

North Chelmsford NHS Healthcare Centre

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		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at North Chelmsford Healthcare Centre on 27 June 2017. Overall, the practice is rated as good.

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

- Staff members knew how to raise concerns, and report safety incidents. We saw these were reviewed, analysed, and monitored to avoid re-occurrences.
- Safety information was appropriately recorded; learning was identified and shared with all staff.
- The infection control policy met current guidance and audits had been undertaken to review, analyse and monitor effectiveness.
- Clinical audits were undertaken and we saw completed cycles enabling improvements to be measured.
- Risks to patients and staff had been assessed, documented and acted on appropriately. These had not been reviewed by the practice to check for themes or trends.
- Staff assessed patient care in line with current evidence based guidance.
- Staff showed they had the skills, knowledge, and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity, respect, and involved in their care and treatment decisions.
- Information about the practice services and how to complain was available at the reception desk and on the practice website in easy to understand formats. However, complaints were not monitored to understand any trends, or to avoid re-occurrences.
- The practice was aware of and complied with the requirements of the duty of candour when dealing with complaints and significant events in an open and honest manner.
- Patients said they were able to make an appointment with a GP and they received continuity of care. Patients also told us they had access to urgent on-the-day appointments.
- The practice facilities, and equipment was appropriate to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and in addition, staff members felt supported by the GPs and practice management team.

The areas where the provider should make improvements are:

- Risks to patients and staff should be reviewed regularly.

- Complaints should be reviewed to understand any trends, and avoid re-occurrences.
- Improve the identification of patients who are carers and provide them with support and guidance.

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 good for providing safe services.

Good



- Staff members knew how to raise concerns, and report safety incidents. These had been reviewed analysed, and monitored to avoid re-occurrences.
- We saw when things went wrong patients received, reasonable support, truthful information, and a written apology when appropriate.
- Safety information was recorded appropriately and lessons learned were identified. Lessons learned from incidents were shared with all staff members.
- The infection control policy met current national and local guidance, we also found audits had been carried out and reviewed to monitor effectiveness.
- Risks to patients and staff members were assessed, documented, and acted on appropriately.
- The practice had arrangements and processes to keep adults and children safe and safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were higher than local and national practices.
- Staff assessed patients' treatment and care needs and delivered care in line with current evidence based guidance.
- Clinical audits at the practice showed improvements to patient outcomes and service quality. There were completed audit cycles that showed effective improvement processes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to meet the range and complexity of patients' needs.

Are services caring?

The practice is rated good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice highly for several aspects of care in comparison with local and national practices.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and involved in decisions about their care and treatment.
- Information for patients about practice services was easy to understand. This information was available in the practice and on their website.
- We saw staff treated patients with kindness and respect, and maintained patient information confidentiality at all times.
- The practice recognised patients who were carers on their computer records. This was to ensure consideration could be given to the needs of patients that are carers. The number of carers identified was 20 and this equated to 0.4% of the practice population.

Are services responsive to people's needs?

The practice is rated good for providing responsive services.

Good



- Practice staff reviewed the needs of its local, practice population. They engaged with the local NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Evidence we saw showed the practice responded quickly to issues raised.
- Learning from complaints and incidents were shared with all staff.

Are services well-led?

The practice is rated good for being well-led.

Good



- The practice had a clear mission statement to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff told us they felt supported by management.
- The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework, which supported the delivery of the practice strategy and quality of care. This included arrangements to monitor and improve quality and identify any risk.

Summary of findings

- The practice was aware of and complied with the requirements of the duty of candour. This was seen when dealing with complaints and safety incidents.
- The GP partners encouraged a culture of openness and honesty.
- The practice acted on feedback from staff members, and patients.
- There was a strong focus on continuous learning at the practice and we saw improvement at all levels.

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 good for the care of older people.

- The practice offered personalised care to meet the needs of older people in its population.
- The practice offered home visits and urgent appointments to those that needed them.
- All older people had a named GP.
- Palliative care meetings every six to eight weeks were used to understand and discuss patients identified as frail and at risk of deteriorating health.
- There was a high uptake for shingles and flu vaccinations due to active practice campaigning.
- Senior health checks were offered, on an ad hoc basis to maximise their uptake

Good



People with long term conditions

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

- Nursing staff and GPs had lead roles in chronic disease management
- Patients at risk of hospital admission were identified as a priority. Personalised care plans ensured continuity of care.
- Diabetic quality data from 2015 to 2016 showed the practice averages were higher than local and national practices at 87%.

