

Felmores Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Felmores surgery on 8 June 2016. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- The practice recognised, recorded, investigated, discussed and reflected on significant incidents as a practice team.
- Medicine and patient alert information was appropriately actioned.
- Staff had received appropriate training in safeguarding and followed up on non-attendance by children and vulnerable patients at clinical appointments.
- The practice was clean and tidy and there was an appointed infection prevention control lead. However, the findings of their annual risk assessment were not reflected in their cleaning schedules to provide sufficient assurances.
- The practice were conscientious regarding their management of medicines. They conducted regular medicine reviews and ensured the safe prescribing and monitoring of high risk medicines.
- 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 worked within multidisciplinary teams to ensure the evolving needs of their patients were being met in a timely and appropriate manner.
- Complaints information was available to patients. Staff supported patients raising concerns and were committed to resolving them as they arose.
- The practice partners had a shared vision and strategy to provide consistent high quality care. They were visible and accessible for both staff and patients to speak with directly.
- The practice had a number of policies and procedures to govern activity, these were routinely reviewed and accessible to staff.

Summary of findings

- Staff reported feeling valued, supported by colleagues and the practice management. They told us they enjoyed coming to work.

The area where the provider must make improvements;

- Ensure all staff undertaking chaperone duties are DBS

checked or have a risk assessment in place as to why one is unnecessary.

The areas where the provider should make improvement are:

- Ensure the recording, analysis and actions from a significant event are fully documented and learning revisited to embed into practice.

- Ensure cleaning schedules can demonstrate what, where, when and how individual rooms/equipment was cleaned.
- Ensure clinical audits have sufficient narrative to easily identify learning and how this had been embedded to improve practice.
- Ensure records of discussions, decisions and actions are appropriately documented and shared amongst the practice team. Actions should be revisited to ensure tasks are completed and learning embedded into practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- The practice recognised, recorded, investigated, discussed and reflected on significant incidents as a practice team. However, these were not fully documented and learning revisited to embed into practice.
- Medicines were securely stored and patient alert information was appropriately actioned.
- Staff had received appropriate training in safeguarding and followed up on non-attendance by children and vulnerable patients at clinical appointments.
- The practice was clean and tidy and there was an appointed infection prevention control lead. However, the findings of their annual risk assessment was not reflected in their cleaning schedules to provide sufficient assurances to demonstrate what, where, when and how individual rooms/equipment has been cleaned.
- The practice was conscientious regarding their management of medicines. They conducted regular medicine reviews and ensure the safe prescribing and monitoring of high risk hypnotic medicines.
- The practice had conducted appropriate risk assessments and employed appropriate strategies to mitigate their occurrence. However, non-clinical staff conducting chaperone duties had not received a DBS check.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- The practice conducted clinical audits. However, not all had sufficient narrative to easily identify learning and how this had been embedded to improve practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans and practical accessible support for all staff.

Summary of findings

- Staff worked within multidisciplinary teams to ensure the evolving needs of their patients were being met in a timely and appropriate manner.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- 56 patients completed the Care Quality Commission comment card and they were overwhelmingly positive about all aspects of the care and service they received.
- Complaints information was available to patients. Staff supported patients raising concerns and were committed to resolving them as they arose.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood the needs of their patient population. They provided early consultations from 8.45am and late consultations on a Monday until 8pm.
- Vulnerable patients such as those at risk of hospital admission were permitted open access to appointments.
- Patients had a named GP who provided continuity of care.
- The practice was equipped to treat patients and meet their needs.
- Information was available to patients regarding how to make a complaint, advocacy services and right of appeal should they be dissatisfied with the outcome. However, staff told us they tried to resolve concerns at the time of reporting.

Good



Are services well-led?

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

- The practice partners had a shared vision and strategy to provide consistent high quality care. They were visible and accessible for both staff and patients to speak with directly.
- The practice had a number of policies and procedures to govern activity, these were routinely reviewed and accessible to staff.
- The practice held clinical and practice meetings which were well attended. However, records did not show actions were revisited ensuring tasks were completed.

