

Melbourne House Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Melbourne House Surgery on 19 October 2017. Overall the practice is rated as requires improvement.

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.
- The practice had clearly defined and embedded systems to minimise risks to patient safety in most areas. However, there was no clear system in place to evidence what actions had been taken in response to national safety alerts.
- 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. However, the system and process to identify staff learning needs and ensure staff received essential training was not effective.
- Results from the National GP Patient Survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns. However, the practice did not always provide essential information when responding to complaints
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, 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. However, not all governance structures, systems and processes were effective and enabled the provider to identify, assess and mitigate risks to patients, staff and others.

Summary of findings

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

We carried out a comprehensive inspection at Melbourne House Surgery in August 2015. During our inspection in October 2017 we identified actions which the provider had not fully addressed. The areas where the provider must make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. For example,
- Implement a system to evidence the action taken in response to national safety alerts.
- Implement an effective system to identify staff learning needs including the completion of essential training and regular staff appraisals.
- Undertake infection prevention and control audits.
- Ensure documentary evidence of appropriate recruitment checks for staff members.

We carried out a comprehensive inspection at Melbourne House Surgery in August 2015. During our inspection in October 2017 we identified actions which the provider had not fully addressed. The areas where the provider should make improvements are:

- Continue to improve patient satisfaction data in relation to patient waiting times.
- Ensure an appropriate system is in place for the safe use of prescription pads and the management of uncollected prescriptions.
- Implement a system to ensure patient care plans are reviewed and monitored on a regular basis.
- Implement systems to identify and support carers.
- Review practice policies on a periodic basis. Maintain a copy of the business continuity plan off the premises.
- Record and analyse verbal complaints. Manage all complaints in accordance with the practice policy and the recognised guidance and contractual obligations for GPs in England.
- Undertake a review of significant events and complaints over time to identify trends.

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 requires improvement for providing safe services.

Requires improvement



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. However, the practice did not carry out an analysis of the significant events over time to identify trends.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety in most areas. However, there was no clear documented system in place to evidence the action taken to manage national safety alerts relevant to general practice.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children. However, staff members had not received training on safeguarding adults relevant to their roles.
- Practice staff did not routinely notify the GPs about uncollected prescriptions and the practice did not have a system in place to monitor the use of blank prescription pads.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- The practice had a comprehensive business continuity plan in place. However, a copy of this plan was not kept off the premises.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. However staff had not received training on infection prevention and control and the practice did not undertake infection prevention and control audits.
- From the sample of documents we reviewed, we found some staff personnel files did not include documentary evidence of appropriate recruitment checks.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the latest Quality and Outcomes Framework (QOF) for 2016/2017 showed patient outcomes were comparable with local and national averages.

Summary of findings

- Evidence of the practice undertaking patient care plans was lacking.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvements.
- Staff had the skills and knowledge to deliver effective care and treatment in most areas. However at the time of inspection, staff members had not completed all essential training relevant to their roles.
- Staff appraisals were not always undertaken on a regular basis
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the latest National GP Patient Survey results published in July 2017 showed patients rated the practice the same as others for some aspects of care.
- The patients we spoke with or who left comments for us were positive about the standard of care they received and about staff behaviours.
- Staff maintained patient and information confidentiality and patients commented to us on being treated with kindness and respect. We saw evidence to confirm this.
- The practice offered flexible appointment times based on individual needs.
- Information for patients about the services available was easy to understand.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population.
- Practice staff reviewed the needs of its local population and engaged with NHS England and Mid Essex Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- The practice offered a daily in house phlebotomy service to take blood samples from patients for required testing.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of

Summary of findings

care, with urgent appointments available the same day.

However, 33% of patients said they usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 63% and national average of 64%.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples we reviewed showed the practice responded quickly to issues raised. However, the practice did not always provide complainants with essential information, when responding to complaints.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings. However, not all governance structures, systems and processes were effective in enabling the provider to identify, assess and mitigate risks to patients, staff and others.
- The practice proactively sought feedback from staff. However, the practice did not have a system in place to ensure regular engagement with patients. The practice did not have a Patient Participation Group.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- There was a focus on continuous learning and improvement at all levels.
- The practice worked closely with other practices and the local Mid Essex CCG.