Other services provided by the practice for this population group were:

- Longer appointments and home visits when needed.
- People with long-term conditions were provided a named practice GP and a structured annual review to check their needs were met.
- The named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care, to reduce the need for hospital visits.
- Practice prescribers used clinical templates designed to ensure patients received blood tests and diagnostic checks required, before repeat prescriptions were given to patients.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances or at risk, for example, those who had a high number of A&E attendances.
- Immunisation rates were higher than local and national practices, for all standard childhood immunisations.
- A range of contraception services was available.
- Cervical screening data showed the practice was comparable with other local and national practices.
- Appointments were available outside of school hours and college hours, and the premises were suitable for children and babies.
- On-line appointments were available for both advanced and on the day appointments.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified, and the practice had adjusted the services offered.
- The practice offered appointments from 8am until 8pm each week day and from 8am until 10am on Saturdays and Sundays. These ensured working patients could attend the practice outside their working hours.
- They offered online services to book appointments, request repeat prescriptions, and receive text alert reminders for appointments.
- A full range of health promotion and screening was available at the practice that reflected the needs of this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice recognised patients living in vulnerable circumstances including, homeless people, travellers and those with a learning disability.
- The practice offered longer or double appointments for patients with a learning disability. They had recognised 10 people with a learning disability, each of them had been offered a health review.

Good



Summary of findings

- The practice clinical members of staff worked with other health care professionals in the case management of vulnerable patients. They worked very closely with the local care home to provide, treatment planning, and home visits when needed.
- They provided information to vulnerable patients about how to access various support groups and voluntary organisations.
- Staff members knew how to recognise the signs of abuse and were aware of their responsibilities concerning the sharing of information regarding safeguarding concerns.
- The practice safeguarding policy set out the details to contact relevant local agencies during normal working, and out of hours.
- All staff members had undergone safeguarding training of vulnerable adults and children.
- The GP safeguarding lead at the practice attended forums when possible.

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).

- 95% of people diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months; this was 10% higher than local and national practices.
- The practice regularly worked with multi-disciplinary teams to support patients experiencing poor mental health, and including those with dementia.
- Staff members had received training to help safeguard adults and children from abuse. They were familiar with the details of the Mental Capacity Act.
- The staff had received guidance to direct patients that needed mental health support appropriately.
- The practice had told and supported patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The practice followed up patients who had attended accident and emergency that may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on July 2016 showed the practice performed in line with local and national averages. 305 survey forms were distributed and 100 were returned. This represented 33% of the practice's patient list.

- 96% of respondents found it easy to get through to this practice by phone compared with 63% locally and 73% nationally.
- 93% of respondents describe their experience of making an appointment as good compared with 71% locally and 73% nationally.
- 90% of patients described the overall experience of this GP practice as good compared with 83% locally and 85% nationally.
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with 76% locally and 78% nationally.

As part of our inspection, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 cards from patients at the practice. The observations and compliments on the cards were extremely positive with one staff member receiving particular praise. We also received one card completed by an external healthcare professional that ran clinics at the practice. They complimented the staff and the level of hygiene experienced when working at the practice.

We spoke with five patients during the inspection; they told us the care they received was more than satisfactory. They also thought that all staff members were approachable, helpful and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Risks to patients and staff should be reviewed regularly.
- Complaints should be reviewed to understand any trends, and avoid re-occurrences.
- Improve the identification of patients who are carers and provide them with support and guidance.

North Chelmsford NHS Healthcare Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to North Chelmsford NHS Healthcare Centre

The practice known as North Chelmsford Healthcare Centre provides services for approximately 4,900 patients in Chelmsford and the surrounding villages. This is an increase of over 2,000 patients in the last two years.

North Chelmsford Healthcare Centre holds an Alternative Provider Medical Services (APMS) contract to provide Primary Care Services. The APMS contract is held by NHS England and the Practice is part of the NHS Mid Essex CCG.

There are currently three GP partners, one GP registrar, one nurse practitioner, one practice nurse and one HCA providing clinical services to the patient population. There are seven administrative staff, a practice manager and a practice pharmacist to support the clinical team.

The Surgery is located in a building, which is separate but attached to the Sainsbury Supermarket.

The Practice carries out a full range of enhanced services and looks after over 100 patients in a residential home within Chelmsford.

The practice population is similar to the national average for younger people and children under four years of age, however there is an extremely high percentage of working age and recently retired people, and a low percentage of older people aged over 75 years.

The practice is open from 8am until 8pm Monday to Friday, and 8am to 10am Saturday and Sundays. Clinical sessions with both GPs and nursing staff operated during the opening hours. These included clinics for cardio vascular disease (CVD), asthma, chronic obstructive pulmonary disease (COPD), diabetes, contraception, smoking cessation, minor illness, phlebotomy (blood taking), childhood immunisation and holiday vaccinations.

The practice has opted out of providing GP out of hour's services. Patients calling the practice outside practice working hours are advised by the answerphone message to contact the 111 non-emergency services. Patients requiring urgent treatment are advised to contact the out of hour's service provided by Prime Care.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an inspection on 27 June 2017. During our visit we:

- Spoke with a range of staff members, the practice manager, the GPs, nurse practitioners, nurses, healthcare assistants, administrative staff members, receptionists, and a senior member of staff from a local care and nursing home.
- Spoke with six patients and one member of the patient participation group on the day of inspection.
- Observed how staff members spoke with patients, to their carer's and/or family members.
- Reviewed processes, policies, and procedures developed to keep patients safe and assure clinical and information governance.
- Reviewed comment cards where patients and members of the public had shared their views and experiences of the practice.

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 (QOF) 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

- The practice demonstrated that there were effective systems in place for reporting and recording significant events.
- Staff knew how to report incidents. They informed the practice manager of any incidents. Lessons learned were identified and shared with all staff.
- The practice management staff understood the duty of candour and their responsibilities to be open and honest. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- When things went wrong with care and treatment, patients were informed of the incident, received reasonable support. We saw the practice gave truthful information, a written apology, and told patients about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a review of all safety incidents and events to monitor themes and trends.
- The practice had a system to receive patient safety and medicine alerts (MHRA). They were distributed to the relevant staff members to action. We saw the system used to record and actions made when alerts were relevant to patients registered, for example; patient's treatment or medicine dosage was changed in accordance with the alert or safety guidance.
- We reviewed safety records, incident reports, patient safety and medicine alerts. The minutes of meetings reflected that safety incidents were discussed and shared with staff to understand risk and give a clear picture of safety in the practice.
- We saw actions were taken to improve safety in the practice. For example, a delayed message that caused anxiety for a child's parents. Changes were made to staff procedures at the handover of shifts, and tasks were to be identified when completed.
- There was a GP lead for children and adults, staff members knew whom to contact at the practice if there was a concern. The GPs attended safeguarding meetings and provided reports for other agencies.
- Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults that was relevant to their role. The GPs held level three safeguarding training.
- A notice in the waiting rooms and in consultation and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained and had received a 'Disclosure and Barring Service' (DBS) check for this role. (DBS)
- The practice maintained excellent standards of cleanliness and hygiene. The premises were clean and tidy. There was a nurse lead for infection control. The lead liaised with the local infection prevention teams, and had received additional training to keep up-to-date with best practice.
- The infection control policy had been reviewed and met current national guidance. We saw that infection control training was given during staff induction. We saw records of staff hand washing competency checks.
- Cleaning audits had been carried and reviewed to monitor practice cleaning processes.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- The practice had a policy for handling repeat prescriptions, which included monitoring healthcare checks for patients, and those taking high-risk medicines. We saw the searches completed on the patient record system that identified patients needing this monitoring. The patient's records showed they had been provided the reviews and treatment needed.
- Blank prescription forms and pads were stored securely. When staff removed blank prescriptions from the store, we saw they recorded the consultation room where they would be used.
- The practice used Patient Group Directions (PGDs) to allow nursing staff to administer medicines in line with national legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

Overview of safety systems and processes

- The practice had arrangements to safeguard children and vulnerable adults from abuse. These policies reflected national legislation.
- Safeguarding arrangements included guidance for staff to contact the local safeguarding team for referral when they had concerns about a patient's welfare.

Are services safe?

- Health care assistants that were trained to administer vaccines and medicines used a patient specific prescription or direction (PSDs). PSDs are written instructions, signed by a doctor, or non-medical prescriber, for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- All medicines seen were stored at the correct temperature. The practice followed a 'cold chain procedure' for medicines that needed to be stored in a fridge. (Cold chain is a term used to describe the cold temperature conditions in which certain products need to be kept during storage and distribution).