Good



Summary of findings

- Patients reported having a good relationship with all members of staff and would share concerns in the knowledge they would be acted upon and resolved in a timely and appropriate manner.
- Staff reported feeling valued, supported by colleagues and the practice management. They told us they enjoyed coming to work.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice has a lower than local and national representation of patients amongst this population group. However, they offer individualised care to them.
- Longer appointments were available and staff assisted patients with sight and hearing impairments, on the patients' request.
- Home visits, including evening and weekends were provided but patients were offered open priority access Monday to Friday and this had proven to be effective. The practice reported home visits to be infrequent.
- Patients were invited for flu, pneumococcal and age related shingles vaccination.
- The practice conducted multidisciplinary meeting to discuss patients with complex care needs and those on the palliative care register. In addition, regular discussions were held with a range of specialists and care community care service to coordinate services (such as the dementia care team, district nursing team, occupational health and ambulance services) to meet patient needs.

People with long term conditions

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

Good



- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- The practice nurse worked closely with the lead GP in the assessment and management of patients with chronic diseases and those patients at risk of hospital admission were identified as a priority.
- Patients were invited for relevant vaccinations such as flu, pneumococcal and age related shingles vaccination. For example, the practice had immunised 95% of their patients on the diabetic register with the influenza vaccine achieving above the national average 94%.
- The practice had low accident and emergency admissions. The practice provided holistic and responsive care through regular consultations, medicine reviews and follow ups being given to their patients.

Summary of findings

- Same day and longer appointments were provided in addition to home visits which were available when needed.
- For those patients with the most complex needs, the named GP and practice nurse worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- Children were treated in an age appropriate manner and clinical templates utilised for the recording of consent and to evidence their competency to make decisions.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Children four years of age and under were seen the same day and children five years and above were triaged by the GP to assess their clinical needs prior to offering an appropriate appointment.
- The practice was committed to safeguarding the care of children. The maintained a register of all those at risk or on a child protection plan. They followed up with the children's families and carers regarding non-attendance for health appointments, including those with the health visitor or hospital.
- Immunisation rates were high for all standard childhood immunisations, achieving 93% to 100% for vaccinations given to children under two years of age and 95% to 99% for five year olds.
- The practice nurse provided a range sexual health advice and health screening services. For example, the practice's uptake for the cervical screening programme was 85%, which was above the national average of 82%.
- The practice reported good joint working with midwives and health visitors.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The practice understood the needs of their working patients. They offered early consultations starting at 8.40am Monday to Friday and late consultations on Monday's alternating between their main and branch surgeries. They also conduct telephone consultations where appropriate.
- The practice offered on-line appointments and electronic prescribing for acute and repeat prescriptions. Patients were invited to submit an online request for their repeat prescriptions and could collect them at a pharmacy of their choice.
- The practice was proactive in offering a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. All of whom were invited for annual health checks and non-attendance followed up.
- Longer appointments were provided with GPs and the practice nurse.
- The practice staff knew their patients and recognised and responded to individual's specific need changing their behaviour to support them.
- Staff had undertaken safeguarding training signposted and referred patients to various support groups and voluntary organisations.
- The practice held multidisciplinary meetings and communicated regularly with partner services to coordinate care provision to meet their patient's needs.

Good



People experiencing poor mental health (including people with dementia)

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

- Patients with poor mental health receive regular scheduled consultations and short notice and no notice appointments were accommodated where there was a clinical need.
- Patients received regular medicine reviews and medicines were prescribed weekly or fortnightly where required, to mitigate the risk of the medicines being abused.

Good



Summary of findings

- The practice achieved above the national average for their management of patients with poor mental health. For example, 91% of their patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records within the last 12 months and 98% had their alcohol consumption recorded.
- The practice had higher than the national average for the percentages of their patients diagnosed with dementia receiving a face to face review within the preceding 12 months. They achieved 86% in comparison with the national average of 84%.
- The practice regularly worked with multi-disciplinary teams (such as the crisis support mental health teams, memory clinics, and the emotional health and well-being mental health services) in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for all their patients with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health or had dementia.
- Staff were confident identifying patient needs and signposting or referring them to support services.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. 388 survey forms were distributed and 95 were returned. This represented a response rate of 25%.

- 88% of respondents found it easy to get through to this surgery by phone compared to the local average of 85% and a national average of 87%.
- 96% of respondents said the last appointment they got was convenient (local average 91%, national average 92%).
- 88% of respondents described the overall experience of their GP surgery as fairly good or very good (local average 82% and the national average 85%).

- 79% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 56 comment cards which were all positive about the standard of care received. For example, patients consistently told us the staff were always willing to help patients both in person or on the phone. The reception staff were welcoming and discreet about personal matters and the doctors explained everything.

