

The Freshford Practice

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

Outstanding



Are services safe?

Good



Are services effective?

Outstanding



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Outstanding



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 Freshford Practice on 24 May 2016. Overall the practice is rated as Outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- 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.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development.

- The practice achieved consistently high levels of performance in the Quality and Outcomes Framework across the majority of healthcare indicators.
- The practice focused on helping patients understand their conditions, and signposted patients to relevant services such as Empower for patients newly diagnosed with diabetes, exercise on prescription, smoking cessation and healthy lifestyle clinics.
- There was a strong, visible, person-centred culture within the practice. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Patient satisfaction rates were higher than the local and national averages across all areas measured.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet

Summary of findings

patients' needs. For example, a visiting GP offered a community cardiology clinic which registered patients and other neighbouring practices could access this service.

- The practice proactively sought to educate their patients to manage their medical conditions and improve their lifestyles. Additional in-house services were available and delivered by staff with advanced qualifications, skills and experience.
- Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in and agreed with.
- The practice actively reviewed complaints and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- There was strong leadership for all clinical and non-clinical areas such as monitoring patient experience of the quality of care and treatment.

We saw several areas of outstanding practice including:

- The practice had excellent facilities and was well equipped to treat patients and meet their needs.

Due to the rural location the practice offered many in-house diagnostic facilities including phlebotomy, ultrasound, X-ray DEXA Scanning, near patient testing, D-Dimer, Troponin (this is a sensitive and specific indicator of damage to the heart muscle and measured in the blood to differentiate between unstable angina and a heart attack) and many others. Patient feedback was very positive about having local facilities.

- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers. In-house digital X-ray and scanning equipment was linked with other organisations so images could be shared. This meant the consultant at the acute trust could view results and advise the GP of future treatment; this reduced outpatient appointments at the hospital.

The areas where the provider should make improvement are:

- Ensure a regular stock check is made of the controlled drugs and that accurate records are maintained in the register.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. There was an effective system in place for reporting and recording significant events
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation. Lessons were shared to make sure action was taken to improve safety in the practice.
- Information about safety was highly valued and was used to promote learning and improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- 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.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development.
- The practice did not have a process in place to ensure a regular stock check is made of the controlled drugs and that accurate records are maintained in the register.

Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to practices nationally. (QOF) within Mid Essex CCG, with a lower than average exception rate reporting in most clinical domain indicator groups. The practice had achieved higher than the local and national averages in most clinical areas.

Summary of findings

- Feedback from patients confirmed they felt that their long term condition care provided was of a high standard and this was supported by the high QOF performance of the practice.
- Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in and agreed with.
- The practice focused on helping patients understand their conditions, and signposted patients to relevant services such as Empower for patients newly diagnosed with diabetes, exercise on prescription, smoking cessation and healthy lifestyle clinics.
- 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 understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for all aspects of care. 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% national average of 91%.
- From January to March 2016 100% of the friends and family test responded they would recommend this surgery to someone new to the area. Feedback from patients about their care and treatment was consistently positive. We observed a strong patient-centred culture.
- Discussions with staff demonstrated that there was a strong, visible, person-centred culture within the practice. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Staff worked hard to recognise and respect the totality of people's needs. They always took people's personal, cultural, social and religious needs into account.
- Feedback from patients about their care was consistently positive. Patients told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. The patients we spoke with and the views expressed on the comment cards told us that patients felt they received excellent care from all the staff.
- Views of external stakeholders were very positive and aligned with our findings.
- All reception staff were well trained to advice, support and to assist patients to navigate the services available.
- The practice was fully accessible to people who required disabled access and appropriate equipment was available to accommodate patients' needs.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice provided many in-house diagnostic facilities to reduce the need for patients to attend hospitals and other healthcare locations. The services included phlebotomy, ultrasound, X-ray DEXA Scanning, near patient testing, D-Dimer, Troponin (this is a very sensitive and specific indicators of damage to the heart muscle they are measured in the blood to differentiate between unstable angina and a heart attack) and many others.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers. In-house digital X-ray and scanning equipment was linked with other organisations so images could be shared. This reduced the number of times a patient had to attend the acute hospital.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. The practice had a well-established equipment fund charity (CREAMER) and the funds were available to support the patients at the practice and to purchase specialised equipment.
- The management of the appointment system provided clear evidence that the practice was responsive to patients' needs. Patients told us they could always access an appointment at a time suitable for them. Access to GPs and nurses via telephone consultation was also available. Satisfaction rates were higher than local and national averages across all areas measured.

