

# Old Harlow Health Centre

## Quality Report

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

## Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Old Harlow Health Centre on 05 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Data showed patient experience and satisfaction was good.
- Information about services and how to complain was available and easy to understand.
- Most patients said they found it easy to make an appointment, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice obtained and acted upon feedback from the 'Friends of Old Harlow Health Centre' group. This is not a Patient Participation Group (PPG) although the practice is in the process of setting up a PPG.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and investigating significant events.
- Lessons were shared with the appropriate members of staff, including non-clinical staff, to make sure action was taken to improve safety in the practice.
- Staff felt able to raise any concerns they may have.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Staff worked with multi-disciplinary organisations to ensure adult's and children's safety.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services, however there is an area where improvements should be made.

Data showed that patient outcomes were at or above average for the locality. The staff assessed patients' needs and delivered care in line with current evidence based guidance. Clinical audits that had been completed demonstrated quality improvement. Staff had the skills, knowledge and experience to deliver effective care and treatment.

The practice used a prescription clerk to update prescriptions once the practice had received discharge summaries. The system had protocols in place and a GP to check the prescriptions before authorising them. However the prescription clerk, other than initial in-house training, did not receive any formal support or ongoing training to complete this role. Any errors made were discussed informally. The level and content of the in-house training was not documented therefore it was not possible to determine how robust the in-house training was.

Clinical staff had received regular performance reviews. Non-clinical staff had not received regular formal performance reviews or formal supervision. All staff were however supported and encouraged to complete appropriate additional training.

The staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care. For example, 91.1% of patients said that the last GP they saw or spoke with was good at giving them enough time, compared with 83.1% CCG average and 86.6% England average.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible, both within the practice building and online.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice contacted newly bereaved families at a time convenient to them, even outside of usual surgery hours.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the Clinical Commissioning Group and other local initiatives to secure improvements to services where these were identified.
- The practice kept up to date with local developments within close proximity to ensure consideration and provision was made for the increased patient population.
- Most patients said they found it easy to make an appointment, with urgent appointments available the same day, telephone consultations and pre-bookable appointment options.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice responded quickly to complaints raised and investigated them appropriately. Learning from complaints was shared with relevant staff.
- The practice obtained and acted upon feedback from the 'Friends of Old Harlow Health Centre' group. This is not a Patient Participation Group (PPG) although the practice is in the process of setting up a PPG.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice and staff had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The partners encouraged a culture of openness and honesty which was evident when interacting with staff.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- All staff had received inductions and attended staff meetings and events, where they had the opportunity to provide feedback to the practice.
- The practice had systems in place to monitor and respond to feedback provided by several sources including, 'Friends of Harlow Health Centre' group, from the GP survey and NHS Choices/Friends and family Test to improve outcomes for patients.

Despite the issues found surrounding non-clinical appraisals and some role specific training, there was a strong focus on continuous learning and improvement at all levels. The practice was a teaching practice with four GP trainers.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments, as well as telephone consultations.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were comparable with other practices nationally. For example, the practice offered patients aged 65 and older a flu vaccination, and performed in line with the national average for uptake of this vaccination.
- The practice held a yearly flu clinic on a Saturday when the practice was not usually open. The 'Friends of Old Harlow Health Centre' group had a coffee morning on the same day so it was a social event. The practice also invited support groups to this.
- There was a working hearing loop at the front desk and an audible/visual display for calling patients to their appointments.
- There was plenty of seating available both in the main reception area and outside the individual consulting rooms. There were a variety of chair options available including high back chairs with arms.
- There was an automatic door so those requiring wheelchairs or smaller mobility scooters could access the surgery.
- A room was made available to a visiting phlebotomy service, so patients could choose to have blood tests done at the practice instead of at the local hospital.
- Patients were called in for a health check at 70 years old, which included a review of medical history and lifestyle advice.
- There was access to a hearing advisory service within the practice building.

### People with long term conditions

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

Good



# Summary of findings

- Nationally reported data showed that outcomes for patients for long-term conditions were comparable with other practices nationally. For example, numbers of patients with long-term conditions, such as diabetes receiving appropriate reviews were slightly higher than the national average.
- Home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. 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.
- A room was made available to a visiting phlebotomy service, so patients could choose to have blood tests done at the practice instead of at the local hospital.
- Sign posting information for support groups was evident in the reception area.