Areas for improvement

Action the service **MUST** take to improve

- Ensure all staff undertaking chaperone duties are DBS checked.

Action the service **SHOULD** take to improve

- Ensure the recording, analysis and actions from a significant event are fully documented and learning revisited to embed into practice.
- Ensure cleaning schedules can demonstrate what, where, when and how individual rooms/equipment was cleaned.

- Ensure clinical audits have sufficient narrative to easily identify learning and how this had been embedded to improve practice.
- Ensure records of discussions, decisions and actions are appropriately documented and shared amongst the practice team. Actions should be revisited to ensure tasks are completed and learning embedded into practice.

Felmores 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 and a practice manager specialist adviser.

Background to Felmores Surgery

Felmores Surgery is also known as Aryan Medical Centre. It is located in the heart of a housing development and neighbours a parade of shops and a school. The practice has a branch surgery based in Hoover Drive, Laindon it was not visited during the inspection. The practice is a partnership consisting of two male and one female partner. They are supported by a male GP, female practice nurse, reception and administrative staff and overseen by a practice manager.

Felmores Surgery is open between 8.30am to 6.30pm. with the exception of Monday when they offer an extended service providing consultations until 8pm. GP appointments were from 8.40am to 1pm and 4pm to 6.30pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, routine on the day and urgent appointments were also available for patients that needed them. Nurse appointments were available Monday and Friday 8.30am to 2pm and Wednesday 12.30 to 6.30pm.

The branch surgery opens mornings from Monday to Friday at 9am to 1pm. Nurse appointments are available on Thursday from 9.30am to 1pm. Every alternate Monday the evening clinic alternates between the main and branch surgery from 6.30am to 8pm.

The patient population is approximately 4276. Their patients are more heavily represented amongst the age groups, birth to under 18year olds. With lower than the CCG and national average of patients over 65 years, over 75years and over 85 years of age. Male life expectancy is below the CCG and national average. Deprivation levels are high, above both the local and national averages for children and older people.

The practice provides a range of services including, minor surgery, nurse run clinics (asthma, diabetes, heart disease and hypertension), contraception services, child health surveillance travel vaccinations, antenatal and postnatal care.

The practice does not provide out of hour's services. Patients are advised to call the national 111 service who will advise patients of the service they require. Currently their out of hour's service is provided by IC24 and commissioned by Basildon and Brentwood CCG.

The practice had a comprehensive website detailing opening and appointment times. There is health information including signposting to support and specialist services.

The practice has been inspected on two previous occasions in November 2013 and March 2014. The practice was found compliant with the Health and Social Care Act 2008 in March 2014.

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

Detailed findings

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 visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 June 2016. During our visit we:

- Spoke with a range of staff (the GPs, practice manager, practice nurse and receptionists) and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. We reviewed the last two recorded events within 12 months. These related to a an illness of a member of the public and a violent incident whereby a person was injured and required emergency care. We spoke to staff who knew of both incidents and we saw that the incidents had been recorded, investigated and actions reflected upon. Both incidents had been discussed during the practice meetings and learning points and good practice identified. However, the record did not reflect the full extent of actions taken or their achievements relating to the preservation of a person's life.

The practice explained how they shared and actioned Medicines and Health Regulatory products Agency (MHRA) alerts and patient safety alerts with their clinical team. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. We checked a sample of patient records and found that patient alert information had been appropriately actioned and patients were receiving appropriate medicine reviews as specified.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults 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 GP for safeguarding. The GP provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3. The practice told us how they ensured they followed up on all children who failed to attend appointments with the health visitor or hospital.
- A notice in the waiting room and on each consultation room door advised patients that chaperones were available, if required. All staff who acted as chaperones had received training for the role. However, only clinical

staff had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice was initiating DBS checks for all other staff and had risk assessed those undertaking chaperone duties in the interim.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A GP was the lead for infection prevention control. There was an infection control protocol in place and staff had received general awareness training. An annual infection control audit had been conducted and identified the practice as low risk. However the risk assessment had not been used to inform their cleaning schedules. These were basic and did not provide sufficient assurance as to when, where and how an individual room or equipment had been cleaned.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice actively monitored their prescribing and monitoring of reviews for high risk medicines. This was achieved with the support of the local medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We found there was low prescribing of high risk medicines despite reporting high numbers of patients with poor mental health.
- Prescription pads were securely stored and there were systems in place to monitor their use.
- The practice nurse told us how they monitored all Patient Group Directions (PGD) to ensure they were appropriately adopted by the practice. PGDs allow nurses to administer medicines in line with legislation. We reviewed two PGDs and saw they had been endorsed by relevant health professionals as required.
- We reviewed four personnel files for clinical, non-clinical and the practice management. We found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service for clinical staff.

