Dr Susan Bellworthy

Quality Report

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Date of inspection visit: 22 February 2016
Date of publication: 26/04/2016

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Susan Bellworthy on 22 February 2016. 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 a system in place for reporting and recording significant events.
- Not all risks to patients were assessed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said that they were happy with the service provided, and praised the GPs and nurses. There were a small number of patients who raised concerns about their involvement with the GP during consultations.
- 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 sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvement are:

- Risk assess the need for staff who act as a chaperone to have a DBS check
- Ensure appropriate recruitment checks are undertaken prior to employment.

The areas where the provider should make improvement are:

- Put in place suitable arrangements to track prescription stationery through the practice.

Summary of findings

- Effectively manage any risks identified at the premises.
- Make available translation services.
- Provide safeguarding training to all relevant staff.
- Carry out an audit in relation to the prevalence of Coronary Heart Disease to establish the cause of this outlier.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Arrangements were in place to safeguard children and vulnerable adults from abuse although not all staff had received appropriate training.
- Not all staff who acted as chaperones were risk assessed to check whether they required had a DBS check.
- There were no systems in place to track prescription stationery through the surgery.
- Appropriate recruitment checks were not always undertaken prior to employment, for example in relation to identification, employment history and references.
- Not all relevant risk assessments had been completed.
- Arrangements were in place for monitoring the number of staff and mix of staff needed to meet patients' needs.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care, although it performed lower than average in relation to questions answered about the GP.

Summary of findings

- Patients said they were very happy with the service provided. There were a very small number of patients who raised concerns about their involvement during consultations with the GP.
- Information for patients about the services available was easy to understand and accessible on line and in the waiting areas.
- We saw staff treated patients with kindness and respect.
- Translation services were not advertised in the waiting area and had not been used for some time.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population. It sought to secure improvements to services where these were identified.
- Patients 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Are services well-led?

Good

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

- The practice had a longer-term strategy in place which had involved ongoing discussions and consultations with staff, external stakeholders and patients.
- 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 meetings.
- The provider encouraged a culture of openness and honesty. There were systems in place for knowing about notifiable safety incidents. This information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on.

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

Requires improvement

The practice is rated as requires improvement for the care of older people overall. The provider is rated as requires improvement for safe and caring. The concerns which led to this rating apply to everyone using the practice, including this population group.

- The practice offered personalised care to meet the needs of the older people in its population.
- 47% of patients aged 60-69 had been screened for bowel cancer in the last two and a half years. This was lower than the local average of 54%.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions overall. The provider is rated as requires improvement for safe and caring. The concerns which led to this rating apply to everyone using the practice, including this population group.

- 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 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 multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider is rated as requires improvement for safe and caring. The concerns which led to this rating apply to everyone using the practice, including this population group.

- Immunisation rates were relatively high for all standard childhood immunisations.

Summary of findings

- 87% of patients diagnosed with asthma had received an asthma review in the last 12 months. This was better than the local average of 75%.
- There were policies in place to safeguard children from abuse and contact telephone numbers for safeguarding authorities were accessible to reception staff, although not all staff had received relevant training.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of people working age people overall. The provider is rated as requires improvement for safe and caring. The concerns which led to this rating apply to everyone using the practice, 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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- 81% of women aged 25-64 had had a cervical screening test performed in the preceding 5 years. This was comparable to the national average of 82%.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable overall. The provider is rated as requires improvement for safe and caring. The concerns which led to this rating apply to everyone using the practice, including this population group.

- Patients with a learning disability were identified and had an annual review. The practice offered longer appointments for these patients and provided an easy-read care plan.
- Carers were identified and a protocol was in place so that their needs could be met.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- There were policies in place to safeguard vulnerable adults from abuse and contact telephone numbers for safeguarding authorities were accessible to reception staff although not all staff had received relevant training.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people with poor mental health (including people with dementia) overall. The provider is rated as requires improvement for safe and caring. The concerns which led to this rating apply to everyone using the practice, including this population group.

- 78% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which was a little below the national average of 84%.
- All patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record. This was better than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published on 02 July 2015. This related to information collected from July-September 2014 and January-March 2015. The results showed the practice was performing better than local and national averages in terms of access to appointments. However, responses relating to GP experience were not as good as local and national averages. 367 survey forms were distributed and 103 were returned. This was a response rate of 28%.