## Families, children and young people

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

- There were systems in place to identify and follow up children who were at risk, for example, if GPs were concerned about the safety of children and young people, appropriate referrals were made and where necessary multi-agency case conferences held. Immunisation rates were relatively high for all standard childhood immunisations.
- We found that GPs were aware that some children may have the ability to make decisions about their own treatment.
- Nationally reported data showed that outcomes for patients for uptake of cervical smears were comparable with other practices nationally.
- The practice held immunisation clinics for children and babies with two nurses present to mitigate any risks associated with the giving of immunisations. Should these clinics not be suitable bookable appointments were available outside of these times, when two nurses could be available.
- The premises were suitable for children and babies.
- A room was made available to a visiting phlebotomy service, so patients could choose to have blood tests done at the practice instead of at the local hospital.
- Patients could access family planning advice and emergency contraception from any member of clinical staff throughout the surgery hours.

Good



# Summary of findings

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

Good



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

- The practice made available urgent appointment slots at the end of clinic.
- Patients could have a telephone consultation if a face to face consultation was not required.
- A room was made available to a visiting phlebotomy service, so patients could choose to have blood tests done at the practice instead of at the local hospital.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice did not offer extended hours appointments.

## People whose circumstances may make them vulnerable

Good



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

- The practice had both temporary and permanent patients on their list from a nearby hostel/halfway house providing accommodation for vulnerable people.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Practice nurses provided hour long annual reviews for those patients with a learning disability.
- There were a variety of waiting areas available so if required a quieter waiting area would be available.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- There was a working hearing loop at the front desk and an audible/visual display for calling patients to their appointments.
- There was access to a hearing advisory service within the practice building.
- Practice leaflets could be made available in a variety of languages. A translation service was available with notice and some of the GPs were multi-lingual.



# Summary of findings

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

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

- The amount of people diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, was comparable with the national average.
- Patients with schizophrenia, bipolar affective disorder and/or other psychoses registered at the practice have a comprehensive, agreed care plan documented in their records.
- The practice screened patients for dementia and referred to the memory clinic if the screening test was positive.
- The practice had systems in place to ensure patients attended for reviews.
- There were a variety of waiting areas available so, if required, a quieter waiting area would be available.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 02 July 2015. The results showed the practice was performing in line with local and national averages. 281 survey forms were distributed and 127 were returned.

- 84.2% found it easy to get through to this surgery by phone compared to a CCG average of 63.4% and national average of 73.3%.
- 91.5% found the receptionists at this surgery helpful compared to a CCG average of 85.2% and national average of 86.8%.
- 94.3% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 84.8% and national average of 85.2%.
- 92.7% said the last appointment they got was convenient compared to a CCG average of 90% and national average of 91.8%.
- 79.8% described their experience of making an appointment as good compared to a CCG average of 67.5% and national average of 73.3%.
- 60.8% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 58.2% and national average 64.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive

about the standard of care received. Three patients who completed comments cards, whilst overall happy about the quality of service provided, expressed difficulty with making an appointment, however other comment cards viewed were positive about the appointments availability. Comments made on the cards referred to different aspects of the service provided. Some comment cards were positive in relation to the management of the service and other comment cards were responding positively about the attitude of staff.

We spoke with four patients during the inspection. The patients we spoke with ranged across four of the six population groups we look at. Three patients said that they were happy with the care they received, they felt involved in the treatment process and options for treatment were discussed with them. Where the patients we spoke with had experience of being referred to another healthcare professional, they told us that referrals were done in a timely manner. When discussing access, three patients told us that they were satisfied with access to appointments, providing you were happy to see any GP. One patient told us that that they worked and found it difficult to get an appointment at a time that suited them; however they told us that they were able to get an appointment at other times without problems.

## Areas for improvement

### Action the service **SHOULD** take to improve

All non-clinical staff must have appropriate supervision and appraisals as is necessary to enable them to carry out their duties.

# Old Harlow Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Old Harlow Health Centre

Old Harlow Health Centre is based in an area of Harlow known as Old Harlow. The practice has a current list size of 8265. The practice area includes: Old Harlow, New Hall, Churchgate Street, Sheering and Matching Tye. To register at the practice patients must live within practice boundaries. Out of area patients are not accepted. The practice is based in a building with accessible facilities, such as an automatic door and wide door toilet with drop-down rails.

This practice is a training practice which has GP registrars in their final stage of training. GP registrars are fully qualified and will have had at least three years of hospital experience.

There is one female partner GP, three male partner GPs and a male salaried GP. Their working hours equate to 4.25 hours whole time equivalent (WTE). The gender of the GP registrars will change each intake, however at the time of our inspection there were two female and two male GP registrars. There are three practice nurses working part-time equalling 1.9 WTE and two health care assistants (HCAs) working 0.75 WTE. GPs cover at least 600 appointments per week, practice nurses 300 and HCAs cover up to 200 appointments per week depending on demand.

The practice is open between 8.30am and 6pm Monday to Friday. GP appointments are from 8.30am to 11am and 3.20pm to 5.20pm. Practice nurse appointments are available from 9am to 12.30pm and 1.30pm to 5.50pm. These appointments are 10 minutes in duration. Any patients requiring an emergency appointment who cannot be fitted into these slots are given an emergency appointment after 5.30pm. This means that they come into the surgery at 5.15pm and wait to be seen by a GP. These appointments are five minutes in duration. Antenatal patients are seen at various times depending on the registered GPs working hours but range over lunchtime and early afternoons. Post-natal and six-week checks are usually seen before or after a surgery and are booked at the convenience of the patient and their GP.

In the evenings, at weekends or bank holidays patients are advised to call the NHS 111 service for urgent medical help or advice in a non-life-threatening situation. If the situation is life-threatening patients are advised to call 999.

All regulated activities are provided from Old Harlow Health Centre which is the location we visited as part of this inspection.

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

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.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 05 November 2015.

During our visit we:

- Spoke with a range of staff – including GPs, GP registrars and nursing staff. We also spoke with patients who used the service.
- Talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed policies and procedures used by the practice in their day-to-day management of the service

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services 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 whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

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

- The practice carried out a thorough analysis of the significant events.
- Where other agencies had identified significant events involving the practice, they completed investigations to improve patient safety.

We reviewed safety records, incident reports, action taken following national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, one patient had rung up to be booked for a screening test for which they did not meet the criteria. The sample was rejected and a request given for this to be investigated as a significant event. The outcome of this was that all administration staff were informed about the incident and advised of future action they should take if other patients made similar requests. We checked and found through talking with administration staff that they were aware of this.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse and these reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and all staff were aware of this named individual. The GPs attended safeguarding meetings when possible and could give examples of when they had identified a safeguarding concern. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service checks (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The male GPs in the practice were also trained as chaperones as there were no male non-clinical staff.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. There was an infection control protocol in place and staff had received up to date training. Regular infection control audits were carried out to test the effectiveness of the infection control procedures.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use. Printer prescription paper was removed when the consulting rooms were not in use. Immunisation clinics were carried out by two practice nurses to mitigate any risks associated with administering immunisations.
- The practice had a system in place to disseminate MHRA alerts (Medicine and Healthcare products Regulatory Agency). These alerts relate to medicines and other health related products which may be subject to restricted use for certain patients or treatments. For example, where an alert was received the GP would contact any patients the alert affected and amend the treatment where this was indicated.
- We reviewed nine personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the disclosure and barring service.
- Staff told us that they felt able to raise any concerns they may have.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

## Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available in a file within the staff room, all staff had signed to say they had read this. The practice had up to date fire risk assessments. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. At the practice's last Legionella assessment several areas for action had been raised, these had all been dealt with promptly. The water temperatures in all rooms were tested daily and logs kept.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. This was based on historical knowledge and an ongoing assessment of patient demand for services.

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

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was a system in place on all the computers in which alerted all staff to any emergency this was in addition to buttons under consulting room desks.
- All staff received annual basic life support training and there were emergency medicines available and equipment.
- Emergency medicines and equipment were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. Although references to some actions to take could be more directive, for example, there were no contact details or named contacts for aspects of the contingency plan.

# Are services effective?

(for example, treatment is effective)

## Our findings

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date with latest guidance.

### Management, monitoring and improving outcomes for people

The practice was aware of information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes and used this to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.7% of the total number of points available. Their exception reporting rate was 5.6% which was in line with practices nationally. Exception reporting is where patients are excluded from the performance data. This may be due to the practice being unable to carry out reviews despite inviting patients or treating patients where the treatment is contraindicated. This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2013 to end of March 2014 showed;

- Performance for assessing and treating patients with diabetes was similar to the national average, with some areas slightly above national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 95.73% with the national average of 85.94%. These checks help to identify conditions associated with diabetes such as poor blood circulation and risks associated with this.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average. 82.93% for the practice compared with a national average of 83.11%.
- Performance for assessing and treating patients with mental health conditions was similar to or better compared to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record in the preceding 12 months was 100% compared with an 86.04% national average.

- The practice performance for diagnosing dementia (82.93%) was comparable to the national average (83.82%).