Monitoring risks to patients

- Risks to patients were assessed and well managed.
- There were procedures in place to monitor and manage risks to patient and staff.
- There was a health and safety policy available with a poster in the office, which identified local health and safety representatives.
- The practice had up to date fire risk assessments and regular fire drills had been carried out.
- All electrical equipment had been checked to ensure it was safe to use. Service contracts for clinical equipment were up to date.
- 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, 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.

Arrangements to deal with emergencies and major incidents

- The practice had adequate plans in place to respond to emergencies and major incidents.
- There was an instant messaging system on the computers in the consultation and treatment rooms, alert staff to any emergency.
- All staff had received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available and oxygen with adult and children's masks.
- There was visible signage indicating where this equipment was held. A first aid kit and accident book was also available.
- Emergency medicines were easy for staff to access in a secure area.
- The practice had a business continuity plan to cover major incidents such as power failure or building damage. The plan included emergency contact numbers for staff members. Staff told us where this was located when we asked.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The clinical staff members assessed patients' using current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice ensured all clinical staff were up to date, and had access to NICE guidelines on their computer desktops. This information guided staff to deliver care and treatment to meet patients' needs.
- The practice monitored NICE guideline updates through regular monitoring and checks. For example, they ran a search using the patient record system to check for patients taking a painkilling medicine that is no longer recommended. The search showed no patients taking this medicine.

Management, monitoring and improving outcomes for people

Practice information collected for the Quality and Outcomes Framework (QOF), and for national screening programmes was used to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice patient outcomes and reward good practice). The most recent published results 2015 to 2016 showed 99% of the total points available. The majority of the practice exception reporting was comparable with local CCG or national practices. (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).

This practice was higher for QOF (or other national) clinical targets. Data from 2015/16 showed:

- 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 (01/04/2015 to 31/03/2016) was 87%, compared with 73% locally and 78% nationally.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 100%, compared with 89% locally, and 89% nationally. The exception rating for this indicator was 15%.

We saw clinical audit was used to identify improvement.

- We were shown three clinical audits in the last two years; these were completed two cycle audits or on-going. We saw a recent audit carried out to understand why the practice had higher than local average accident and emergency attendances. Data collected for 42 days showed only four attendances could have been dealt with by the practice during opening hours. These attendances were for minor injuries; the practice responded by recruiting a nurse practitioner to increase appointment capacity and manage minor illnesses.
- The practice participated in local audits, medicines management audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice induction programme gave training in safeguarding, infection prevention and control, fire safety, health and safety, and information confidentiality for all new staff.
- The practice manager demonstrated the system for monitoring role-specific and mandatory training to meet patient needs.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training that included an assessment of competence with an annual audit. Staff members that administered vaccines could demonstrate they were up to date with current immunisation programmes, using internet clinical resources and during clinical meeting discussions.
- Staff learning requirements were identified during appraisals, meetings, and when reviewing practice development.
- Staff members had access to appropriate training including external, and e-learning to cover the scope of their work. This included on-going support, clinical supervision, and facilitation and support for revalidating GPs and nurses. All the staff we spoke with had received an appraisal within the last 12 months.
- We saw evidence of training in personnel records that included safeguarding, fire safety awareness, basic life support, and information governance.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to staff through the practice computer patient records system and the intranet system.

- This included care and risk assessments, care plans, medical records and investigations and test results.
- The practice shared relevant information with other services in an appropriate and timely way, for example when referring patients to other services, including the 'Out of Hours' provider.
- Staff worked with health and social care professionals to understand and meet the range and needs of patients' to plan treatment and on-going care. This included when patients moved between services, or referred, and discharged from hospital.
- Meetings took place with health care professionals monthly where care plans were reviewed and updated for patients with multiple needs. These meetings included community healthcare professionals, mental health, social care, and carers that worked at a large local care home.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with the practice policy, which met current legislation and guidance.

- Staff understood the practice consent and decision-making procedure, including the Mental Capacity Act 2005.
- Where a patient's capacity to consent was unclear, the clinician assessed their capacity, and recorded the outcome on the patient records.

Supporting patients to live healthier lives

- The practice identified patients that may need extra support.
- For example: Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking, and alcohol cessation.
- Patients were signposted to relevant service needs with information in leaflet format, posters, and the television screen in the waiting room, information was also available on the practice website.
- The uptake of the cervical screening programme was 74%, compared with 75% locally, and 73% nationally.
- The practice provided reminders to patients who did not attend their cervical screening test.
- Patients were encouraged to attend national screening programmes for bowel and breast cancer screening via information in the waiting room and on their website.
- There were arrangements to ensure results were received for all samples sent for the cervical screening programme, and a follow-up for women referred when an abnormal result was received.
- Childhood immunisation rates were much higher compared with local and national averages.
- Patients also had access to appropriate health assessments and checks. These included health checks for new patients, senior health check, and NHS health checks for patients aged 40–74 with appropriate follow-ups for the outcomes of health assessments and checks.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection, found all staff members courteous and helpful to patients, this included treating people with dignity and respect.

- Patients' said their privacy and dignity during examinations, investigations and treatments were respected and maintained by staff members. The provision and use of curtains that surrounded the examination couches supported privacy.
- Consultation and treatment room doors were closed to ensure conversations could not be overheard.
- Staff at the reception desk told us they could recognise when patients appeared distressed or needed to speak about a sensitive issue. They showed us their interview room away from the waiting room where patients could discuss their issues or problems privately.

We received 26 patient Care Quality Commission comment cards. Every comment was extremely positive and a member of the nursing staff was identified for particular thanks and specific appreciation of their ability to put patients at ease. One of the cards received was from a healthcare professional that provided a clinical service at the practice that wanted to tell us how caring the staff were and how clean and hygienic they found the premises.

The practice did have a number of patients that had agreed to be part of a virtual patient participation group. However when the practice provided them information regarding possible changes at the practice they had not received any communications or opinions in return.

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

- 89% of patients said the GP was good at listening to them, compared with 87% locally, and 89% nationally.
- 94% of patients said the GP gave them enough time, compared with 86% locally, and 87% nationally.
- 94% of patients said they had confidence and trust in the last GP they saw, compared with 95% locally, and 95% nationally.

- 83% of patients said the last GP they spoke to was good at treating them with care and concern, compared with 84% locally, and 85% nationally.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern, compared with 89% locally and 91% nationally.
- 97% of patients said they found the receptionists at the practice helpful, compared with 86% locally and 87% nationally.

The practice told us they used the GP survey results and QOF results to identify areas for improvements.

Care planning and involvement in decisions about care and treatment

During the inspection, all the patients we spoke with told us they felt involved in decision making about their care and treatment. Patients said clinicians listened, supported them, and during consultations gave them time to make decisions about the treatments available.

Results from the national GP patient survey published in July 2016, showed patients were positive about their involvement in planning and making decisions about their care and treatment. Results were in line with comparison with local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments (compared with 86% locally and 87% nationally).
- 74% of patients said the last GP they saw was good at involving them in decisions about their care (compared with 80% locally and 82% nationally).
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care (compared with 86% locally and 85% nationally).

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

- Staff members told us they had access to translation services for patients who did not have English as their first language.
- Information leaflets were accessible and available. The practice website provided information that could be translated into many other languages.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room, told patients how to access support groups and organisations if they were a carer. The treatment templates guided staff members to check if patients had caring responsibilities. Carers coded alerts notified staff members when patients were also a carer. This ensured carers were given extra consideration when arranging appointments to meet their caring responsibilities and own healthcare needs. The practice had identified 20 carers and this equated to 0.4% of the

practice population. The practice knew this was lower than other practices; however, they explained the practice population was mainly working age and could not be compared with other local or national practices.

The practice bereavement process offered families suffering bereavement contact with a bereavement card and a meeting from their usual GP. Information, self-help guides, and benefit advice was available within the waiting room areas, and on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and worked with the NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where they were identified. CCGs are local clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

- Longer appointments were available for patients with a learning disability or those with multiple or complex needs.
- Home visits were available for older patients or those with a clinical need affecting their ability to attend the practice.
- Same day appointments were available for children and those patients with medical problems that required an urgent same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- Nursing staff members had received extra training to meet practice population needs. For example; prescribing, minor illness treatment, and specific chronic disease management, to ensure they could support both patients and GPs to the full.
- Access for those with reduced mobility was available. There was a lift in the practice, sited inside the entrance to the building.
- Translation services were available.
- The practice had 10 patients living with a learning disability, and we saw they had all been offered an annual health check.