Summary of findings

- The practice had their first appointment at 8am and their last appointment at 6pm on Mondays to Fridays. Appointments with GP and nurse were also available on a Saturday morning. A system was in place to identify patients most in need and their requests for appointments were given priority.
- The practice had a policy that any patient requesting to be seen on the same day would be contacted by a GP to assess the urgency and if required asked to attend the surgery for a consultation. We found evidence that this was being put into practice effectively.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- There was strong leadership for all clinical and non-clinical areas such as monitoring patient experience of the quality of care and treatment. Patients benefited from access to specialist care by GPs with hospital based experience and advanced qualifications.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- A full and diverse range of views and concerns from people who used the service were encouraged, heard and acted on. Information on patient's experience was reported and reviewed alongside other performance data. The practice closed for four hours each month for protective training time and for meetings as part of their drive for continuous improvement.

Outstanding



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 outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients were consistently above the national average for conditions commonly found in older people.
- The practice had introduced a number of initiatives to improve the care of older people. They had identified an increasing number of older people and organised care to better meet their needs. This included early memory loss reviews and avoiding unplanned admissions.
- In-house clinics including hearing help and toe nail cutting were available for patients to access.
- The practice liaised with hospice staff and offers a drop in clinic once a month for any patients that need support or guidance this not only included patients receiving end of life care but also their families and close friends.
- 52 patients had been identified as needing support to manage their medicines so the practice provided medicines compliance aids (boxes organised into compartments by day and time), to simplify the taking of medicines.
- Dispensary staff were available for a short time each week in two neighbouring villages to allow people to collect prescribed medicines. This reduced the need to attend the practice to pick up medicines.
- The waiting room had higher chairs for patients that found it difficult to get out of a lower level chair due to frailty or mobility issues.

Outstanding



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Outstanding



Summary of findings

- QOF indicators for patients with asthma, Chronic Obstructive Pulmonary Disease (COPD, a lung condition), diabetes, heart failure and epilepsy achieved 100% in 2014-15, higher than CCG and national averages.
- Longer appointments and home visits were available when needed.
- Feedback from patients confirmed they felt that their long term condition care provided was of a high standard. This was supported by the high QOF performance.
- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Childhood immunisation rates for the vaccinations given were slightly lower than the CCG averages for 2014/2015. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 82% and the national average of 82%.
- The practice had a policy that any patient requesting a same day urgent appointment would be contacted by a GP to assess urgency and asked to attend the surgery after booked appointments if appropriate.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Children who were ill were treated as a priority.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice provided the fitting of contraceptive and fertility devices.

Outstanding



Summary of findings

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services for booking appointment and ordering medicines; as well as a full range of health promotion and screening that reflects the needs for this age group.
- Access to GPs and nurses via telephone consultation was available.
- The practice had their first appointment at 8am and their last appointment at 6pm on Mondays to Fridays. Appointments with a GP and nurse were also available on a Saturday morning.
- A self-check-in system reduced the need for patients to queue at reception when attending for their appointment.
- Although the dispensary was not open on Saturdays, people were able to collect prescriptions by arrangement and there was a process in place to make sure it was done safely in the absence of the dispensing team.

Outstanding



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. This information was flagged on the computer system.
- Alerts were set up to identify patients who required 'easy access' for example a vulnerable family.
- The practice provided an 'easy read' version of the practice leaflet with larger text and spacing for patients with poor sight.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Outstanding



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in and agreed with.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was higher than CCG and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Outstanding



Summary of findings

What people who use the service say

The

national GP patient survey results were published on January 2016. The results showed the practice was performing above local and national averages. 234 survey forms were distributed and 136 were returned. This represented 2% of the practice's patient list.

