

Essex Way Surgery

Quality Report

34 Essex Way
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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 Essex Way Surgery on 29 September 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, including a health and safety risk assessment.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that 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. The practice proactively sought feedback from staff and patients, which it acted on.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. A system was in place to cascade learning to staff. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. All staff had received safeguarding training and a dedicated lead had been appointed. Chaperones in use had been appropriately trained and had disclosure and barring service checks in place. A recruitment process was in place that was effective. Staff had been trained to manage medical emergencies.

Good



Are services effective?

The practice is rated as good for providing effective services. The practice monitored their performance regularly and they were on course to achieve their targets for healthcare. Staff referred to guidance from the National Institute for Health and Care Excellence, used it routinely and kept up to date with current changes. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff had received training appropriate to their roles and any further training needs had been identified and planned. An appraisal system was in place that included the consideration of personal development plans for all staff. Staff worked with multidisciplinary teams for patients with complex health issues.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients spoken with were satisfied they were treated with compassion, dignity and respect and their confidentiality maintained. Patients said they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. Reception staff had received customer care training. Patients received support if they had suffered bereavement. Carers were identified and provided with guidance about the benefits and support available to them.

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 NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment

Good



Summary of findings

with a GP of their choice and at a time suitable to them. There was continuity of care, with urgent appointments available the same day. Appointments could be booked on-line and home visits and telephone consultations were available. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. A system was in place for learning from complaints to be shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and how their role linked to achieving practice objectives. 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. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients. The patient participation group (PPG) was active and involved in identifying areas for improvement. A number of audits were in place to drive improvement. Staff had received inductions, regular performance reviews and attended staff meetings and events

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. 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 rapid access appointments for those with enhanced needs. The practice identified patients at risk of an unplanned hospital admission and provided personalised care plans to reduce the risk. A befriending service was available to support older patients who were lonely. A podiatry service was available at the practice for patients to access. Patients over 75 received an annual health check.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication 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. At risk patients received an annual flu vaccination. Staff had received specialist training in diabetes management.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. All staff had received safeguarding training for vulnerable children and were supported by policies and processes. An immunisation programme was in place for children that met national guidelines. Patients told us that children and young people were seen on the same day if an emergency and given priority. Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as

Good



Summary of findings

a full range of health promotion and screening that reflects the needs for this age group. The practice worked with other local GPs to provide weekend appointments on Saturdays and Sundays. Patients could book appointments and order prescriptions on-line.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients with a learning disability and carried out annual health checks. They offered longer appointments for patients with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. 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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Patients with dementia were referred to a memory clinic. The practice worked with the Alzheimer's Society to provide patients, their carers or relatives with advice and guidance about community support available to them. Staff had received training on how to care for people with mental health needs and dementia and patients were referred to the community dementia nurse when needed. A mental health counsellor attended the practice one day each week to provide support for patients suffering with poor mental health.

Good



Summary of findings

What people who use the service say

In June 2015 there had been a change in the provider of the practice therefore the data from the national patient GP survey did not relate to this provider.

On the day of our inspection we spoke with 10 patients to seek their views about the practice. They told us that they were satisfied with the services provided and felt staff treated them with compassion, dignity and respect. They said they were able to attend appointments at a time that suited them and the clinical care provided by the GPs and nurses was good.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 completed comment cards about the services provided. The majority of patients made positive comments about the services provided, including the appointment system, the GPs and nursing staff and those

working on reception. Patients also commented about the services provided for children and when suffering bereavement. There was only one negative comment made and this was about the attitude of the reception staff.

We also spoke with three local care homes where residents were patients of the practice. Although we were unable to speak with individual patients we spoke with a member of staff at each of the care homes who told us about the services provided by the practice. Two out of three care homes spoken with felt that the initial response to requests for GPs to attend could be dealt with in a more timely manner but once at the care homes the care and treatment provided for the patients was satisfactory.

Essex Way Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC inspector, a GP specialist advisor and a nurse specialist advisor.

Background to Essex Way Surgery

Essex Way Surgery is situated in Benfleet, Essex. The practice is one of 27 practices in the Castle Point and Rochford Clinical Commissioning Group. The practice has a General Medical Services contract with the NHS. There are approximately 5900 patients registered at the practice.

The practice recently registered with the Care Quality Commission with a new provider in June 2015 after a partnership change at the location. The practice has one lead GP who is the sole provider. There is one further full-time salaried GP and two part-time salaried GPs. All GPs at the practice are male but a female GP attends the practice each week to provide a choice for the patients.

The GPs are supported by one practice nurse and a health care assistant. There is a practice manager, a deputy practice manager, and a number of administrative and support staff, working a mixture of full and part-time hours.

The practice is open between 8.am and 6.30pm Monday to Friday and they do not close for lunch.

The GPs have morning and afternoon surgeries daily between 9am and 12 noon and between 4pm to 6pm.

The practice does not offer extended hours to their patients during the week. However although the practice is closed

at the weekend, they allow the premises to be used by another healthcare provider that provides GPs for patient consultations on Saturdays between 9am and 5pm and Sundays between 9am and 4pm. This is a service for the patients of the Essex Way Surgery and other surgeries in the locality to access.

The practice has opted out of providing 'out of hours' services which is now provided by Care UK. Patients can also contact the NHS 111 service to obtain medical advice if necessary.

Essex Way Surgery has not previously been inspected by the Care Quality Commission.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

- Older people

Detailed findings

- 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).

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 29 September 2015.

During our visit we spoke with the lead GP and salaried GP, the practice manager, the nurse and health care assistant and four members of the support staff. We also spoke with ten patients who used the service and four members of the patient participation group. We reviewed 38 comment cards where patients and members of the public shared their views and experiences of the service. After the inspection we spoke with three care homes about the services provided by the practice.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. This included an analysis and investigation with different staff allocated as responsible depending on whether it was a clinical or non-clinical matter. Staff spoken with told us they would inform the practice manager of any incidents and they were aware of the procedures to follow and who to discuss them with at the practice.

As the practice had only been registered with the Care Quality Commission in June 2015, there were no current significant events to view. We were assured by the lead GP and practice manager that any learning identified would be discussed at team meetings. We looked at three staff meetings that had taken place since registration in June 2015 and could see that safety incidents was a standing item on the meeting agenda.

Overview of safety systems and processes

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

- Arrangements to safeguard vulnerable adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. A lead for safeguarding at the practice had been identified and they had received appropriate training. All staff had received safeguarding training and refresher training took place annually and this was being monitored. There were systems in place to identify persons at risk of abuse and the patient record system was coded correctly to ensure that patients attending the practice could be identified and provided with support. The GPs attended safeguarding meetings when possible.
- A system was in place to respond to national patient safety and medicine alerts. Searches were undertaken on patients subject to the alerts and appropriate action taken. This was followed up with monitoring through the use of audits.
- A notice was displayed in the waiting room and consultation rooms, advising patients of the availability of chaperones, if required. All staff who acted as chaperones were trained for the role, knew where to

stand during an examination and had received a disclosure and barring check (DBS). (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).

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. 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.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead and had received training for the role. There was an infection control protocol in place and staff had received up to date training. An infection control audit undertaken in June 2015 reflected that procedures were robust. Checklists were available for staff to follow and it was evident that the quality of the cleaning was being monitored.
- The fridge used for the storage of medicines and vaccinations was monitored regularly for temperature control and records were kept. A cold chain policy and procedure was in place and being followed. The stock of medicines and vaccines was rotated and monitored and the system in use was efficient and effective.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out medicine audits to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Patients on high risk medicines and repeat prescriptions were monitored and reviewed in line with guidance. A repeat prescribing policy was in place. Reviews of their medicine were undertaken and where blood tests were required these had been actioned and the results analysed to ensure the medicine remained safe to prescribe.

Are services safe?

- A recruitment policy and process was in place that was fit for purpose and that complied with the regulations. The policy included the types of documentation required prior to employment such as; proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had ensured that all staff working at the practice had provided relevant documentation and qualifications. The practice had not employed any new staff since registering with the Care Quality Commission in June 2015.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff covered for each other during times of absence.

Arrangements to deal with emergencies and major incidents

All staff had received annual basic life support training and there were emergency medicines available in the treatment

room. The practice had oxygen on the premises and this was monitored for expiry dates and records were kept. The practice did not have a defibrillator. There was a first aid kit which was readily accessible to all staff and those spoken with knew where it was located. Emergency medicines were easily accessible to staff in a secure area of the practice and the medicines we checked were in date and fit for use.

Procedures in the event of a fire were available in written form and staff had received training. Fire alarm testing took place weekly and fire marshals had been appointed. The fire alarm system was checked every six months and fire extinguishers annually by an external maintenance company to ensure they were in working order.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including the National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date and this was accessible on any computer within the premises.

The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patient needs. The clinical staff we spoke with were aware of NICE guidelines and we were satisfied that good practice was being followed.

Management, monitoring and improving outcomes for people

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

As the practice had only recently registered with the Care Quality Commission, current data was not available to assess their performance.

However we discussed QOF performance monitoring with the lead GP and practice manager. We found that there was a system in place to monitor performance each month and to cascade the current levels of achievement to their staff through team meetings.