Requires improvement



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 requires improvement for providing safe and well-led services. The issues identified as requiring improvement affected all patients including this population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of their life.
- GPs involved older patients in planning and making decisions about their care, including their end of life care.
- A named GP carried out a weekly visit to a local care home for continuity of care. Feedback from the home was positive about the standard of service received.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice provided an annual review for patients aged over 75 years and had completed 50 since July 2017 which was approximately 44% of this population group.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for providing safe and well-led services. The issues identified as requiring improvement affected all patients including this population group.

- Nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data from 2016/2017 showed 90% of patients with diabetes in whom the last blood pressure reading was 150/90 mmHg or less, which was comparable with the local average of 89% and national average of 92%.
- 88% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was above the local average of 75% and national average of 76%.

Requires improvement



Summary of findings

- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multi-disciplinary package of care.
- The practice followed up on patients with long-term conditions discharged from hospital.

Families, children and young people

The practice is rated as requires improvement for providing safe and well-led services. The issues identified as requiring improvement affected all patients including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and identified as being at possible risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for most of the standard childhood immunisations..
- The practice's uptake for the cervical screening programme was 85%, which was comparable to the local average of 82% and national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a range of family planning services. The practice worked with midwives, health visitors and school nurses in the provision of ante-natal, post-natal and child health surveillance clinics.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for providing safe and well-led services. The issues identified as requiring improvement affected all patients including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended opening times were available three days a week.

Requires improvement



Summary of findings

- The practice carried out routine NHS health checks for patients aged 40 to 74 years.
- The practice was proactive in offering online services such as repeat prescriptions, appointment booking and an appointment reminder text messaging service, as well as information about a full range of health promotion and screening that reflects the needs of this age group.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. Data from 2015/2016 showed:
 - 56% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to the local average of 61% and national average of 58%.
 - 71% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to the local average of 76% and national average of 73%.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for providing safe and well-led services. The issues identified as requiring improvement affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 36 patients on the practice's learning disability register at the time of our inspection and nine (25%) had received a health review since April 2017.
- The practice offered longer appointments for patients with a learning disability.
- Vulnerable patients had been told how to access support groups and voluntary organisations.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Requires improvement



Summary of findings

- The practice held a register of carers with 30 carers identified which was approximately 0.4% of the practice list. The practice did not have a named lead in place to identify and support carers and did not offer health checks to carers.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for providing safe and well-led services. The issues identified as requiring improvement affected all patients including this population group.

- The practice carried out advance care planning for patients living with dementia.
- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting within the previous 12 months, which was comparable with the local CCG average of 85% and national average of 84%.
- The practice held a register of patients experiencing poor mental health and offered regular reviews and same day contact.
- The practice referred patients to the Improving Access to Psychological Therapies service (IAPT) and encouraged patients to self-refer.
- Performance for mental health related indicators was comparable with the local CCG and national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff we interviewed had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

We looked at the most recent National GP Patient Survey results published in July 2017. The results showed the practice was in line with local and national averages. There were 258 survey forms distributed and 106 were returned. This represented a 41% response rate and approximately 1% of the practice's patient list.

- 78% of patients described the overall experience of this GP practice as good compared to the local CCG average of 81% and national average of 85%.
- 64% of patients described their experience of making an appointment as good compared with the local CCG average of 66% and national average of 73%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 73% and national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards and five of the comment cards we received were positive about the

standard of care received. Patients said staff acted in a professional and courteous manner and described the services provided by all staff as very caring, friendly and comprehensive. One comment card was less than positive about having enough time during a consultation with a locum GP and one less positive comment was regarding access to the practice by telephone.

During the inspection we spoke with 10 patients. Patients told us that they were very satisfied with the services provided. Patients told us that they felt listened to and cared for and described staff members as professional and committed towards providing a caring and friendly service.

The practice had gathered patient feedback using the NHS Friends and Family Test (FFT). The FFT asks people if they would recommend the services they have used and offers a range of responses. The practice had received six responses to the FFT between April and June 2017. The results showed all six people who responded were either extremely likely or likely to recommend the service.