- 90% found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%.
- 85% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 83% and a national average of 85%.
- 82% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 79% and a national average of 85%.
- 87% had confidence and trust in the last GP they saw or spoke to, compared to a CCG average of 91% and a national average of 95%.
- 69% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and national average of 82%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 patient Care Quality Commission comment cards and spoke with four patients. Patients indicated in the comment cards and verbal feedback that they were happy with the service provided. They praised the care they received and told us that relevant referrals were made in a timely fashion. There were a very small number of patients who raised concerns about their involvement during consultations with the GP. They said that the receptionists were helpful and polite and that they were treated with dignity and respect.

Areas for improvement

Action the service MUST take to improve

- Risk assess the need for staff who act as a chaperone to have a DBS check
- Ensure appropriate recruitment checks are undertaken prior to employment.

Action the service SHOULD take to improve

- Put in place suitable arrangements to track prescription stationery through the practice.
- Effectively manage any risks identified at the premises.
- Make available translation services.
- Provide safeguarding training to all relevant staff.
- Carry out an audit in relation to the prevalence of Coronary Heart Disease to establish the cause of this outlier.

Dr Susan Bellworthy

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector**.** The team also included a GP specialist adviser.

Background to Dr Susan Bellworthy

Dr Susan Bellworthy is situated in South Ockendon, Essex and provides GP services to approximately 2500 patients living in the town.

Dr Susan Mathew is one of 34 practices commissioned by the Thurrock Commissioning Group. The practice holds a General Medical Services contract (GMS) with the NHS. This contract outlines the core responsibilities of the practice in meeting the needs of its patients through the services it provides.

The practice population has a slightly higher number of children aged 5 to18 years compared to the England average. It has a lower number of patients aged over 65 years and fewer patients over 75 years. Economic deprivation levels affecting children and older people are higher and unemployment levels are lower. There is a train station situated in Ockendon with direct trains into London Fenchurch Street and therefore, many patients are commuters.

The life expectancy of male patients is lower than the local average by two years. The life expectancy of female patients is the same as the local average. There are a comparable number of patients on the practice's list that have long standing health conditions and a comparable number of patients with health-related problems in daily life than the average.

The practice is registered as a sole provider with the Care Quality Commission. The provider is in the process of merging with another provider in the locality and as such, GPs from that practice regularly hold surgeries at Dr Susan Bellworthy to ensure continuity of care for patients. The practices will retain their current premises.

The practice employs a practice nurse. Administrative support consists of a part-time practice manager and a number of reception and administrative staff.

The practice is open from 8:30am until 8:00pm on a Monday, 8:30am until 6:30pm on a Tuesday, Wednesday and Friday, and from 8:30am until 1:00pm on a Thursday. It is closed on a Thursday afternoon and on the weekends.

Surgery appointments are from 8:50am until 11:30am every weekday morning. On a Tuesday, Wednesday and Friday afternoon surgery runs from 3:00pm until 6:00pm. The surgery is closed on a Thursday afternoon. Dr Susan Bellworthy offers later appointments with a GP on a Monday evening until 8:00pm.

The practice has opted out of providing 'out of hours' services which is now provided by Integrated Care 24, another healthcare provider. Patients can also contact the NHS 111 service to obtain medical advice if necessary. Patients could attend South Ockendon Health Hub on a Saturday and Sunday from 9:15am until 12:30pm for pre-bookable appointments with a GP or nurse

Dr Susan Bellworthy has not been inspected by the Care Quality Commission previously.

The practice is registered to provide the following regulated activities: family planning; treatment of disease, disorder or

injury; diagnostic and screening procedures; Maternity and midwifery services. The provider is not registered to, and does not provide surgical procedures or maternity and midwifery services. Maternity and midwifery services are provided at The Compass Centre, Barley Gardens, South Ockendon, where the Community Midwife provides a clinic to monitor women throughout the term of their pregnancy.

Why we carried out this inspection

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

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

How we carried out this inspection

Before our visit to Dr Susan Bellworthy, we reviewed a range of information that we hold about the practice. We carried out an announced visit on 22 February 2016 and during our visit we spoke with two GPs, a nurse prescriber, four reception/administrative staff and the practice manager. We also spoke with four patients who used the service

We reviewed 26 CQC comment cards where patients and members of the public shared their views and experiences of the service. We viewed a number of documents including policies and procedures, audits and risk assessments.

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.

Requires improvement

Are services safe?

Our findings

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 or lead GP of any incidents and there was a communication book on the reception desk where these were immediately recorded.
- The practice carried out an analysis of the significant event.

Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw that systems and processes were reinforced when a sample went missing while being transported to the laboratory for testing.