The practice manager had allocated responsibility for QOF monitoring to clinical staff colleagues but retained oversight of the progress. Monthly performance meetings were held with clinical staff where targets and progress were discussed. Support staff were involved in this process and they contacted those patients who may need healthcare interventions such as a blood test, blood pressure test, diabetes or health review.

We were told by staff at the practice that they were on course to achieve a high level of performance in relation to

the QOF and that performance was a key theme where staff were kept informed and involved. The minutes of clinical and staff meetings reflected that performance against the QOF were being discussed.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. Since June 2015 three clinical audits had taken place that demonstrated that the practice was using audits to drive improvement in care and patient's outcomes.

These audits were infection control, the treatment and monitoring of patients with high blood pressure and a medicine audit. Findings were used by the practice to improve services. One such audit identified that more regular monitoring of patients with high blood pressure and the encouragement of patients to maintain a healthier lifestyle, reduced the blood pressure levels over the long term. The practice were intending to undertake a second cycle of audits in 2016 to assess whether improvements had been maintained.

The GPs also attended monthly peer review referral meetings in order to discuss particular health cases with GP colleagues and specialists. We were told that this provided a useful forum to improve the quality of GP consultations and to improve the care and treatment provided for patients.

Effective staffing

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

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. New staff at the practice were shadowed by more experienced colleagues. Locum GPs and nurses also received an induction to familiarise themselves with the running of the practice in addition to a personal folder that contained practice information they could refer to when providing consultations for patients.
- An appraisal system was in place but the practice had only been registered for a few months. We were told that all staff would receive appraisals including identifying the learning needs of staff. Staff spoken with told us that

Are services effective?

(for example, treatment is effective)

they were supported at the practice by clinical and managerial staff and had access to appropriate training to meet their learning needs and to cover the scope of their work.

- Clinical staff were maintained their continuing professional development to maintain their skill levels. Certificates were kept in their personal files.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff were encouraged to undertake training and this was being monitored by the practice manager. Records we viewed reflected that this monitoring was taking place and that training was in date.

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, care plans, medical records and test results. All staff had received training on the system in use.

Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other 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 were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

Information was received from the out of hour's service when patients required consultation out of normal surgery hours. These were reviewed by one of the GPs on the following day and appropriate follow-up action taken if required. A system was in place for the exchange of information between the healthcare provider that provided services for patients at weekends. If a patient of the practice was seen at the weekend, information about the consultation was passed to the practice through the electronic patient record system.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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. Consent forms were available for staff if written consent was required.

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

When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Clinical and non-clinical staff spoken with were aware of Gillick competency in relation to children under the age of 16, requiring care and treatment without an adult being present. This involves the Gillick competency test (used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

Information was available in reception so that patients were aware of external organisations they could access for support. This included smoking cessation advice. A smoking cessation clinic was also in place at the practice.

The practice had a comprehensive screening programme but current data for the practice was not available as they had only recently been newly registered. The practice told us that they monitored the uptake of the flu vaccination, cervical smear uptake and child immunisations and made use of the computerised patient record system to identify patients eligible for the services.

The practice used a range of systems to make patients aware of these services through the use of posters in the waiting room, text message alerts, telephone calls and letters. They ran flu clinics during the week and on a Saturday.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40 to 74 years.
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 throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained 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. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 38 patient CQC comment cards we received were positive about the caring attitude of all staff working at the practice. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with four members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The practice was aware of the recent national GP patient survey data published on 04 July 2015 in relation to satisfaction rates for the previous healthcare provider at the practice. They told us that there was an intention to improve on this data and to conduct their own patient satisfaction survey in the first 12 months after being registered.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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.

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 and the practice's computer system alerted GPs if a patient was also a carer. The practice recorded the details of patients with carers on a register.

The practice worked with the Alzheimer's Society to provide support for patients who had dementia and their carers/relatives. Patients were identified and invited to the practice to meet with an employee of the society and given a 15 minute appointment to discuss the various avenues of support available to them including financial assistance that may be available.

Staff told us that if families had suffered bereavement, the practice wrote to them to offer their condolences and to provide them with an opportunity to of a consultation with one of the GPs, or be referred to a support organisation if they wished. Information was available to staff in relation to the way different religions and cultures responded to bereavement. One of the CQC comment cards we viewed reflected that the patient had received very helpful support and advice after suffering bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- Patients with dementia were referred to a memory clinic and signposted to other organisations that could provide support.
- There were longer appointments available for people with a learning disability and annual health reviews were carried out.
- Home visits were available for older patients / patients who would benefit from these. Urgent access appointments were available for children and those with serious medical conditions.
- The practice had facilities that supported disabled patients attending the practice such as automatic doors and accessible toilet facilities. Staff had received equality and diversity training.
- Suitably trained clinical staff monitored patients with diabetes and undertook regular reviews of their condition. Home visits took place for reviews when required.
- Staff had been trained in wound care management and a podiatry service was available for the elderly.
- Patients at risk of unplanned hospital admissions were monitored and care plans put in place to support them.
- Multidisciplinary meetings took place with other healthcare professionals to review the care and treatment needs of frail patients or those with palliative care needs.
- Patients could attend the practice for a blood test without the need to attend the local hospital.
- A mental health counsellor attended the practice one day each week to provide support for patients suffering with poor mental health.

Access to the service

The practice was open between 8.am and 6.30pm Monday to Friday and they did not close for lunch. The GPs had morning and afternoon surgeries daily between 9am and 12 noons and between 4pm to 6pm.

The practice did not offer extended hours to their patients during the week. However although the practice was closed at the weekend, they allowed the premises to be used by another healthcare provider that provided GPs for patient consultations on Saturdays between 9am and 5pm and Sundays between 9am and 4pm. This was a service available to Essex Way patients and to other GP providers in the local area for their patients to access.

The practice had opted out of providing 'out of hours' services which was provided by Care UK. Patients could also contact the NHS 111 service to obtain medical advice if necessary.

Appointments could be booked by telephone, email or by attending the practice personally. Appointments could be booked up to two weeks in advance and urgent appointments were also available for people that needed them on the day. A number of same day appointments were also allocated each day. Priority was given to those assessed as vulnerable or young children.

The patients we spoke with on the day of the inspection and the comment cards we viewed reflected that patients were satisfied with the appointment system for the GPs and nursing staff. They commented that they could obtain an appointment at a time that suited them and with a GP of choice.

A touch screen display was available for patients to use when attending for their appointment. A message board system was in place to notify patients if the GPs were running late.

The practice monitored the number of patients that did not attend for their appointments. They told us that the use of text message reminders had reduced the frequency of this happening.

As the practice had only recently registered with the Care Quality Commission, there was no data available from the national GP patient survey. Staff spoken with told us that they felt the appointment system was effective.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. 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 and staff spoken with understood the system and how to manage and record them. Patients spoken with told us that they had confidence in the practice staff to handle complaints effectively.

Since the practice registered in June 2015 the practice had not received any complaints. A system was in place to record, investigate, analyse and cascade learning to staff. Team minutes of staff meetings we viewed reflected that learning from complaints and safety incidents was a fixed agenda item.

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. The practice had a statement of purpose that outlined their aims and objectives.

Staff spoken with were aware of the direction of the practice and their job descriptions outlined how they could contribute to them. Staff knew and understood the objectives of the practice. The practice had a robust strategy which reflected the vision and values and were regularly monitored.

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 and were available to all staff
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

All staff had access to the policies and procedures in place at the practice and when spoken with displayed a clear understanding of them.

Leadership, openness and transparency

We found that the lead GP at the practice had the experience, capacity and capability to run the practice and ensured high quality care. They prioritised safe, high quality and compassionate care and provided visible leadership. This equally applied to the practice manager who ensured standards that had been set had been achieved and maintained.

The practice had a weekly informal meeting with the lead GP and practice manager in attendance to discuss practice

issues. A monthly clinical meeting and a three monthly full staff meeting also took place where minutes were recorded. The minutes of the meetings we viewed reflected that leadership and practice issues were discussed, including performance and learning from safety issues and complaints.

Staff spoken with told us that regular team meetings were held. They said that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and supported if they did.

All staff were involved in discussions about how to run and develop the practice and the lead GP 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 had an active patient participation group (PPG). This is a group of patients registered with a practice who work with the practice to improve services and the quality of care. On the day of the inspection we met with four representatives of the PPG. They told us that a meeting had taken place since the practice had registered with the Care Quality Commission and their views had been sought about the services provided.

Minutes of the meeting had been recorded and they reflected that the views of the PPG had been discussed and areas for improvement identified. These included suggestions to improve parking for patients in the local area. We were told that the lead GP and practice manager had attended the meeting and that there was a positive relationship in place.

The practice had been registered with the Care Quality Commission since June 2015 and there were plans to undertake a patient survey in the future. The practice was aware of the feedback provided by patients from the July 2015 national GP patient survey in relation to the previous provider at the practice and we were told that there was an intention to identify where improvements could be made. A suggestion box was in place to enable patients to provide feedback if they wished. This was being monitored.

Results from the NHS Friends and Family test since June 2015 reflected that the majority of patients were either highly likely or likely to recommend the practice.

Are services well-led?

Good 

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

The practice gathered feedback from staff through team meetings and informally through the use of a message

book. Staff told us they were encouraged to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.