Areas for improvement

Action the service **MUST** take to improve

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. For example,
- implement a system to evidence the action taken in response to national safety alerts.
- Implement an effective system to identify staff learning needs including the completion of essential training and regular staff appraisals
- Undertake infection prevention and control audits.
- Ensure documentary evidence of appropriate recruitment checks for staff members.
- Implement a system to ensure regular engagement with patients and patient participation.

Action the service **SHOULD** take to improve

- Continue to improve patient satisfaction data in relation to patient waiting times.
- Ensure an appropriate system is in place for the safe use of prescription pads and the management of uncollected prescriptions.
- Implement a system to ensure patient care plans are reviewed and monitored on a regular basis.
- Implement systems to identify and support carers.
- Review practice policies on a periodic basis. Maintain a copy of the business continuity plan off the premises.
- Record and analyse verbal complaints. Manage all complaints in accordance with the practice policy and the recognised guidance and contractual obligations for GPs in England.
- Undertake a review of significant events and complaints over time to identify trends.

Melbourne House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor and an Expert by Experience.

Background to Melbourne House Surgery

Melbourne House Surgery is based within the Parkside Medical Centre. The premises are shared with NHS staff providing a range of community services. The surgery moved into purpose built premises in 2013 and is located on the ground floor with residential flats located above the surgery.

Melbourne House Surgery provides primary medical services to approximately 7,550 patients in north and central Chelmsford, Essex.

At the time of our inspection, the registration of Melbourne House Surgery with CQC to provide regulated activities was not accurate and the practice did not have a registered manager in place, as required under the CQC (Registration) Regulations 2009. (A registered manager is an individual registered with CQC to manage the regulated activities provided).

The practice serves a higher than average population of those aged from 0 to 4 years and from 85 years and over. The practice has a diverse patient population and levels of social deprivation within the local area.

The clinical team consists of two GP partners and four salaried GPs, four of whom are male and two are female. There are two practice nurses and two health care

assistants. The practice employs a pharmacist who works at the practice one day a week. The practice team consists of a practice manager, two secretaries and 11 members of the administration and reception team.

The practice is open to patients between 8am and 6.30pm Monday to Friday. Appointments with a GP are available from approximately 9am to 11.50am and from 2.30pm to 6pm daily. Emergency appointments are available daily. A telephone consultation service is also available for those who need urgent advice. The practice offers extended opening hours between 7am and 8am on Tuesdays, Wednesdays and Thursdays.

Home visits are available to those patients who are unable to attend the surgery and the Out of Hours service is provided by NHS Mid Essex CCG and can be accessed via the NHS 111 service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service on 19 October 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before inspecting, 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 inspection on 19 October 2017. During our inspection we:

- Spoke with three GPs, one practice nurse, one health care assistant, the practice manager and five members of the administration and reception team.
- Spoke with 10 patients.
- Reviewed a sample of the personal care or treatment records of patients and observed how staff interacted with patients.
- Looked at information the practice used to deliver care and treatment plans.
- Reviewed seven CQC comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

During our inspection in August 2015, we found the practice did not always ensure risks to patients were assessed and managed. The practice did not carry out regular infection control audits to test the effectiveness of the infection prevention and control systems within the practice. The practice did not ensure that staff were employed with all of the appropriate checks carried out.

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed safety records, incident reports and minutes of meetings where significant events were discussed.
- The practice had recorded 11 significant events within the previous 12 months. Information and learning was circulated to staff. However, the practice did not carry out an analysis of the significant events over time to identify trends and themes.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had liaised with the local CCG and reviewed their child immunisation programme following a concern identified by a member of the nursing team.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Senior staff understood their roles in discussing, analysing and learning from individual incidents and events. We were told that the event would be discussed with the GPs and relevant staff during a staff team meeting which took place on a monthly basis. We saw evidence to confirm this.