- 98% of patients found it easy to get through to this practice by phone compared to the CCG of 64% and the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and the national average of 76%.
- 99% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 98% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 42 comment cards which were all very positive about the standard of care received. Patient's comments reflected high levels of satisfaction with the practice across all areas measured.

During the inspection we spoke with six patients, two of whom were also members of the Patient Participation group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care. The patients we spoke with and the views expressed on the comment cards told us that patients felt they received excellent care from the GPs and the nurses and could always get an appointment when they needed one. The PPG members could not praise the practice more highly and particularly emphasised the open, collaborative way in which the practice worked with the PPG members. They told us they felt their involvement was valued and their efforts to support the practice were listened to and appreciated.

We spoke with three district nurses that were based in the practice. They told us the GPs were very supportive and actively communicated with them. Two care home managers described strong and effective relationships in place with the GPs who responded quickly and effectively to requests for visits from their residents.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure a regular stock check is made of the controlled drugs and that accurate records are maintained in the register.

Outstanding practice

- The practice had excellent facilities and was well equipped to treat patients and meet their needs. Due to the rural location the practice offered many in-house diagnostic facilities including phlebotomy, ultrasound, X-ray DEXA Scanning, near patient testing, D-Dimer, Troponin (this is a sensitive and specific indicator of damage to the heart muscle and

measured in the blood to differentiate between unstable angina and a heart attack) and many others. Patient feedback was very positive about having local facilities.

- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers. In-house digital X-ray and scanning

Summary of findings

equipment was linked with other organisations so images could be shared. This meant the consultant at the acute trust could view results and advise the GP of future treatment; this reduced outpatient appointments at the hospital.

The Freshford Practice

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 CQC pharmacist specialist.

Background to The Freshford Practice

The Freshford Practice is a dispensing practice providing medical services to about 7,000 patients living in a mainly rural area surrounded by the conurbations of Braintree, Great Dunmow and Haverhill. The Freshford Practice is based in the Freshwell Health Centre situated in the village of Finchingfield. The practice is supported by the community through the Community Resource Equipment And Medical Equipment Reserve Fund (CREAMER). The Creamer Fund is a medical charity, set up in Finchingfield in 1999 after a donation was made to the Freshwell Health Centre by a grateful relative of a former patient. The donation led to a committee to be set up to receive other bequests and to fund raise so that medical equipment not supplied by the NHS could be provided for the community.

The level of deprivation within the practice population is similar to the national average with income deprivation affecting children and older people marginally below the national average.

The practice team comprised of four GP partners, three GP associates; four are female GPs and three are male. Partners hold managerial and financial responsibility for

running the business. The GPs are supported by a practice manager, an assistant manager, business manager; four part time practice nurses, two health care assistants, a dispensary team, administration and office team.

Reception is staffed between 8am and 6.30pm Monday to Friday (except Bank Holidays) and between 9.30am and 11.30 am on a Saturday morning. The dispensary is open 8am to 6.30pm and is closed between 1pm and 2pm each day for lunch. The dispensary does not open on Saturday; however dispensed medicines can be collected on Saturday by prior arrangement. the first GP appointment is at 8am and the last appointment is at 6pm Monday to Friday and on Saturday the duty GP provides consultations for pre-booked appointments, and emergencies between 9.15am and 11.30am. When the practice is closed the local out of hours medical cover is provided by The Partnership of East London Cooperatives (PELC), the GP out-of-hours provider, which is based in Great Dunmow.

The practice has a Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts. The practice also offers enhanced services for example; timely diagnosis and support for people with dementia, memory assessments, dermatology clinic, influenza and pneumococcal immunisations as well as monitoring the health needs of vulnerable people with complex needs and learning disabilities

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

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

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

We requested information and documentation from the provider which was made available to us before the inspection. This included;

- Information available to us from other organisations e.g. NHS England, Mid Essex CCG.
- Information from CQC intelligent monitoring systems.
- Patient survey information.
- The practice's training records

At the announced inspection on 24 May 2016, we:

- Observed how the practice was run and looked at the facilities and the information available to patients.
- Spoke to staff and patients.
- Reviewed management records.
- Observed interactions between staff and patients.