Clinical audits demonstrated quality improvement.

- We reviewed two clinical audits undertaken in the previous two years. One of these was a completed audit of two cycles where the improvements made were implemented and monitored. The other audit had one completed cycle and the findings had been presented to other staff in a practice meeting. Findings were used by the practice to improve services. For example, recent action taken as a result included taking patients' blood pressure reading from both arms on initial assessment to determine which arm to use on future blood pressure checks.

### Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The induction programme for GP registrars also included shadowing all members of the practice staff including administrative and clerical staff.
- The practice could not demonstrate how they ensured role-specific training and updating for the prescription clerk. The practice had provided in-house training for the member of staff whose role was to change repeat prescriptions following receipt of discharge summaries, these were then checked, approved and authorised by a GP. The level and content of the in-house training was not documented therefore it was not possible to determine how robust the in-house training was. If an error occurred, this was managed via an informal conversation and not through supervision or retraining in the relevant area.
- The learning needs of clinical staff were identified through a system of appraisals, and all staff through meetings and reviews of practice development needs. However non-clinical staff had not had access to supervision and appraisals for over 18 months. All staff did have access to appropriate mandatory training to cover the scope of their work.



# Are services effective?

## (for example, treatment is effective)

- Clinical staff including, GP registrars, had ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Although recent access to some training had ceased the practice manager was working to source new training.
- Staff told us that they would have access to, as appropriate to their job role, additional training if they requested it.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their computer intranet system. Although we did find that when requested some members of staff had difficulties in accessing some data in the system such as care plans.

- This information included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring people to secondary care and specialist services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis, for example, there were eight palliative care meetings held each year. There was a system in place to review and prioritise the care and treatment for patients who were receiving palliative care and to act on these in line with changes in patients' needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- For minor surgery written consent was obtained from patients. For fitting of an intrauterine contraceptive device (IUCD – coil contraceptive) written consent was not obtained, and consent was implied, however the practice was in the process of designing new information sheets which would have the written consent on them.

### Health promotion and prevention

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

- These included those at risk of developing a long-term condition or dementia and those requiring advice smoking cessation. Patients were then signposted to the relevant service.
- Smoking cessation services were available from Health Care Assistants within the practice.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 84.41%, which was comparable to the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given and flu vaccination rates for patients over 65 years were comparable to CCG and national averages in 2013/14. For example,

- The percentage of childhood 'five in one' Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae immunisation vaccinations given to under one year olds was 98.7% compared to the CCG percentage of 95.5%.
- The percentage of childhood Mumps Measles and Rubella vaccination (MMR) given to under two year olds was 100% compared to the CCG percentage of 94.4%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was 97.1% the same as the CCG percentage of 97%.



## Are services effective?

(for example, treatment is effective)

- Flu vaccination rates for the over 65s were 75.41%, and at risk groups 49.27%. These were also comparable to national averages (73.24% and 52.29% respectively).

The practice ran childhood immunisations clinics as well as offering vaccinations at times more convenient to patients.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- There were private areas available for when patients wanted to discuss sensitive issues or appeared distressed.

All of the 29 patient CQC comment cards we received were positive about the service experienced. Comments related to different aspects of service provision. Patients who commented on the staff said staff were helpful, caring and treated them with dignity and respect.

We also spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey, published in July 2015, showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 93.9% said the GP was good at listening to them compared to the CCG average of 90.2% and national average of 91%.
- 91.1% said the GP gave them enough time compared to the CCG average of 83.1% and national average of 86.6%.
- 96.7% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.7% and national average of 95.2%.
- 88.6% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81.8% and national average of 85.1%.

- 91.2% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88.4% and national average of 90.4%.
- 91.1% said they found the receptionists at the practice helpful compared to the CCG average of 85.2% and national average 86.8%.

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

Three out of the four patients we spoke with told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey, published in July 2015, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above average compared with local and national averages. For example:

- 89.8% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 88.3% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 77.4% and national average 81.4%.

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 patients this service was available. Leaflets could be made available in a variety of languages and some of the GPs were multi-lingual. There was a working hearing loop available at the reception (which was portable), although not all staff were aware how to use this.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Carers needed to identify themselves to the practice initially as, at the time of our inspection, there was no system for the practice to identify carers. We spoke with

## Are services caring?

the practice regarding this and they were considering how they would be able to ask for this information. Information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call would be at a flexible time to meet the family's needs, if required, the bereaved had easy access to a clinician.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. This included two partners being active within the CCG and one of those working towards improving access to urgent care services.

- The practice offered telephone appointments to those patients who could not attend during normal opening hours, or did not require a face to face appointment.
- Home visits were available for older patients / patients who would benefit from these.
- There were accessible facilities, a hearing loop, a visual and audible electronic patient call system and translation services available.
- The practice was based in a single storey building with level access at the front entrance and an automatic door. Only one door opened automatically which was sufficient for a wheelchair or mobility scooter, however to accommodate those patients with larger mobility scooters or wider wheelchairs the practice and 'friends' group were looking at installing a second automatic door.
- Emergency contraception could be provided by all the GPs and the practice nurses.
- The practice offered dedicated antenatal appointment sessions and there were protected time slots for post-natal appointments and baby checks with the patient's own GP
- The practice had both temporary and permanent patients on their list from a nearby hostel/halfway house providing accommodation for vulnerable people including people who were recently discharged from prison. The practice had concerns over the welfare of some of these patients and had contacted the appropriate agencies to discuss these in order to try to improve outcomes for these patients.

### Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments were from 8.30am to 11am every morning and 3.20pm to 5.20pm daily. Practice nurse appointments were available from 9am to 12.30pm and 1.30pm to 5.50pm. In addition to pre-bookable

appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. Any patients requiring an emergency appointment who could not be fitted into the core hour surgery slots were given an emergency appointment after 5:30pm. Clinicians provided telephone appointments where a face to face consultation was not required.

Results from the national GP patient survey, published in July 2015, showed that patient's satisfaction with how they could access care and treatment was above or comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 77.1% of patients were satisfied with the practice's opening hours compared to the CCG average of 68.3% and national average of 74.9%.
- 84.2% patients said they could get through easily to the surgery by phone compared to the CCG average 63.4% and national average of 73.3%.
- 79.8% patients described their experience of making an appointment as good compared to the CCG average of 67.5% and national average of 73.3%.
- 60.8% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 58.2% and national average of 64.8%.

The practice was a shareholder in a federation of GPs (this is where several GP practices join together in order to obtain resources/funding they may find it more difficult to get as a sole practice). The federation was utilising resources gained from the Prime Minister's GP Access Fund in order to provide extended access to GP services, in Harlow, for patients at the weekend (The Access Fund was formerly known as the Prime Minister's Challenge Fund, it provides funding for GPs to look at innovative ways to improve access to services).

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. There were copies of the complaints leaflet available on an information stand and a copy of the policy available at reception upon request.

We looked at three complaints received in the last 12 months and found that the practice dealt with these

complaints satisfactorily. One complaint had been from NHS Choices feedback and we found that the complaint response had been published on NHS Choices website demonstrating openness and transparency in with dealing with the complaint.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were aware of and demonstrated that they acted in line with the practice ethos and values to:

- Deliver high quality care.
- Put patients' needs at the heart of what they did.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented, reviewed and were available to all staff in hard copy in their staff room.
- There was a comprehensive understanding of the performance of the practice amongst clinical staff, gained through GP survey data and other data sources. This was reviewed to ensure continuous improvement.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

The provider complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty which was evident in our conversations with staff.

When there were unexpected or unintended safety incidents the practice provided affected people with reasonable support, truthful information and a verbal or written apology

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

- Staff told us that the practice held regular team meetings.

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues and were confident in doing so.
- The staff had lunch time get togethers, and annual dinners to improve communication and for team building.
- Staff said they felt supported by the partners and practice manager in the practice. Staff were involved in discussions about how to run and develop the practice.

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

The practice encouraged and valued feedback from patients, the public and staff.

- It had gathered feedback from patients through the 'Friends of Old Harlow Health Centre' group and through the GP patient survey, NHS choices comments and complaints received.
- There was an active 'Friends' group which met on a regular basis and submitted proposals for improvements to the practice management team. The group also raised funds for those improvements and had a significant role in choosing items for the practice. For example, the chairs in the waiting area were not suitable for all patients so through consultation with the 'Friends' group the practice obtained a range of chairs that would meet the needs of the patient population.
- The practice had also gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. During our inspection we identified, through conversations with staff, that some staff were not aware of how to use the hearing loop. This was raised with the practice manager by staff during the inspection and action was taken to address the issue, including a plan to request training from the visiting hearing advisory service.

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice monitored and discussed within the team their own performance within the CCG to ensure that patients were experiencing good care.

## Are services well-led?

Good 

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

The practice team were involved in different roles that provided them with an insight into the latest medical teaching and also put them in a position to influence the development of new pathways to improve the experience of patients.