We reviewed safety records, incident reports, Medicines and Healthcare products Regulatory Agency (MHRA) alerts and patient safety alerts. The GPs received and acted on safety alerts. However, there was no process in place to document the actions taken to address safety alerts relevant to general practice. During the inspection the practice told us that the pharmacist managed the records for safety alerts, however the practice was unable to provide us with evidence to confirm this.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that 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 GP lead for safeguarding adults and children. The lead GP at the practice was also the safeguarding children lead for the locality. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities however staff members had not completed safeguarding adults training. All staff members had received safeguarding children training relevant to their role. All GPs were trained to an appropriate level to manage safeguarding children (level three) and adults.
- The practice had implemented a coding system which enabled staff members to easily identify vulnerable children and adults on their records.
- The practice displayed notices in the waiting area which advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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 practice maintained appropriate standards of cleanliness and hygiene.

Are services safe?

- We observed the premises to be visibly clean and tidy. There were cleaning schedules and monitoring systems in place.
- One of the practice nurses had been recently appointed as the infection prevention and control (IPC) clinical lead. They had completed IPC training and there was an IPC protocol in place. However, the practice team had not received IPC training and the practice did not undertake IPC audits.
- All single use clinical instruments were stored appropriately and were within their expiry dates. Specific equipment was cleaned daily and logs were completed. Spillage kits were available and clinical waste was stored appropriately and collected from the practice by an external contractor on a weekly basis.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety.

- From the sample of documents we reviewed, we found the practice had an appropriate system in place to ensure patients were being monitored appropriately. There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being issued to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- However, we found that practice was not always aware of patients deteriorating health as practice staff did not routinely notify the GPs about uncollected prescriptions.
- Blank prescription forms were stored securely and there were systems in place to monitor their use. However, we found that there were no systems in place to manage the use of hand written prescriptions pads.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.
- Patient Group Directions (PGDs) had been adopted by the practice to allow the nurses to administer medicines

in line with legislation. One of the health care assistants was trained to administer vaccines and patient specific prescriptions or directions from a prescriber were produced appropriately.

- We reviewed five personnel files and found the practice maintained records of appropriate checks through the Disclosure and Barring Service (DBS). However, we found one salaried GP and three administration staff files, did not include documentary evidence of appropriate recruitment checks. For example, proof of identification, qualifications and registration with the appropriate professional bodies. The practice told us that the salaried GP had commenced their employment at the practice prior to the recruitment of the current practice manager.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available along with a poster in the staff areas which included the names of the health and safety lead at the practice. Staff demonstrated an awareness of emergency procedures. The practice had up to date fire risk assessments. Fire alarms were tested weekly and the building landlord carried out a fire drill on regular basis. Fire equipment was checked on a regular basis.
- All electrical equipment was checked in September 2017 to ensure the equipment was safe to use and clinical equipment was checked in November 2016 to ensure it was working properly.
- A Control of Substances Hazardous to Health (COSHH) risk assessment and a variety of other risk assessments were in place for areas including infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a team rota in place to ensure that enough staff members were on duty. The practice had systems in place for the management of planned staff holidays and staff

Are services safe?

members would be flexible and cover additional duties as and when required during other absences. The practice used locum GPs and would complete the necessary recruitment checks on those individuals.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan was available on the staff intranet however the practice did not keep additional copies away from the premises.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence based guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs.
- The practice monitored that these guidelines were followed through risk assessments and random sample checks of patient records.
- The practice accessed performance reports from the Mid Essex Clinical Commissioning Group (CCG) on a regular basis and accessed CCG guidelines for referrals and also analysed information in relation to their practice population. For example, the practice received information from the local CCG on A&E attendance, emergency admissions to hospital, prescribing rates and the monitoring of patients referred to secondary care services.
- The practice was participating in a local pilot and had introduced an additional clinical template system. They explained how this information was used to plan care in order to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- At the time of our inspection, the practice was unable to demonstrate how they completed and monitored patient care plans. The practice told us that care plans for their nursing home patients were kept at the nursing home.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most

recently published results showed the practice achieved 87% of the total number of points available which was comparable with the local CCG average of 95% and national average of 95%. Data from 2016/2017 showed;