Are services safe?

Our findings

Safe track record and learning

Openness and transparency about safety was encouraged throughout the practice. Safety was prioritised and the practice used a range of information to identify risks and improve patient safety.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (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).
- People affected by significant events received a timely and sincere apology and were told about actions taken to improve care.

The practice had a robust approach to information received from the Medicines and Healthcare Regulatory Agency (MHRA). A clear audit trail was maintained to demonstrate the effectiveness of the system in place. The practice provided evidence of how they had responded to alerts in checking patients' medicines and taking action to ensure they were safe. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Safety alerts were reviewed by the duty GP on the day the practice received them. It was their responsibility to identify if the alert was relevant or not relevant to the practice; if relevant the document was circulated to the necessary individuals. We saw evidence of two alerts that had been received in April. Staff identified as needing to be made aware of the alert had all signed the document to indicate they had read, understood and implemented any action required. All alerts were then filed in the administration office for future reference if required.

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 which reflected local pathways and relevant legislation. Policies were accessible to all staff and clearly outlined who to

contact for further guidance if staff had concerns about a patient's welfare. There was a lead member GP for child and adult safeguarding. Regular meetings were held with health visitors and school nurses to discuss children at risk. The GPs attended external safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. All clinical staff undertook three extra courses from the following four subjects; looked after children, mental capacity act, deprivation of liberty and domestic abuse.

- A notice on the large flat screen television in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones had been provided with training for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- We observed the practice to be clean and tidy and saw that systems were in place to ensure appropriate standards of cleanliness and hygiene were maintained. There were cleaning protocols and schedules in place. A practice nurse was the infection control lead and they liaised with local infection prevention leads to keep up to date with best practice. There was an infection control policy and protocol in place. Training had been provided for staff at a level relevant to their role. Regular infection control audits were undertaken and action plans were produced to ensure action was taken to address any identified areas for improvement.
- 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). Processes were in place for ensuring that, for high risk medicines, a GP carried out a review before authorising the next repeat prescription. The practice carried out regular medicines audits, with the support of the local medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer

Are services safe?

medicines in line with legislation. A Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. We saw that medicines incidents or 'near misses' were recorded for learning. Dispensary staff were involved in reviewing them regularly and we saw that they had made changes to improve the quality of the dispensing process. The dispensary manager showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We noted that these procedures had been signed by dispensary staff to show that they had read them, but that practice managers and doctors who occasionally worked in the dispensary had not signed them. These were signed prior to the end of the inspection.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). We saw records to show that staff had received training on recent changes to controlled drugs legislation. The controlled drugs were stored securely and the appropriate records were kept but the practice did not carry out regular checks on the stock levels as recommended by NICE guidance. We discussed this with the lead GP who confirmed that they would implement regular checks. There were arrangements in place for the disposal of controlled drugs.
- Recruitment checks were carried out and the four files we reviewed showed that 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.

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. There was a health and safety policy available with a poster in the reception office which identified local health and safety

representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice 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 name for a particular bacterium which can contaminate water systems in buildings).

- The practice told us that bank and agency staff were not used; staff provided cover for each other as they preferred to offer continuity of care for patients. There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We found that there were sufficient numbers of staff to maintain the smooth running of the practice and keep patients safe.

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.
- Due to the rural location of the practice (with support from the CREAMER fund) the practice had placed a defibrillator in 14 of the local villages within their catchment area. This benefited both patients at their own practice and at other practices in the local area.
- The practice also had an extensive emergency response bag that contained equipment and medicines for dealing with medical emergencies or exacerbation of a chronic disease, for example an asthma attack.
- All staff received annual basic life support training and there emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.

Are services safe?

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



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

There was a robust holistic approach to assessing, planning and delivering care and treatment to patients. Assessments and treatment of patients was in line with current evidence based guidance and standards, including the National Institute of Health and Care Excellence (NICE) current guidelines. For example, the latest NICE guidance for patient's treatment of type 2 diabetes was being followed in terms of consideration for treatment with medicines. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

All staff were engaged in the performance ethos of the practice and understood their roles and how they impacted on performance. Staff worked collaboratively to achieve goals and to provide coordinated care for patients with complex needs.

- We were shown by a nurse the person-centred, joint care planning template the practice used for annual health checks for people with a learning disability. There was evidence of individualised goals, patient engagement and referrals onto other services where required.
- Staff demonstrated that they had a thorough understanding of the physical and psychological needs assessment in patients with long-term conditions such as diabetes, asthma, chronic obstructive pulmonary disease (COPD). They had robust programmes of care, incorporated motivational educational sessions to empower patients to meet their goals.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 74% compared to a CCG average of 70% and a national average of 75%.
- Feedback from patients confirmed they felt that their long term condition care provided was of a high standard and this was supported by the high QOF performance. For example the percentage of patients with COPD who had a review, undertaken by a healthcare professional, including an assessment of

breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 92% compared to a CCG average of 87% and a national average of 88%.

- The practice had identified GP leads in specialist clinical areas such as, diabetes, heart disease, asthma and gynaecology; the practice nurses supported this work. One of the practice nurses had a special interest in diabetes and COPD and another practice nurse supported GPs minor surgery and gynaecology.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 84% compared to a CCG average of 81% and a national average of 84%.

The practice was signed up to the national avoiding unplanned admissions enhanced service and also a locally agreed enhanced service which focused specifically on the over 65s. The practice used computerised tools to identify patients who were at high risk of admission to hospital and automatically ensured housebound patients were on this register so that this specific group of vulnerable patients could have their needs met. Patients on this register had annual or six monthly reviews of their collaborative care plans, which we were shown, and the patient's named GP acted as a co-ordinator for their care. We saw that after these patients were discharged from hospital they were followed up by their GP to ensure that all their needs were continuing to be met.

Management, monitoring and improving outcomes for people

Outcomes for people who used services were consistently higher than expected when compared with other similar services. 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 were 99% of the total number of points available.

The practice was one of the top five performers in QOF within Mid Essex CCG, for patients with asthma, chronic obstructive pulmonary disease (COPD, a lung condition), diabetes, heart failure and epilepsy achieved 100% of the required indicators in 2014-15, higher than CCG and national averages with low exception reporting.



Are services effective?

(for example, treatment is effective)

- Performance for diabetes related indicators was higher than the CCG and national average. The percentage of patients with diabetes, on the register, in whom the last blood test showed continuous or improvement in control in the preceding 12 months was 82% compared to the CCG average of 71% and national average of 77%. The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding year was 99% compared to the CCG average of 93% and national average of 94%; with a lower than CCG or national average of exception reporting.
- Performance for mental health related indicators was better than the CCG and national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% compared to the CCG average of 83% and national average of 88%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding was 93% compared to the CCG average of 80% and national average of 89% both of this indicators had lower than CCG or national average of exception reporting.
- The practice supported their patients who were on a blood thinning medicines. This medicine requires close monitoring of the bloods ability to clot. The practice arranged for blood tests to be taken at the practice and the results were reviewed by GPs to ensure patients were within acceptable ranges and that their dosage was correct. This was introduced because of the rural location of the practice as it was identified that patients would have difficulty getting to the local hospital. Feedback to the practice from the comment cards and from their own feedback forum 'I want great care' (a web page where patients could comment about the practice), had been very positive.

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. The information staff collected was then collated by the practice manager and deputy practice manager to support the practice to carry out clinical audits.

We looked at a sample of two clinical audits completed in the last two years; these were completed audits where the

improvements made were implemented and monitored. The audits demonstrated that improved outcomes for patients had been achieved. For example an audit was carried out to identify patients receiving a class of medicines for high blood pressure and heart failure and to establish if those patients had had their renal function measured annually. A second audit showed an increase in the number of patients who had undergone renal function measuring.

Staff attended a range of formal, informal and multi-disciplinary meetings. The practice was closed for one half day per month to allow for 'practice learning time' which enabled staff to attend meetings and undertake training and professional development opportunities.