Are services safe?

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had conducted a fire risk assessment, equipment had been checked June 2015, staff had received training and fire drills were conducted. All electrical equipment had been checked in March 2016 to ensure the equipment was safe to use and it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff was on duty. The practice also had contingency arrangements in the event that a GP had unplanned absence.

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 emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The practice benefitted from having alternative premises to locate to in the event of a disruption. Their emergency plan included emergency contact numbers for staff and for critical services.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

Each clinician was responsible for ensuring they kept up to date with clinical knowledge and developments. Staff had access to guidelines such as those from NICE and medicine and patient safety alerts. These were disseminated amongst the team via the practice manager and during practice meetings. They used this information to deliver care and treatment that met peoples' needs.

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 published results showed the practice achieved 97% of the total number of points available, with 6.4% exception reporting. This was 0.5% below the local average for Basildon and Brentwood Clinical Commissioning Group and 2.8% below the national average. (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). Data from 2014/2015 showed;

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register in whom the last IFCC-HbA1C is 64mmol/mol or less in the preceding 12 months. The practice achieved 77%, comparable with the national average of 78%. Patients on the diabetic register who had the influenza immunisation also had a higher than national average, achieving 95% in comparison with the national average 94%.
- The practice achieved above the national average for their management of patients with poor mental health. For example, 91% of their patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records within the last 12 months and 98% had their alcohol consumption recorded.

- The practice had higher than the national average for the percentages of their patients diagnosed with dementia receiving a face to face review within the preceding 12 months. They achieved 86% in comparison with the national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was above the national average achieving 91% in comparison with 84% nationally.

The practice was shown as a higher prescriber for the average daily quantity of hypnotics prescribed per specific therapeutic group age-sex related prescribing unit. The practice told us they were aware of the data and had revised their prescribing of hypnotic medicines to their patients. Some were attributable to new patients joining the practice, prescribing by secondary care and other historical prescribing where the patients had a dependency and the practice had experienced difficulties reducing their usage. The practice told us how they worked with consultants to ensure only patients with a clinical need received the medicines. We checked a sample of patient records and found that where hypnotic medicines had been prescribed, appropriate specialist referrals had been made and patients were having their medication appropriately reviewed.

The practice showed us four clinical audits relating to, irregular heartbeat, prostate related disease, circulation and minor surgery. We found that the audits had examined patient diagnosis, ensuring appropriate coding for ease of identification and actioning of follow up reviews. The patient's records had been appropriately coded and the patients had been prescribed medicines in line with national guidance. However, not all the audits had sufficient narrative to easily identify learning and how this had been embedded to improve practice.

The practice participated in local audits and was proud of their performance in relation to their management of medicines. They worked closely with the Clinical Commissioning Group medicine management team and prescribed consistently within their budget.

The practice had low accident and emergency admissions compared to the national average, achieving eight compared to 15 per 1000 population for Ambulatory Care Sensitive conditions. Ambulatory care sensitive conditions are those which it is possible to prevent acute exacerbations and reduce the need for hospital admission

Are services effective?

(for example, treatment is effective)

through active management, such as vaccination; better self-management, disease management or case management; or lifestyle interventions. Examples include congestive heart failure, diabetes, asthma, angina, epilepsy and hypertension.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, confidentiality, emergency procedures, grievance procedures. The practice also had a locum induction programme.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations had received specific training which had included an assessment of competence. They told us how they maintained their knowledge to ensure they stayed up to date with changes to the immunisation programmes. The practice nurse used on line resources, discussion at practice meetings and attendance at the CCG time to learn sessions and local practice nurse forums.
- The practice conducted staff training needs analysis to ensure they could conduct their roles competently. This they conducted through informal discussions and a system of appraisals and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Clinical staff benefited from access to clinical supervision, time to learn half day a month, workshops and online training modules, medicine management meetings and mentoring.
- Staff received mandatory and additional training that included: safeguarding, fire procedures, 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 practice told us how they shared information needed to plan and deliver care and treatment. This was principally achieved through their patient record system where they recorded risk assessments, care plans, investigation and test results.