- 97% of patients with diabetes had a record of a foot examination and risk classification within the previous 12 months, which was above the local CCG average of 85% and national average of 90%. Exception reporting was 7% which was comparable with the local CCG and national average of 8%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- 90% of patients with diabetes in whom the last blood pressure reading was 150/90 mmHg or less, which was comparable with the local average of 89% and national average of 92%. Exception reporting was 5% which was comparable with the local CCG average of 5% and national average of 6%.
- 88% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was above the local average of 75% and national average of 76%. Exception reporting was 2% which was comparable below the local CCG and national average of 8%.
- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting within the previous 12 months, which was comparable with the local CCG average of 85% and national average of 84%. Exception reporting was 9% which was comparable with the local CCG average of 9% and national average of 7%.
- 86% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, documented care plan within the previous 12 months, which was comparable with the local CCG average and national average of 90%. Exception reporting was 7% which was below the local CCG average of 16% and national average of 13%.

The practice had a system of clinical audits which demonstrated quality improvement.

- There had been four clinical audits undertaken within the previous two years, two of which were completed audits (at least two cycle audits) where the improvements made were implemented and monitored.

Are services effective?

(for example, treatment is effective)

- Findings from audits were used by the practice to improve services. For example, one of these audits had been carried out to assess how the practice manages care for adults receiving treatment for vitamin D deficiency. The second audit cycle demonstrated that the practice had improved their performance in relation to the standards set. This audit resulted in the practice undertaking a review of their processes and the practice had introduced a more standardised approach towards the effective management of these patients.
- The practice participated in local audits, national benchmarking and peer reviews.

Effective staffing

Evidence reviewed showed that the systems in place to ensure staff had the skills and knowledge to deliver effective care and treatment required strengthening.

- The practice had an induction programme for all newly appointed staff. It covered such topics as information governance, safeguarding children and basic life support. However, the practice had not ensured that all staff members had completed training on safeguarding adults, infection prevention and control, fire safety and health and safety. The majority of staff members had not completed safeguarding adults training and infection prevention and control training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. Staff taking blood samples, administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources, attendance to educational sessions and workshops. The practice nurses attended locality meetings on a quarterly basis and practice nurse group meetings on a monthly basis.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating

GPs. Eight staff members had received an appraisal within the previous 12 months, however the staff appraisals that were due to take place between September and October 2017 had not been scheduled and some members of non-clinical staff, including the practice manager, had not received a formal appraisal since 2015.

- Staff had access to essential training which was provided through online learning, internal and external training sessions. However at the time of inspection, staff members had not completed all essential training relevant to their roles such as safeguarding, infection prevention and control, health and safety and fire safety.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice made referrals to secondary care through the E-referral System (this is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Are services effective?

(for example, treatment is effective)

- We saw evidence that multi-disciplinary team meetings took place on a monthly basis for vulnerable patients, families and for patients requiring palliative care. The practice worked closely with the local health visiting team.

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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These included patients considered to be in the last 12 months of their lives, those at risk of developing a long-term condition, homeless people, travellers and those requiring advice on their diet, smoking, drug and alcohol cessation and patients experiencing poor mental health. Patients were then signposted to the relevant service.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 36 patients on the practice's learning disability register at the time of our inspection and nine (25%) had received a health review since April 2017.
- Smoking cessation advice was provided by the health care assistants and member of the reception and administration team who received regular supervision and mentoring for this additional role.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the local CCG average of 82% and national average of 81%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available and by contacting patients who had not responded to the initial invitation.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. Data from 2015/2016 showed:

- 56% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to the local average of 61% and national average of 58%.
- 71% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to the local average of 76% and national average of 73%.

Childhood immunisation rates for the vaccinations given were above the national standard of 90%. The practice had achieved a score of 9.4 out of 10 for childhood vaccinations up to the age of two, which was comparable with the national average score of 9.1. Childhood immunisation rates for the measles, mumps and rubella (MMR) vaccinations given to five year olds ranged from 96% to 97% which was comparable to the local CCG average of 93% to 96% and national average of 88% to 94%.

Patients had access to appropriate health assessments and checks. Newly registered patients were offered a health check and the practice carried out routine NHS health checks for patients aged 40 to 74 years.