Overview of safety systems and processes

The practice had processes and practices in place to keep patients safe and safeguarded from abuse, although we found areas that required improvement:

- 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, which outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and knew where to locate relevant telephone numbers and policies; however, whereas GPs were trained to an appropriate level, not all administrative staff had received appropriate training.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role, but those who had not received a Disclosure and Barring Service check (DBS check) had not been risk assessed to ensure their suitability for the role. 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. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. These were discussed at the most recent practice meeting and training was provided.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- Prescription paper was securely stored safely although blank prescription forms for use in printers and those for hand written prescriptions were not handled in accordance with national guidance as they were not tracked through the practice.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files. We found that appropriate recruitment checks were not always undertaken prior to employment, for example in relation to proof of identification and references.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme. The practice nurse phoned patients who had not responded to reminders letters sent regarding cervical screening appointments.

Monitoring risks to patients

There were some procedures in place for monitoring and managing risks to patient and staff safety, although not all risks were assessed or well managed.

- There was a health and safety policy available. The practice had a fire risk assessment and fire safety equipment was regularly checked to ensure this was fit for use. All electrical equipment was checked to ensure this was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice did not have all risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. It did have a recent, actioned risk assessment in relation to infection control. The legionella risk assessment was not sufficiently robust to identify and manage any risk posed (Legionella is a term for a particular bacterium

which can contaminate water systems in buildings). The checks required by the risk assessment were not regularly performed and recorded. There was no risk assessment to consider environmental risks around the building, such as trips and falls for example, although we saw that these risk assessments were completed immediately following our inspection.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Administration staff were multi-skilled and able to cover for other team members in the event of unexpected absence or holiday.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines were in date.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

- The practice had systems in place to keep all clinical staff up to date through regular meetings and email cascade.
- The practice monitored that best practice guidelines were followed through review and audit.

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 recent results for the year 2014/2015 demonstrated that the practice had achieved 98% of the total number of points available, with 6% exception reporting (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). The practice's exception reporting was 1.2% lower than the CCG average.

Data from 2014/2015 showed;

- Performance for diabetes related indicators was better than the national average. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 93%, which was better than the national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average of 84%.
- Performance for mental health related indicators was better or comparable to the CCG and national average. For example, all patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in place.

  There was one indicator that was highlighted for further investigation by inspectors, which related to the ratio of reported versus expected prevalence for Coronary Heart Disease (CHD). This was discussed with the lead GP who, although aware of the outlier, had not carried out any further audit or investigation to confirm the reasoning behind this. We were advised that was going to be addressed following our inspection.

  Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, although these were not completed audits.
- Findings were used by the practice to improve services, which included recalling patients and changing medication where this was appropriate.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example in relation to administering vaccinations and taking samples for the cervical screening programme
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had had an appraisal within the last 12 months and where training was requested and identified, this was provided.
- Staff received training that included basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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 investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Good

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care services 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, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a three monthly basis.

Consent to care and treatment

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

- The practice had a consent policy which had been reviewed in the last twelve months and discussed with staff at the practice meeting.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Information was available on the practice's website about minor illnesses and what services were available in the community, such as the pharmacy, to enable patients to manage their own health where appropriate.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by providing advice on their website and contacting patients who failed to attend.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 91% to 100%.

Flu vaccination rates for patients with diabetes in the last year was 86%.This was above the CCG average of 81%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Information about all clinics and services offered by the practice was available in the waiting area at the practice and also on the website.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff being courteous and sensitive to patients. Reception staff invited patients to tell them about their health concern to enable them to triage them to the most appropriate clinician, but were respectful and helpful when patients declined.

- 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.

Results from the national GP patient survey showed patients were satisfied with their treatment from the nurse and the assistance provided by receptionists, but responses in relation to the GP were below CCG and national averages, although these had improved in the last year. For example:

- 79% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 75% said the GP gave them enough time them compared to the CCG average of 79% and national average of 87%.
- 87% said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and national average of 95%.
- 74% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and national average of 85%.
- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 97% said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed that Dr Susan Bellworthy was not performing as well as local and national averages in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 72% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and national average of 86%.
- 69% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and national average of 82%.
- 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 national average of 85%.

We explored these results further in patient feedback. We received 26 patient Care Quality Commission comment cards and spoke with four patients. On the whole, patients indicated that they were very happy with the service provided, and praised the GPs and nurses; however, there were a very small number of patients who raised concerns about their involvement during consultations with the GP. They said that the receptionists were helpful and polite and that they were treated with dignity and respect.

Staff told us that the practice population was ethnically diverse. The practice's website could be translated into other languages, although there were no notices advertising of translation services available in the practice itself. We were informed that translation services had not been used for some time and staff relied on patient's family members and broken communication during consultations.