The practice participated in multidisciplinary meetings, last held in October 2015 and April 2016. These supplemented their regularly reviews of patients evolving care needs to ensure care was provided in an appropriate and timely manner. The practice also held three monthly clinical meetings with the GPs where they reviewed patients including where they moved between services, when they were referred, or after they were discharged from hospital.

Consent to care and treatment

The GPs and practice nurse sought patients' consent to care and treatment in line with legislation and guidance. We spoke to the clinical team and they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young people, staff utilised clinical templates to conduct assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients 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 referred to or signposted to the relevant service.

The practice reported a low prevalence of cancer within their patient population than the local and national averages. They encouraged their patients to attend national screening programmes. Data from the National Cancer Intelligence Network showed the practice had higher than the CCG and national averages for screening their patients. For example;

- The practice's uptake for the cervical screening programme was 85%, which was above the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- The practice had screened 60% of the female patient 50-70 years of age for breast cancer within the last 36 months. This was lower than the local average of 69% and the national average of 72%.

Are services effective?

(for example, treatment is effective)

- The practice had screened 33% of their patient's 60-69years of age for bowel cancer within six months of their invitation. This was lower than the local average of 54% and the national average of 55%.

The practice acknowledged the need for improvements in their screening of some patient groups. They were focusing on improving clinical performance in these areas through better patient engagement.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% and five year olds from 95% to 99%.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We found that members of staff were courteous and very helpful to patients. They were compassionate and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. All consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. The reception staff knew patients and when they wished to discuss sensitive issues or appeared distressed they could provide them with privacy to discuss their needs.

56 Care Quality Commission comment cards were completed by patients. They were overwhelmingly positive about the service experienced. Patients said they felt all staff within the practice offered an excellent service. They were consistently helpful, caring and treated them with dignity and respect. They included comments such as how sensitive and patient the staff were. They told us how staff took time to listen to patients and explain issues.

The practice did not have a patient participation group. They had approached patients and tried to encourage them to engage more with the practice. However, they had received a poor response with patients unwilling to commit time to working direct with the service or represent them within the local clinical commissioning group. The practice told us they were revisiting their engagement with patients and considering the feasibility of a virtual group to consult regarding specific developments.

Results from the national GP patient survey, published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was consistently above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of respondents said the GP was good at listening to them compared to the local average of 85% and national average of 89%.
- 92% of respondents said the GP gave them enough time (local average 84%, national average 87%).
- 99% of respondents said they had confidence and trust in the last GP they saw (local average 93%, national average 95%)

- 88% of respondents said the last GP they spoke to was good at treating them with care and concern (local average 80%, national average 85%).
- 98% of respondents said the last nurse they spoke to was good at treating them with care and concern (local average 90%, national average 91%).
- 88% of respondents said they found the receptionists at the practice helpful (local average 85%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey, January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above or in line with local and national averages. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the local average of 82% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care (local average 76%, national average 82%)
- 97% said the last nurse they saw was good at involving them in decisions about their care (local average 85%, national average 85%)

The reception and clinical team told us they had access to translation services for patients who did not have English as a first language. They told us they currently had little or no need for the service as most patients spoke English fluently. However, they did report poor levels of literacy and told us how they supported patients to understand information.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 46 carers

Are services caring?

approximately 1% of the practice list as carers. The practice provides carers with a contact card providing details of how to access information on support groups and advice services. They are invited for appropriate vaccinations and health checks.

Staff told us that if families had suffered bereavement, their usual GP contacted them. They sent an information pack to the bereaved families to assist them with the practicalities of a relative's death.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood their local patient needs and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to ensure they were responsive.

- The practice offered earlier appointments for working patients such as those who commute. Consultations started at 8.45am. The practice also conducted late consultations on Monday until 8pm.
- There were longer appointments available for patients with a learning disability.
- Open access appointments were offered to vulnerable patients.
- 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.
- The practice offered electronic prescribing for acute and repeat prescriptions. Patients were invited to submit an online request for their repeat prescriptions and could collect them at a pharmacy of their choice.
- Patients were able to receive travel vaccinations available on the NHS and patients were referred to other clinics for vaccines available privately.
- The practice was based on the ground floor and there were facilities for the disabled, including an adapted toilet.
- Translation services were available for patients.
- The staff were aware of patients with additional needs, such as those with sight and/or hearing impairment and provide practical support.

Access to the service

Felmores Surgery was open between 8.30am to 6.30pm with the exception of a Monday when they offer an extended service until 8pm. GP appointments were from 8.40am to 1pm and 4pm to 6.30pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, routine on the day and urgent appointments were also available for people that needed them. Nurse appointments were available Monday and Friday from 8.30am to 2pm and on a Wednesday from 12.30pm to 6.30pm.

The practice's branch surgery based in Laindon, Essex was open mornings Monday to Friday 9am to 1pm. Nurse appointments were available on Thursday from 9.30am to 1pm. Every alternate Monday an evening clinic was held from 6.30am to 8pm.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was similar to or above the local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the local average of 73% and national average of 75%.
- 88% patients said they could get through easily to the surgery by phone (local average 72%, national average 73%).
- 74% patients said they always or almost always see or speak to the GP they prefer (local average 61%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them. Same day appointments were available on the day of our inspection.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedure was in line with recognised guidance and contractual obligations for GPs in England. It identified advocacy services and a patient's right to appeal decisions if dissatisfied with the complaint outcome via the Local Government Ombudsman. There was a designated responsible person who handled all complaints in the practice and overseen by a lead clinician. We found information was available to help patients understand the complaints system.

We reviewed the practice complaint log. This included verbal and written complaints and comments posted on the NHS choices website. There had been three complaints since June 2015. These related to issues such as dissatisfaction over appointment availability and a grievance where the practice declined to issue a prescription for a high-risk medicine. We found that the practice had responded to them and conducted a review of

Are services responsive to people's needs? (for example, to feedback?)

patient notes where appropriate. Where complaints had been escalated to NHS England they had found in favour of the practice as they had followed the safe prescribing policy.

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 partners had a clear vision to deliver consistent high quality care and promote good outcomes for patients. This was evident in the planned transferral of responsibility of the lead GP role due to the retirement of one of the GPs. A new practice manager had also been appointed prior to the current manager planned retirement to aid the transition. The partners wish to embed new practices and strength their clinical profile prior to considering becoming a training practice.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. Structures and procedures were in place and ensured that there was a clear staffing structure and that staff were aware of their own roles and responsibilities. Practice specific policies were implemented and subject to routine review, all were available to staff.

There was an understanding amongst staff of the performance of the practice. Significant risks were identified, recorded and managed through mitigating actions being employed. However, due to the size and familiarity between staff issues were often discussed as they arose and not consistently documented.

Leadership and culture

The partners were committed to maintaining good patient care. They had planned the clinical and managerial transferral of the service to minimise potential disruption to services for patients. The GP partners maintained a highly visible presence within the surgery for both staff and patients and were supportive and respectful of one another. The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

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

- Staff told us the practice held regular team meetings. We reviewed meeting minutes from December 2015 and March 2016. Persons in attendance were listed, actions assigned but completion dates not set and actions not reviewed.
- We reviewed three sets of clinical meetings from October 2015, February 2016 and May 2016. These were well attended by the GP's and the outcomes shared with the practice nurse verbally.
- Staff told us there was an informal, friendly and supportive culture within the practice. People spoke to one another when issues arose and resolved them collectively. They had no concerns raising issues with a colleague, manager or clinician and felt supported in doing so.
- Staff said they felt valued by all parties and that the partners were always available and had time to listen and respond to issues.

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

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

- The practice were well regarded by their patients, supported in the 56 Care Quality Commission comment cards completed by patients. Staff told us patients would tell them immediately of problems and they would try to resolve them at the time of reporting.
- The practice had not gathered feedback from patients through the patient participation group (PPG) but used national GP patient survey data, complaints and comments registered on websites. These were discussed amongst the practice team and proposals for improvements considered where appropriate.
- The staff told us they enjoyed coming to work with staff reporting stability in the staffing. They felt valued and professionally supported to undertake their role. The GPs and practice manager spoke informally with their staff to resolve issues or concerns as they occurred and formally as part of their annual appraisal. All staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the practice management.

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
Family planning services	Non-clinical staff performing chaperone duties had not had DBS checks.
Maternity and midwifery services	Regulation 19(3)(a) HSCA (RA) Regulations 2014.
Surgical procedures	
Treatment of disease, disorder or injury	