The practice participated in a targeted flu vaccination programme and 72% of patients aged 65 years or over had received a seasonal flu vaccination in the 2016/2017 year. The practice held dedicated flu clinics and provided health checks for patients aged over 75 years. The practice had completed 50 over 75 health checks since July 2017 which was approximately 44% of this population group.

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

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with 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; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The practice had notices in the patient waiting areas which promoted patient confidentiality.
- Patients could be treated by a clinician of the same sex.

Five out of the seven patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 10 patients during our inspection. Patients told us that they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the latest national GP patient survey published in July 2017 showed the practice was comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 83% said the GP gave them enough time compared to the CCG average of 84% and the national average 86%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 79% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 86%.
- 91% said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.

Care planning and involvement in decisions about care and treatment

Patients told us 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 from the comment cards we received was also positive and aligned with these views.

The most recent results from the national GP patient survey published in July 2017 showed the practice was performing in line with local and national averages for patient questions about their involvement in planning and making decisions about their care and treatment. For example:

- 90% 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%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 79% and the national average of 82%.
- 84% said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 80% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

- Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.
- The practice worked closely with Community Navigators. (A local CCG and local authority scheme to aid medical and social care professionals in order to support individuals to address their social needs).
- The practice's computer system alerted GPs if a patient was also a carer. The practice held a register of carers with 30 carers identified, which was approximately 0.4% of the practice list. The practice did not have a named lead in place to identify and support carers and did not offer health checks to carers.
- Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Mid Essex Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, The practice offered a daily in house phlebotomy service to take blood samples from patients for required testing.

- The practice was proactive in offering online services such as repeat prescriptions, appointment booking and an appointment reminder text messaging service, as well as information about a full range of health promotion and screening that reflects the needs of this age group.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice worked closely with a multi-disciplinary team to support older people and patients considered to be in the last 12 months of their lives.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines only available privately.
- There was good access into the practice for wheelchairs and prams and the practice had equipment to treat patients and meet their needs. There were interpretation services available.
- The practice offered a range of family planning services. Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Same day appointments were available for children and those with serious medical conditions.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

- The practice referred patients to the Improving Access to Psychological Therapies service (IAPT) and encouraged patients to self-refer.
- There were longer appointments available for patients with a learning disability. Home visits were available for older patients and patients who would benefit from these.
- A named GP carried out a weekly visit to a local care home of approximately 120 residents for continuity of care. A senior staff member at the home was positive about the standard of service received and described the practice as accessible and responsive to needs of their residents.
- Staff members were aware of the need to recognise equality and diversity and acted accordingly.
- The practice understood their patient needs' and ensured patients receive appropriate support to help them to communicate.

Access to the service

The practice was open to patients between 8am and 6.30pm Mondays to Fridays. Appointments with a GP were available from approximately 9am to 11.50am and from 2.30pm to 6pm daily. The practice offered extended opening hours appointments between 7am and 8am on Tuesdays, Wednesdays and Thursdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available at the practice for people that needed them.

The latest results from the national GP patient survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was mostly comparable with local and national averages.

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 76%.
- 53% of patients said they could get through easily to the surgery by phone compared to the CCG average 56% and national average of 71%.
- 79% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 84% and the national average of 84%.
- 78% of patients said their last appointment was convenient compared with the CCG average of 78% and the national average of 81%.

Are services responsive to people's needs?

(for example, to feedback?)

- 64% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 33% of patients said they usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 63% and national average of 64%.

The practice had reviewed feedback from patients and had implemented changes to their appointment system as a result. Overall, patient feedback about access to the service was positive. Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice did this by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling written complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- Information on how to complain was easily available to patients.

The practice explained how they responded to verbal complaints. However, the practice did not record or analyse verbal complaints and did not review complaints to identify trends and themes.

We looked at five complaints received within the previous 12 months and all of these had been dealt with in a timely way. However, the practice did not provide patients with information on the role of the Parliamentary and Health Service Ombudsman when responding to patient complaints as standard. (The PHSO make final decisions on complaints that have not been resolved by the NHS in England).

The practice did offer apologies to patients, lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice had updated information on their website about the required timescales for travel vaccinations following a patient complaint.

Are services well-led?

Requires improvement 

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

Our findings

During our inspection in August 2015, we found the practice did not ensure practice policies were reviewed on a regular basis. The practice did not ensure staff had completed all training relevant to their roles and staff appraisals did not take place on a regular basis.

Vision and strategy

The practice had a clear statement of purpose which was to provide the best possible quality service for patients within a confidential and safe environment by working together. Staff understood the practice's aims and values. The practice had a clear strategy which reflected the vision and values.

Governance arrangements

Although the practice had an overarching governance framework which supported the delivery of the strategy and good quality care, it was insufficient in ensuring the implementation of and adherence to a number of systems, processes and procedures.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in a number of areas such as prescribing, safeguarding, diabetes, mental health, dementia care and children's health.
- Practice specific policies were implemented and were available to all staff. However, the practice did not have a system in place to ensure policies were updated and reviewed on a regular basis.
- A comprehensive understanding of the performance of the practice was maintained. The practice held a number of meetings on a regular basis.
- There was a programme of clinical and internal audit which was used to monitor quality and to make improvements.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, not all governance structures, systems and processes were effective and enabled the provider to identify, assess and mitigate risks to patients, staff and others. For example the practice did not have:

- An effective system in place to ensure staff completed all training relevant to their roles and received an appraisal on a regular basis.
- A registered manager in place, as required under the CQC (Registration) Regulations 2009.
- An effective system in place to ensure the practice had documentary evidence of appropriate recruitment checks.
- A system to ensure a clinical review of uncollected prescriptions was undertaken and records in relation to the use of prescription pads.
- An effective system in place for recording verbal complaints, responding to patient complaints and analysing complaints and significant events over time to identify trends and themes.
- A clear system to document the actions taken in response to national safety alerts relevant to general practice.
- A process in place to ensure infection prevention and control audits were undertaken on a regular basis.
- A copy of the business continuity plan off the premises.

Leadership and culture

The practice was led by two GP partners with the support of the practice manager. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support and a verbal and written apology.
- The practice kept written records of correspondence with patients.

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

- The practice held and recorded multi-disciplinary meetings including meetings to monitor vulnerable patients. GPs met with health visitors on a regular basis to monitor vulnerable families and safeguarding concerns.

Are services well-led?

Requires improvement 

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

- Staff told us the practice held regular team meetings. Minutes were comprehensive and were available for practice staff to view.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GPs and practice manager.
- All staff were involved in discussions about how to run and develop the practice, and the GPs encouraged all members of staff to identify opportunities to improve the service delivered by 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.

- The practice had gathered feedback from patients through the Friends and Family Test (FFT), comments and complaints received and feedback submitted online. Following patient feedback the practice had made changes to their appointment booking system and had introduced a duty doctor to increase the number of same day appointments available to patients. The practice did not have an active Patient Participation Group (PPG).
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss

any concerns or issues with colleagues and management. For example, following feedback from staff the practice had made changes to the working environment.

- The practice supported staff in their development. For example, one of the health care assistants was originally recruited as an apprentice and was supported by the practice in developing their skills and knowledge.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice worked closely with local practices and was part of a pilot project which had secured funding to explore work optimisation, including the sharing of resources with local practices. The practice was a pilot site for the implementation of an additional clinical template system and also participated in a local CCG pilot in response to patient attendance to accident and emergency.

The practice had employed a clinical pharmacist to work alongside the clinical team for the effective management of medicines. The senior GP was a member of the local CCG board and was the safeguarding children lead within the locality. The practice had recently recruited two additional GPs and was attempting to secure additional space within their existing premises to meet an increase in their patient list size.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There was no clear documented system in place to evidence the action taken to manage national safety alerts relevant to general practice. The provider did not have a clear system to identify the learning needs through a programme of staff appraisals and the provider did not ensure staff completed essential training relevant to their roles.</p> <p>The provider did not undertake infection prevention and control audits. The provider did not ensure documentary evidence of appropriate recruitment checks for all staff members was in place.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>