Access to the service

The practice had appointments from 8am until 8pm every week day and from 8am until 10am on Saturday and Sunday. Clinical sessions with both GPs and nursing staff operated during the opening hours. These hours were introduced in response to the large numbers of working age patients who found it difficult to attend the practice during the week. These included clinics for asthma, chronic

obstructive pulmonary disease (COPD), diabetes, contraception, smoking cessation, minor illness, phlebotomy (blood taking), childhood immunisation and holiday vaccinations.

The practice had opted out of providing GP out of hour's services. Patients calling the practice outside their normal practice working hours were advised by the answerphone message to contact the 111 non-emergency services. Patients requiring urgent treatment were advised to contact the out of hour's service provided by Prime Care.

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

- 90% of patients were satisfied with the practice's opening hours (compared with 72% locally and 76% nationally).
- 98% of patients said they could get through easily to the practice by phone (compared with 63% locally and 73% nationally).

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

Listening and learning from concerns and complaints

The practice had effective arrangements to handle complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. This guidance included the local team contact details.
- The practice manager was the designated staff member to lead and manage complaints. There was information available in the practice and on their website to support patients that wanted to make a complaint.
- Complaints and concerns were a standing agenda item at the practice meetings.
- There had been 12 complaints received in the last 12 months. We saw they were well documented, managed, and complainants had received an apology when appropriate. The practice had reviewed the complaints and produced an annual report to check for trends and to avoid re-occurrence.

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 aims and objectives were: To provide a safe, high quality, equitable, evidence based and responsive service, which were accessible to our patients. Their aim was to give accessibility to patients, and fulfil the expectations of their population.

- The vision was to work collaboratively with other stakeholders to provide an integrated sustainable health care.
- North Chelmsford NHS Healthcare Centre told us they were committed to provide a safe, high quality, equitable, accessible, evidence based and responsive service.
- Within their statement of purpose they said they were innovative, and a GP training practice working collaboratively with other stakeholders in the local healthcare community to provide the best care available for their patients.
- They said the patient was at the centre of all they do, and they treat every patient with dignity and respect. They also constantly monitor and update services to meet the needs of their population.

Governance arrangements

The practice used its policies procedures and processes to support the delivery of good quality care. These outlined the use of the practice systems to ensure:

- Practice specific policies were available and staff members could access them.
- The practice monitored their performance to ensure maintenance, and improvement of patient outcomes. This was shown in their higher than average local and national Quality Outcome Framework (QOF) results.
- Risks were managed, and actions had been taken when needed to ensure patients and staff member's safety. These were well documented, prioritised, and followed-up.

Leadership and culture

The GPs demonstrated their local experience, capacity and capability to run the practice and deliver quality care.

- Staff told us the GPs working at the practice were approachable and would always listen to them.

Leadership and culture were exhibited by:

- The GPs encouraged a culture of openness and honesty.
- We saw complaints and safety incidents complied with the requirements of the 'Duty of Candour' to be open and honest.
- Learning from complaints and incidents was shared with staff to embed improvement at the practice.
- The leadership structure was clear and staff told us they felt supported by the management team and the GPs.
- Staff members said they were involved in the regular practice team meetings and knew they were appreciated for their work at the practice.
- We were also told by the staff they felt confident to raise any topic and were supported when they did.
- Staff members said they felt respected, valued, and understood their roles and responsibilities within the practice team.
- The GP took staff members on regular social outings to develop the practice team spirit and show their appreciation of their staff member's hard work.

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

The practice encouraged and valued feedback from patients, the public and staff members. They used feedback gathered to modify practice developments.

- The practice monitored feedback from patients through the national GP patient survey, and 'Friends and Family' comment cards.
- The practice had gathered feedback from staff members during staff meetings, appraisals and during ad-hoc discussions.
- The practice kept their virtual PPG members well informed regarding any recent issues.

Continuous improvement

There was a focus on learning and improvement within the practice.

- We were told that continual improvement was an important ethos throughout the practice. This work included the GPs, the nursing and administrative staff members.

Are services well-led?

Good 

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

- The GPs worked closely with the local clinical commissioning group (CCG) to develop improvements in medicines management. The practice had recently recruited a pharmacist to work as part of the practice clinical team.
- The constant monitoring of patient population growth, which has doubled in the last two years, has required further staff recruitment to meet their patient's needs.