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.

1.5% of the practice population had been identified as carers and a protocol was in place so that their needs could be met. Out of the 39 carers identified, 34 had received a healthcheck in the last year. The practice's website asked patients to complete a form to identify themselves as a carer to enable them to access additional support. This

Requires improvement

Are services caring?

also directed carers to further links to obtain advice in relation to benefits, their rights and the importance of respite. The GP told us of organisations they would refer carers to so that they could obtain additional support.

Staff told us that if families had suffered bereavement, they were contacted by their GP to see if they required further support. Information about what to do in the event of bereavement was detailed on the practice website.

Good

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There was a car park on site for ease of access.
- The practice offered later appointments on a Monday evening until 8.00pm for patients who could not attend during normal opening hours.
- Patients could attend South Ockendon Health Hub on a Saturday and Sunday from 9.15am until 12.30pm for pre-bookable appointments with a GP or nurse.
- There were longer appointments available for patients with a learning disability or complex needs.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients could book appointments and request repeat prescriptions on-line.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

Access to the service

The practice is open from 8:30am until 8:00pm on a Monday, 08:30am until 6:30pm on a Tuesday, Wednesday and Friday, and from 08:30am until 1:00pm on a Thursday. It is closed on a Thursday afternoon and on the weekends.

Surgery appointments are from 8.50am until 11.30am every weekday morning. On a Tuesday, Wednesday and Friday afternoon surgery runs from 3.00pm until 6.00pm. The surgery is closed on a Thursday afternoon. Dr Susan Bellworthy offers later appointments with a GP on a Monday evening until 8.00pm.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 90% patients said they could get through easily to the surgery by phone compared to the CCG average of 73% and national average of 73%.
- 99% patients said the last appointment they got was convenient compared to the CCG average of 90% and national average of 92%.

People told us on the day of the inspection that they were able to get appointments at a time that suited them.

Listening and learning from concerns and complaints

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

- The practice website gave information about how to make a complaint, and the complaints policy was available at reception.
- There was a designated responsible person who handled all complaints in the practice.

There was only one complaint received in the last 12 months. We found that this was investigated and an appropriate response was given.

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 vision to deliver high-quality care and good outcomes for patients. The practice had a longer-term strategy in place which had involved ongoing discussions and consultations with staff, external stakeholders and patients.

Governance arrangements

The practice had a governance framework which supported the delivery of the 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
- Staff knew who to contact when there were unexpected incidents.
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained

Leadership and culture

The lead GP at the practice prioritised safe, compassionate care. They were visible in the practice and staff told us they were approachable and always took the time to listen to them. There was a culture of openness, honesty and learning and clinicians took the time to educate and support administrative staff to enable them to effectively perform their roles.

The practice had systems in place for knowing about notifiable safety incidents.

- The practice responded appropriately and effectively to life-threatening emergencies.
- They kept written records of verbal interactions with patients as well as written correspondence to ensure these were communicated to all staff.

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

- Staff told us the practice held regular team meetings.
- 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 in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and gave examples of how their suggestions to improve had been implemented.

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service.

- The provider was in the process of merging with another surgery, although they would be retainingseperate premises. Although this was in the earlier stages and yet to take effect with the Care Quality Commission and NHS England, GPs from the other practice held regular surgeries at Dr Bellworthy which sought to ensure continuity of care for patients and an easier transition. Patients spoke positively about the changes that had already begun to take effect.
- Staff had been consulted about the changes and were happy about the proposed merger.
- The practice had been unable to form a Patient Participation Group, despite efforts (a Patient Participation Group comprises of patients from the practice who meet to discuss relevant matters at the surgery). The practice had attempted to get further feedback from patients by way of suggestion box in the waiting area and an invitation their website to join a virtual patient group.
- Staff told us they felt involved and engaged to improve how the practice was run. They told us that they had time to speak with other members of staff during their change-over of shift, and that time was allocated every morning for staff to raise and queries or concerns.

Continuous improvement

The practice looked to the future and used opportunities to diversify the workforce and make improvements to the practice. Where recruitment opportunities had arisen, the management looked at how these could further meet the changing needs of the organisation.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The provider did not ensure that members of staff acting as chaperones were of a suitable character for that role as they had not risk assessed relevant staff who had not had a Disclosure and Barring Service (DBS) check. Further, the provider had not ensured that persons employed for the purpose of the regulated activity were of good character as satisfactory evidence had not been taken of conduct in previous employment or a full employment history. Regulation 19 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities)