

The River 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?

Requires improvement



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 The River Surgery on 19 October 2015. Overall the practice is rated as requires improvement. Specifically, we found the practice to be requires improvement for providing safe, effective and well-led services. It was also requires improvement for providing services for older people, people with long term conditions, families, children and young people, working aged people (including those recently retired and students), people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia).

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

- Data showed patient outcomes were good for the locality. Audits had been carried out and we found that these were used to drive improvement in performance to improve patient outcomes.
- 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.
- Urgent appointments were available on the day they were requested.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong the system to report and record significant events was inconsistent. There was no structured system to periodically review significant events in order to identify themes and learning.
- Evidence of conduct in previous employment was not always satisfactory when staff were recruited.
- The arrangements for managing medicines, including emergency drugs in the practice did not always keep patients safe. The repeat prescribing policy was last reviewed in 2013, and this did not reflect the practice's current arrangements in relation to high risk medicines. We were told that that medicines were

Summary of findings

monitored through medicine reviews with patients and the repeat prescribing process, however, we found a number of patients who were taking prescribed medicines that required regular monitoring had not had their bloods tested within the required time frame.

- None of the staff working at the practice, including the clinical lead, had received training in infection control. An infection control audit had been undertaken in 2013 and we saw evidence that some action had been taken to address improvements identified as a result, however, many actions remained outstanding.
- Not all staff had received an annual appraisal.
- The practice had a number of policies and procedures to govern activity, but not all staff were aware of their content or who had responsibility.
- The practice had proactively sought feedback from patients.

The areas where the provider must make improvements are:

- Take all appropriate steps to ensure staff are fit for the role for which they are employed.
- Ensure that patients who are prescribed medications that require monitoring are identified and relevant patients are called for blood tests.

In addition the provider should:

- Progress actions against the infection control audit of 2013 including the provision of infection control training for all relevant staff, including the clinical lead;
- Ensure all staff have received an annual appraisal;
- Update the repeat prescribing policy;
- Ensure that when emergency drugs are routinely checked that all identified actions are taken;
- Record significant events consistently;
- Ensure staff have read relevant policies and procedures and are aware of lead roles.

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 as there are areas where it must make improvements. Staff understood their responsibilities to raise concerns and to report incidents and near misses. However, when things went wrong the system to report and record significant events was inconsistent.

Evidence of conduct in previous employment was not always satisfactory when staff were recruited.

The arrangements for managing medicines, including emergency drugs in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing and security).

None of the staff working at the practice, including the clinical lead, had received training in infection control. An infection control audit had been undertaken in 2013 but many identified actions had not been addressed.

Requires improvement



Are services effective?

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

We found that a number of patients who were taking prescribed medicines that required regular monitoring had not had their bloods tested within the required time frame.

Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff worked with multidisciplinary teams.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

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

Good



Summary of findings

Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they were able make an appointment at a time that suited them 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, although this was not clearly displayed in waiting rooms. Complaints showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

The practice is rated as requires improvement for being well-led as there are areas where it should make improvements. Staff were aware of where to locate policies, but there was some confusion as to lead roles and where to locate telephone numbers of safeguarding bodies.

There was a 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, which it acted on. The patient participation group (PPG) was active. All staff had received inductions and had attended staff meetings and events

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 the care of older people overall. The provider was rated as requires improvement for safe, responsive and well-led. The concerns which led to this rating apply to everyone using the practice, including this population group. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia. It was responsive to the needs of older people, and offered home visits and rapid access appointments.

The practice GPs worked closely with older people living in care homes to offer continuity of care.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions overall. The provider was rated as requires improvement for safe, responsive and well-led. 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 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 and offered longer appointments.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people overall. The provider was rated as requires improvement for safe, responsive and well-led. The concerns which led to this rating apply to everyone using the practice, including this population group. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, the practice regularly received and discussed domestic incidents that had involved the police where children were present.

Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people

Requires improvement



Summary of findings

were treated in an age-appropriate way. They told us that the GPs were knowledgeable about childhood illness and had provided crucial advice about how to respond to changing symptoms out of practice hours. 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)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students) overall. The provider was rated as requires improvement for safe, responsive and well-led. 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 reflects the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable overall. The provider was rated as requires improvement for safe, responsive and well-led. The concerns which led to this rating apply to everyone using the practice, including this population group. The practice registered patients who were temporarily residing in a local care home that provided respite, and would offer a weekly visit which was led by the nurse practitioner.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments for people 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 were aware of their responsibilities regarding information sharing, although not all staff were aware of where to find safeguarding policies, who was the lead responsible or the procedures for reporting safeguarding concerns.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia) overall. The provider was rated as requires improvement for safe,

Requires improvement



Summary of findings

responsive and well-led. The concerns which led to this rating apply to everyone using the practice, including this population group. Ninety one percent of people living with schizophrenia, bipolar affective disorder or other psychoses had a comprehensive, agreed care plan in the last 12 months. This was better than the national average of 86%.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

People with mental health needs were discussed at clinical meetings and relevant referrals were made to the mental health team and followed up as appropriate. Urgent, longer appointments were available to those experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing better than local and national averages for a majority of questions raised. However, there were some instances where the practice was performing below the local and national averages.

There were 328 survey forms distributed to the patients of The River Surgery and 113 forms were returned. This was a response rate of 34.5%.

The practice was performing better than the local and national averages in relation to the following:

- 92.2% found the receptionists at this surgery helpful compared with a CCG average of 85.2% and a national average of 86.9%.
- 93% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84.8% and a national average of 85.4%.
- 93.3% said the last appointment they got was convenient compared with a CCG average of 90% and a national average of 91.8%.
- 73.5% described their experience of making an appointment as good compared with a CCG average of 67.5% and a national average of 73.8%.

The practice was performing below the local and national averages in relation to the following:

- 56.4% found it easy to get through to this surgery by phone compared with a CCG average of 63.4% and a national average of 74.4%.

- 48.5% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 53.7% and a national average of 60.5%.
- 46.2% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 58.2% and a national average of 65.2%.
- 49.6% felt they didn't normally have to wait too long to be seen compared with a CCG average of 51.5% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received.

During the inspection we spoke with three patients who were happy with the GPs and reception staff. They said they were treated with dignity and respect.

The practice had a number of patients who resided in local care homes. We spoke with the representatives from two of those care homes and they spoke positively about the availability and expertise of the GPs from the practice.

We also spoke with two representatives from The River Surgery Patient Participation Group (PPG). The Patient Participation Groups comprises of patients from the practice who meet to discuss relevant matters at the practice. They gave examples of how they had been involved and influenced change at the practice.

Areas for improvement

Action the service **MUST** take to improve

- Take all appropriate steps to ensure staff are fit for the role for which they are employed;
- Ensure that patients who are prescribed medications that require monitoring are identified and relevant patients are called for blood tests.

Action the service **SHOULD** take to improve

- Progress actions against the infection control audit of 2013 including the provision of infection control training for all relevant staff, including the clinical lead;
- Ensure all staff have received an annual appraisal;

Summary of findings

- Update the repeat prescribing policy;
- Ensure that when emergency drugs are routinely checked that all identified actions are taken;
- Record significant events consistently;
- Ensure staff have read relevant policies and procedures and are aware of lead roles.

The River 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 GP specialist adviser.

Background to The River Surgery

The River Surgery is situated in Buckhurst Hill, Essex. It provides GP services to approximately 4250 patients living in Buckhurst Hill, Loughton, Chigwell and Woodford. The River Surgery is one of 38 practices commissioned by the West Essex Clinical 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 higher number of children aged 5 to 19 years than the England average, as well as a slightly higher number of patients aged 40 to 49 years. Economic deprivation levels affecting children and older people are lower than England average, as are unemployment levels. The life expectancies of men and women are slightly higher than national averages. There are fewer patients on the practice's list that have long standing health conditions and significantly fewer patients in receipt of disability allowance than the national average. A majority of this data relates to the year 2013/2014.

The practice is governed by a partnership of three partners, two of which are female GPs and one a female nurse practitioner. The partners are supported by a female salaried GP, a practice nurse and a health care assistant.

Administrative support consists of two part-time practice managers who each work four days a week, a secretary, an administrator, two scanning and data input clerks and five part-time receptionists.

The River Surgery is a training practice. They are an accredited training practice for GP specialist trainees as part of their vocational training scheme. There is one Registrar at the practice. A Registrar is a qualified doctor who is training to become a GP through a period of working and training in a practice. The practice is also affiliated with The Royal London Medical School and provides teaching to undergraduate medical students.

The practice is open between 8am and 7pm every weekday except Wednesday, when the surgery closed at 1pm. Morning appointments are from 9:00am to 12:30pm on a Monday, 9:00 to 12:40pm on a Tuesday and Thursday, from 8:30am until 1pm on a Wednesday and 9am until 1:15pm on a Friday. Afternoon surgery times are 3pm until 7pm on a Monday and Thursday, 2:30pm until 7pm on a Tuesday, closed on a Wednesday afternoon and 3pm until 7:15pm on a Friday. When the practice is closed on a Wednesday afternoon, patients are advised to contact the out of hours provider. The GPs hold morning surgeries daily and afternoon surgeries on a Monday, Tuesday, Thursday and Friday. The practice is taking part in the Prime Minister's Challenge Fund. This is an initiative to improve and extend patient access. The practice is working with other surgeries across West Essex to provide appointments GP and nurse over the weekends.

The practice has opted out of providing 'out of hours' services which is now provided by Partnership of East London Co-operatives (PELC), another healthcare provider. Patients can also contact the NHS 111 service to obtain medical advice if necessary.

Detailed findings

The River Surgery was previously inspected by the Care Quality Commission in December 2013. This was under our previous methodology whereby services were not awarded a rating. The practice was found to be compliant in all five standards inspected.

The practice is registered to provide the following regulated activities: diagnostic and screening procedures; family planning; treatment of disease, disorder or injury and surgical procedures.

Why we carried out this inspection

We inspected The River Surgery as part of our inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 in accordance with our regulatory functions. This inspection was planned to check whether the provider was meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and to provide a rating for the service.

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 the time of writing this report.

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
- 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 our visit to The River Surgery, we reviewed a range of information that we hold about the practice. We carried out an announced visit on 19 October 2015 and during our visit we spoke with two GPs, the registrar, a visiting pharmacist, the nurse practitioner, a receptionist, a member of secretarial staff and the two practice managers. We also spoke with three patients who used the service and two members of the Patient Participation Group (PPG). Following the inspection, we spoke with representatives from two care homes where a number of patients from the service live.

We reviewed 12 CQC comment cards where patients and members of the public shared their views and experiences of the service, as well as the results of the most recent Friends and Family test. We studied a number of documents including policies and procedures, audits and risk assessments.

Are services safe?

Our findings

Safe track record and learning

Significant events were regularly discussed at the practice. Learning and actions were implemented where these were required and staff told us about significant events that they had been involved in. Staff were consulted during the process and updated where there was a change in practice that affected their role. We saw evidence of processes that had been updated as a result of the significant event.

However, the system to report and record significant events was inconsistent. Whereas some significant events were recorded on a standard form used by the practice, others were recorded in internal meeting minutes as part of the discussion. In this instance, there was nothing in the minutes to highlight this as a significant event. Although an analysis, discussion and actions were often evident, it was not clear when identified learning outcomes and actions had been taken, as the records were not revisited after the initial discussion. There was no structured system to periodically review significant events in order to identify themes and required learning.

There were systems in place for the receipt and sharing of safety alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA) and National Safety Patient Agency (NSPA). These alerts have safety and risk information regarding medication and equipment often resulting in the review of patients prescribed medicines and/or the withdrawal of medication from use in certain patients where potential side effects or risks are indicated.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation, and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for

safeguarding. The GPs attended safeguarding meetings when possible and safeguarding concerns were raised and discussed during clinical meetings. Although staff had all received training relevant to their role, some staff were unsure of where to locate policies or who was the designated safeguarding lead; however, all staff spoken with said they would report abuse.

- A notice was displayed in the waiting room advising patients that staff were available to act as chaperones, if required. All staff who acted as chaperones were trained for the role 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. The practice had up to date fire risk assessments and all electrical equipment was checked to ensure the equipment was safe to use. 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, infection control and legionella.
- We observed the premises to be visibly clean and tidy. Cleaning schedules were sufficiently detailed. The practice nurse was the infection control clinical lead. There was an infection control protocol in place. However, none of the staff working at the practice, including the clinical lead, had received training in infection control.

An infection control audit had been undertaken in 2013 and we saw evidence that some action had been taken to address improvements identified as a result. However, many actions remained outstanding. We were informed by one of the practice managers that they are aware of and responding to this issue.

- The arrangements for managing medicines, including emergency drugs, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing and security). The repeat prescribing policy was last reviewed in 2013, and this did not reflect the practice's current arrangements in relation to high risk medicines. This policy was updated shortly after our inspection.

Are services safe?

- Recruitment checks were carried out prior to employment although documentary evidence was not consistently retained on staff files. Evidence was provided to confirm that these would have been taken. These checks included proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, satisfactory evidence of conduct in previous employment was not always obtained.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Both practice managers were familiar with working on reception and we saw them assisting with reception duties as the need arose.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines and equipment available.

The practice had a defibrillator on the premises and oxygen with adult and children's masks. There was also a first aid kit available. Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location.

We found four medicines in the emergency drugs kit that had expired. These had been identified as expired as the expiry dates had been circled by the individual responsible for checking these, although they had not been destroyed. This may have meant that these medicines were no longer effective. This was brought to the attention of the GP partners and practice managers who assured us that these would be immediately destroyed and replaced. There were arrangements for checking emergency medicines and equipment but these checks were not recorded.

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 relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and Clinical Commissioning Group guidelines and policies.

Management, monitoring and improving outcomes for people

We found that a number of patients who were taking prescribed medicines that required regular monitoring had not had their bloods tested within the required time frame. This was brought to the attention of the GP partners and practice managers at the time of our inspection. A significant event analysis was completed immediately following our inspection and appropriate action was taken to ensure relevant patients were provided with blood forms and monitored.

The practice participated in the Quality and Outcomes Framework (QOF). This is a system for the performance management of GPs intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF to measure performance against national screening programmes to monitor outcomes for patients. The results for 2013/2014 showed that the practice obtained 96.9% of the total number of points available. However, the practice had a clinical exception rate of 9.6% in relation to that year. This was 1.7% above the England average. Exception reporting is the means whereby certain patients are not included in the calculation of a practice's achievement so that the practice is not penalised for certain circumstances beyond their control.

The practice was not an outlier for a majority of the QOF (or other national) clinical targets. Most of this data is from 2013/2014. It showed;

- Performance for diabetes related indicators was comparable to the national average. The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding

12 months was 73.62% compared to the national average of 77.72%. These checks help to identify and manage diabetes. The exception rate was 9.4%. This was 1% below the England average.

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months was 150/90mmHg or less was comparable to the national average. The practice rate was 86.01% compared to the national average of 83.11%. These checks help to identify and manage high blood pressure. The exception rate was 3.3%. This was 1.4% below the England average.
- Performance for mental health related indicators was comparable to national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 91.3% compared to a national average of 86.04%. The exception rate was 23.3%. This was 10% above the England average.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was comparable to the national average. The practice rate was 73.33% compared with the national average of 83.82%. The exception rate was 13.5%. This was 6.4% above the England average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been five clinical audits completed in the last two years; three of these audits had one cycle only, and two had undergone multiple cycles.

As a result of the audits, areas for improvement were identified and action was implemented and monitored. Findings were used by the practice to improve services and learning was shared. For example, as a result of a urinary tract infection audit, the practice discovered that not all diagnosis were supported by a full clinic assessment in line with NICE guidance. As a result, a partner from the practice shared learning with clinicians in the practice and nursing staff in care homes in order to improve outcomes for patients.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for newly appointed non-clinical members of staff where they shadowed and were trained by another member of staff in order to acquaint themselves with their role. There was a detailed induction timetable for GP registrars which included an introduction to the computer systems and reviewing the practice's policies and procedures, as well as meeting and working with the local community.
- The learning needs of staff were identified through a system of appraisals and meetings. One member of staff informed us how they had requested specific training to promote understanding of an element of their job role and this was provided. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All secretarial and administration staff had received an appraisal within the last 12 months. However, there had been no appraisal of either of the practice managers for the last two years. They advised us that this had not been to their detriment as they felt they could approach the partners with any concerns or training that they may require. We also found that there was one member of the clinical team who was yet to receive an appraisal.

GP appraisals were taking place in accordance with the requirements for revalidation. Revalidation is a requirement for GPs to practice.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness.
- The practice had a commitment to teaching and training new GPs and undergraduate medical students. The GP Registrar and two medical students with whom we spoke praised the teaching they had received at the practice.

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 database. This included care and risk assessments, care plans, medical records and test results. 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.

When referrals were made, we saw that a member of the administrative team monitored these and provided assistance to vulnerable people who were having problems accessing the choose and book service which sought to ensure a timely referral. Clinical meeting minutes evidenced that the effectiveness of referrals was discussed and monitored.

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; when they were referred, or after they were discharged from hospital. Multi-disciplinary team meetings took place monthly to discuss ongoing care planning and referrals.

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. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. 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 and contraception. Patients were then signposted to the relevant service or attended clinics at the practice. Information was displayed on the notice boards in the waiting rooms offering patients information about screening programmes, alcohol misuse and weight management to promote healthy lifestyle choices.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme

Are services effective?

(for example, treatment is effective)

was 82.97%, which was comparable to the national average of 81.88%. Since this data was published, the practice had begun to offer appointments for cervical screening later on a Friday evening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. A majority of this data is for the time period 2013 – 2014. For example, childhood immunisation rates for the vaccinations given to under two year olds were predominantly higher than the CCG average.

The practice was below average for the percentage of flu patients aged 65 or older who had received a seasonal flu vaccination. The practice average was 62.36% compared to

a national average of 73.24%. The partner that we spoke with was aware of this issue and informed us that they had tried to address this shortfall by opening on a Saturday for flu vaccinations, attending at care homes for this purpose and putting reminder messages on prescriptions.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and management of long term conditions such as diabetes, asthma, Chronic obstructive pulmonary disease (COPD) and hypertension. Patients were monitored and their conditions were reviewed regularly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and 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.

The reception area was situated in the waiting room and it was possible for people waiting to overhear telephone conversations and patients speaking with receptionists. However, staff were aware of this issue and were heard to be sensitive when discussing anything that could identify a patient, such as their name, address or personal details. In the event that a patient wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

We received 12 patient comment cards which were all positive about the standard of care received. The receptionists were praised for being helpful and polite, and the GPs were said to have been knowledgeable, kind and understanding.

During the inspection we spoke with three patients who spoke highly of the GPs and reception staff and said they were treated with dignity and respect. We observed sensitive, familiar conversations with the patients and nurse, as with the receptionist.

The practice had a number of patients who resided in local care homes. We spoke with the representatives from two of those care homes. They spoke positively about the continuity of care that was provided by the practice.

We also spoke with two representatives from The River Surgery Patient Participation Group (PPG). The Patient Participation Groups comprises of patients from the practice who meet to discuss relevant matters at the practice. They told us that the GPs and reception staff were caring.

Results from the national GP patient survey published on 4 July 2015 showed patients were satisfied with their care, and responses were better than CCG and national averages.

- 96.6% said the GP was good at listening to them compared to the CCG average of 87.2% and national average of 88.6%.
- 92.4% said the GP gave them enough time compared to the CCG average of 83.1% and national average of 86.8%.
- 98.7% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.7% and national average of 95.3%
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81.8% and national average of 85.1%.
- 94.5% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88.4% and national average of 90.4%.
- 100% of practice patients said they had confidence in the nurse they last saw of spoke to compared to the CCG average of 96.9% and the national average of 97.2%
- 92.2% patients said they found the receptionists at the practice helpful compared to the CCG average of 85.2% and national average of 86.9%.

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. They said they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients felt involved in their care planning and making decisions about their care and treatment and results were above local and national averages. For example:

Are services caring?

- 94.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86.3%
- 91.3% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77.4% and national average of 81.5%

We reviewed the feedback from the Friends and Family test that had been received for the month prior to our inspection. The Friends and Family test helps services and commissioners understand whether patients are happy with the service being provided. The test asks patients whether they would recommend the service, in this case The River Surgery, to their friends and family. It also leaves room for the patient to provide their additional comments. Nine responses were received. Seven of these indicated that they would be extremely likely to recommend The River Surgery to friends and family and two responded to say that they would be likely to recommend practice. In these surveys, patients praised staff for being very helpful.

There were systems in place to communicate with patients who were profoundly deaf, in making an appointment and during the consultation. There was a hearing loop at the reception desk, although staff were unsure how to use this should it be required. Clinicians came out of their rooms to

call patients for their appointments which ensured that those who had a hearing impairment would not miss their appointment. The practice were aware of patients who did not have English as their first language and there were appropriate arrangements in place to translate consultations. Translation services were available. It was also possible to translate the practice's website.

Patient and carer support to cope emotionally with care and treatment

16.1% of patients at The River Surgery had a caring responsibility. This was lower than the England average of 18.2%.

The practice's computer system alerted GPs if a patient was also a carer. Multi-disciplinary meeting minutes showed that the health and wellbeing of carers was considered alongside that of the person that was being cared for, and appropriate support and referrals were considered and actioned.

Notices in the patient waiting room told patients how to access a number of support groups and organisations, including Cruse for bereavement counselling. There was information on the practice's website detailing the practical steps to follow 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 CCG to plan services and to improve outcomes for patients in the area. For example, the practice was taking part in the Prime Minister's Challenge Fund. This was an initiative to improve and extend patient access. The practice was working with other surgeries across West Essex to provide appointments GP and nurse over the weekends.

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;

- The practice offered later appointments on a Monday, Tuesday and Thursday until 7pm. Further, there was a cervical smear clinic that ran from 6:30pm to 7:15pm on a Friday. This was for working patients or those with childcare commitments, for example who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability or more complex needs.
- Patients were able to book in for their appointment either with the receptionists or via an electronic booking screen.
- Home visits were available for older patients / patients who would benefit from these.
- There were regular weekly visits to local care homes in order to assess and monitor patients. Additional visits were made during the week as required. The care homes had access to the GPs personal mobile numbers to call with urgent problems outside of opening hours.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were baby changing facilities and facilities for people with mobility needs.
- Systems were in place to deal with those who were profoundly deaf and translation facilities available on the practice website.
- The practice had plans to convert office space into a treatment room in order to provide further areas for consultation.

- Local parking restrictions had been taken account of by the practice and appointment times were considered in relation to the availability of street parking. Patients that we spoke with told us they had no issues parking for their appointment.

Access to the service

The practice was open between 8am and 7pm every weekday except Wednesday, when the surgery closed at 1pm. Morning appointments were from 9:00am to 12:30pm on a Monday, 9:00 to 12:40pm on a Tuesday and Thursday, from 8:30am until 1pm on a Wednesday and 9am until 1:15pm on a Friday. Afternoon surgery times were 3pm until 7pm on a Monday and Thursday, 2:30pm until 7pm on a Tuesday, closed on a Wednesday afternoon and 3pm until 7:15pm on a Friday. When the practice was closed on a Wednesday afternoon, patients were advised to contact the out of hours provider.

Appointments could be booked over the phone, in person or on-line. Appointments could be booked up to four weeks in advance or for the same day. For same-day appointments, patients were advised to call at 8:30am in the morning. Telephone consultations were available, as were home visits. The practice could also offer pre-booked appointments with a nurse or GP on the weekends.

Results from the national GP patient survey published in July 2015 showed that patient's satisfaction with how they could access care and treatment was variable compared to local and national averages. People we spoke to on the day were able to get appointments when they needed them. For example:

- 57% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.6% and national average of 75.7%.
- 84.7% patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 74.4%.
- 76.8% patients described their experience of making an appointment as good compared to the CCG average of 73.6% and national average of 73.8%.
- 72.3% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 74.3% and national average of 65.2%

The practice evidenced that they had taken action in response to the GP patient survey. For example, they had extended their access and were able to offer patients

Are services responsive to people's needs?

(for example, to feedback?)

appointments in the evenings. Further, as part of the Prime Minister's Challenge Fund and working with other surgeries across the CCG area, the practice was now able to offer GP and nurse appointments on the weekend. Further, the practice had only just gone live with their online booking service at the time of the questionnaire and so they were confident that this would improve patient's experience of making an appointment.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns and information was provided on the website. This advised patients about who to contact and

where to get a full copy of the complaints policy. There was no information in the waiting room regarding the complaints policy. The practice managers handled all complaints in the practice.

We looked at 11 complaints received in the last 12 months and found that these were investigated and dealt with in a timely manner. The person who had made the complaint was involved in the process and told of the outcome.

Where learning was identified, this was shared with relevant members of staff and improvements were made as a result. For example, where a complaint identified patient concerns with the appointments system, the reception team were advised of promoting the online booking system and contacting the clinician if the appointment requested related to a child where no appointments were available.

Are services well-led?

Requires improvement 

(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 Statement of Purpose which advocated healthcare that was a partnership between patients and clinicians that sought to ensure mutual respect, holistic care and continuous learning and training.

Governance arrangements

There was a governance framework at The River Surgery which delivered good quality care. Policies and procedures were in place and specific to the needs of the practice, however not all of these had been reviewed to take into account most up to date procedures. Staff were aware of where to locate policies, but they were not always clear of the content. For example, there was some confusion as to lead roles and where to locate telephone numbers of safeguarding bodies.

Staff were clear about their own roles and responsibilities within the practice.

There was a programme of clinical and internal audit which was used to monitor quality and to make improvements. The need for specific audits was identified when common issues were observed and changes were implemented in line with NICE guidance.

Clinicians and management staff understood and responded to the needs of the practice population and the GPs we spoke with had a good awareness and explanation of their QOF data.

There were arrangements in place to identify, record and manage risks of the practice environment and implement mitigating actions. The practice had been involved in local pilots that sought to identify and manage risk, such as the Eclipse Live system. The Eclipse Live is a risk profiling tool that, following the pilot, was used throughout West Essex to identify patients who were at a high risk of being admitted to hospital, being overdue for screening such as blood tests or because of their medications. The practice had also been in pilots for extended access and offering online prescriptions. However, this system had not been used effectively as a number of patients who were taking prescribed medicines that required regular monitoring had not had their bloods tested within the required time frame.

Leadership, openness and transparency

The partners were committed to providing safe, high quality and compassionate care. They encouraged a culture of openness and honesty which pervaded through the practice. Staff told us that the partners and practice managers were approachable and always took the time to listen.

Staff informed us that regular team meetings were held and they had the opportunity to raise any issues. They felt confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported by the partners in the practice and the practice managers. All staff were involved in discussions about how to run and develop the practice, and gave examples of how their opinions or ideas had been implemented.

There were good links with West Essex Clinical Commissioning Group. The practice managers told us how this influenced and strengthened their own understanding of the commissioning expectations. They explained how they shared this learning at meetings with other practice managers in the locality.

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

The practice encouraged and valued feedback from patients, gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through complaints received. There was an active PPG which met on a regular basis, and these meetings were attended by a clinician from the practice. The PPG had been actively involved in the development of the Electronic Prescribing Service (EPS). The EPS enables prescribers, such as GPs and practice nurses, to send prescriptions electronically to a pharmacy of the patient's choice. The PPG had also been involved in developing the practice's website and more recently, trialing extended access to appointments.

The practice gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues or the management team. There was a whiteboard reception staff used to write up queries or concerns which they would raise with partners or the management team on an ongoing basis. Partners were visible and approachable, particularly as the GPs and clinicians came into the reception area to call

Are services well-led?

Requires improvement 

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

patients into their consultations. We observed mutual respect and confidence between all staff members, and reception staff were seen to approach and raise issues with senior staff confidently.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>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.</p> <p>Regulation 19(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not identified and monitored patients who were required to have regular blood testing to ensure that their medicines were being prescribed at the correct and safe dose.</p> <p>Regulation 12(1) and 12(2)(a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>