care at the right time. A register of patients who were receiving palliative care was maintained and there were regular internal and multidisciplinary meetings to discuss patients' and families' care and support needs. Patients who were carers were offered advice and support during their routine appointments.

The practice maintained a register of vulnerable people and those at risk of unplanned hospital admissions. Regular multidisciplinary meetings were held with community nurses and social services. These were used to monitor patients and ensure that they received the support they needed to remain cared for in their home environment.

Tackling inequity and promoting equality

The practice understood and responded to the different needs of patients from different ethnic backgrounds and those who may be vulnerable due to social or economic circumstances. The practice manager told us that there had been an increase in young families and working aged patients. They told us that staff were aware of the specific needs of these patients and that adaptations to the appointment system were in place with extended appointment times where required.

Access to the service

Staff at the practice understood the needs of the practice populations and had developed an appointment system to meet the needs of patients from the different population groups. Details of the services available, how to book, change or cancel appointments with GPs and nurses were available in the practice leaflet, posted throughout the practice and displayed on the website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Information on the out-of-hours service was provided to patients. From the national GP patient survey carried out in 2013 we saw that the practice scored above the national average for patients expressing satisfaction with the ease at which they could make and access appointments.

Patients could access, change or cancel booked appointments via the practice telephone booking system and through the practice website. Pre-bookable appointments were available from 8.30am to 6.30pm on weekdays with extended appointments up to 8pm on Tuesdays. The practice operated a telephone triage system each morning for assessing and responding to the needs of patients. Patients who telephoned the surgery between 8.30am and 10am would receive a return call from a GP or the advanced nurse practitioner who would assess their needs and provide advice or arrange for the patient to attend an appointment with a GP or nurse. Emergency appointments were available each day.

Patients were generally satisfied with the appointments system. They confirmed that they could see a GP on the same day if they needed to and they could see another GP if there was a wait to see the GP of their choice. The majority of the 24 patients who completed comment cards said that they found the telephone triage system worked very well. They said that it reduced waiting times and that they received prompt medical attention, advice and treatments.

The practice was situated on the ground and first floor of the building with services for patients located on the both floors. The practice did not have a passenger lift and the GPs told us that they conducted patient consultations in rooms on the ground floor for patients who had mobility difficulties. We saw that the waiting area was large enough to accommodate patients who used a wheelchair, and

Good

Are services responsive to people's needs?

(for example, to feedback?)

those with prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice. Baby changing facilities were also available.

The majority of the practice population were English speaking patients. There were arrangements for supporting patients whose first language was not English. Written information and translation facilities were available in a variety of languages.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. The complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

There was clear written information available to patients, which described the complaints process and how they could make complaints and raise concerns. This information included details of the timelines for investigating and responding to complaints and concerns. This information was available within the practice and on the website. Patients were advised what they could do if they remained dissatisfied with the outcome of the complaint or the way in which the practice handled their concerns. The complaints information made reference to escalating complaints to the Parliamentary and Health Services Ombudsman, a free and independent service set up to investigate complaints that individuals have been treated unfairly or have received poor service from government departments and other public organisations and the NHS in England.

Staff were aware of these procedures and the designated person who handled complaints. GPs, nurses and administrative staff told us that the practice had an open culture where they felt safe and able to raise concerns. They told us learning from complaints and when things went wrong was not consistently shared through meetings and they often had to enquire about the outcomes from complaints and concerns raised unless they had been involved in the complaint process. The practice manager told us that this information sharing would be incorporated into future staff meetings, appraisals and other staff reviews and communications.

We reviewed the complaints received by the practice within in the last 12 months and found these were investigated thoroughly and sensitively. All complaints were recorded and investigated consistently in line with the practice's complaints procedures. On-going and recent complaints or concerns were not routinely discussed at regular staff meetings to help ensure that staff were aware of any issues and learning from complaints and concerns. Patients we spoke with confirmed that when they had cause to complain or raise concerns that these were dealt with promptly and thoroughly.

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

High Street Surgery - Epping had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff we spoke with were aware of the vision, values and future plans for the practice. The practice promoted an ethos by which patients received high quality care and where they were in charge of their healthcare. Patients we spoke with confirmed that they were encouraged and supported to do so. The practice website included information about the practice ethos and policies.

The practice had clear leadership systems in place and a number of the GPs and nurses took the lead in overseeing areas such as managing risks and improving quality and safety outcomes for patients. There were comprehensive risk assessments for clinical risks and other risks associated with the practice, including clinical practice, environment, equipment and staffing. We saw that all areas of risk were reviewed regularly.

Governance Arrangements

There were arrangements in place to ensure the continuous improvement of the service and the standards of care. The policies and procedures were clear, up to date and accessible to staff. Staff told us there were clear leadership arrangements and everyone was aware of their roles and responsibilities within the team. The majority of staff had lead roles, these included infection control, palliative care, safeguarding, managing facilities and staff had oversight for procedures within the practice to help inform other staff and improve standards and safety.

Monthly clinical governance meetings were held between the GPs and the practice manager. During these meetings decisions about clinical issues were discussed and any outstanding issues were reviewed and where appropriate resolved. We saw that the arrangements for patient appointments were regularly discussed to see if these could be improved. Other regular staff meetings were held where the day to day business of the practice such as skill mix, safety issues, new initiatives and clinical matters were discussed. Meetings were recorded and we were able to see that decisions had been made and communicated effectively. Any actions arising from these meetings were clearly documented, allocated to staff for completion, and followed up at subsequent meetings.

We saw the practice had achieved an overall achievement of level two with the 'information governance (IG) toolkit'. The IG toolkit is an online system which allows NHS organisations and partners to assess themselves against department of health IG policies and standards. It also allows members of the public to view participating organisations' IG toolkit evaluations. Level two is a satisfactory achievement for primary care services using this toolkit.

Leadership, openness and transparency

All staff we spoke with told us that they felt very well supported within the practice. They told us that the practice was friendly and that the GP partners were supportive and the practice was well managed.

The practice manager and clinicians were aware of the needs of the practice population and tailored the service to meet the needs of the local population groups. The clinical team had lead areas of responsibility as did each member of staff such as the practice nurses who led on infection prevention control and diabetes services. All worked closely and effectively to ensure patients received timely and appropriate care.

We found there was daily monitoring of the patient appointment system to ensure the system was accessible and responsive to patient needs. Patients who repeatedly failed to attend appointments were identified and written to advising them of the importance of attending appointments. The practice manager showed us evidence that the numbers of patients who did not attend scheduled appointment had significantly reduced with the implementation of the online appointment booking system.

Practice seeks and acts on feedback from users, public and staff

The practice had an active virtual Patient Participation Group at the time of our inspection. A PPG is a forum made up of patient representatives and staff from the practice who discuss and review the practice and ways in which the patient's voice can be captured and used to make improvements. The practice manager told us that they were looking to develop this further to include patient group meetings. They told us that it had been difficult to find patients who were interested in being part of the group. We saw that there were posters displayed throughout the practice and information on the website

Are services well-led?

Good

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

inviting patients to be part of the group. From the results of the national GP patient survey we saw that the practice scored above the national average for patients who felt that nurses and GPs listened to them and involved them in making decisions about their care and treatment.

Management lead through learning & improvement

The practice had management systems in place which enabled learning and improved performance. We spoke with a range of staff who confirmed they received annual appraisals where their learning and development needs were identified and planned for. We saw that improvements were needed to ensure that learning and improvement was shared with staff following the review and investigation of incidents, significant and serious events and complaints. Care and treatment provision was based upon relevant national guidance, which was regularly reviewed.

Records showed that regular clinical audits were carried out as part of their quality improvement process to improve the service and patient care. Complete audit cycles showed that essential changes had been made to improve the quality of the service, and to ensure that patients received safe care and treatment.

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring.

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at five staff files and saw that regular appraisals took place which included a personal development plan.