Effective staffing

The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff had access to and made use of e-learning training modules, in-house training and away day training.
- The staff training matrix showed that reception and administration staff had been provided with training in role specific tasks. In particular the practice had placed an emphasis on customer service. Staff training had been scheduled for all 'front of house' staff to undertake 'Making every contact count' training. This training was aimed to assist staff to be receptive to how patients present themselves and to promote advice and signposting for healthy lifestyle choices). Administration and office staff had developed their skills in order to perform various tasks within the practice so they were able to cover for sickness, annual leave or if the practice experienced a higher work load in a specific area.
- Practice nurses performed defined duties and were able to demonstrate that they were trained to fulfil these. Practice nurses had advanced specialist training in asthma, diabetes coronary heart disease, chronic



Are services effective?

(for example, treatment is effective)

obstructive pulmonary disease, tissue viability and Doppler ultrasound measurements. (A Doppler ultrasound is a non-invasive test that can be used to estimate the blood flow through blood vessels identifying any restriction).

- A weekly community cardiology clinic is offered within the practice by a local GP with Special Interest. Referrals were accepted from other local practices. Audit results identified a reduced rate of hospital referrals over the past two years.
- A GP had undergone extensive training in gynaecology and was part of the NICE guidance forum for this subject. They had weekly clinics which accepted gynaecology referrals from all local practices.
- Other GPs had extra training in long term disease management, minor surgery and dermatology.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

The systems to manage and share the information that was needed to deliver effective care were coordinated across services and supported integrated care for patients.

- Staff worked together and with other health care professionals to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. Staff and services were committed to working collaboratively.
- Patients who had complex needs were supported to receive coordinated care and there were innovative and efficient ways to deliver more joined-up care for patients. For example if a patient had two long term conditions a longer appointment would be arranged so both could be reviewed at one appointment.
- The practice held several multidisciplinary team meetings on a weekly rotational basis ensuring all aspects of patients care was reviewed. Professionals in attendance would include a GP, the practice manager,

the audit clerk (whose responsibility was to ensure correct coded information was documented in the patient's notes), community matron, a district nurse and a social worker. A plan of action was identified with professionals, actions and requirements were documented for each patient discussed and the outcomes reviewed at the next meeting.

- The practice held meetings with the health visitor and midwife to discuss any identified vulnerable patients including looked after children and/or at risk, also any pregnant patients who may have or develop complications.
- Accident and Emergency attendance figures for the previous 12 months were lower than CCG and national averages - 9 per 1000 patients compared to the CCG of 12 per 1000 national average of 15 per 1000. The practice provided an 'unplanned admissions' enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it.
When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- All the clinical staff we spoke with understood the key parts of relevant legislation and were able to describe



Are services effective?

(for example, treatment is effective)

how they implemented it. For some specific scenarios where capacity to make decisions was an issue for a patient, the practice had drawn up a policy to support staff.

- Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in and agreed with.
- Written consent was obtained for minor surgery procedures where the relevant risks, benefits and possible complications of the procedure were explained.

The practice used templates for documenting consent for specific interventions. For example, for childhood vaccinations verbal consent was documented in the child's electronic patient notes with a record of who gave consent and who was present at the appointment.

Supporting patients to live healthier lives

Staff were consistent in supporting patients to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health, and every contact with a patient was used to do so.

- We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic chlamydia screening to patients aged 18 to 25 years and smoking cessation advice to smokers.
- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care. They ensured they held regular meetings and included relevant health care providers.
- The practice provided a dietician once a month to assist with long-term condition clinics.

- The practice focused on helping patients understand their conditions, and signposted patients to relevant services such as Empower for patients newly diagnosed with diabetes, exercise on prescription, smoking cessation and healthy lifestyle clinics.
- A health visitor held two clinics a month for baby checks.
- Age concern attended the practice monthly to offer a toe nail cutting service.
- Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol reduction. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were slightly lower than the CCG averages for 2014/2015. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 93% compared to the CCG range 95% to 98%. Whereas five year olds vaccinations were comparable to CCG averages from 92% to 96%.

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

There was a strong, visible, person-centred culture within the practice. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with respect. Relationships between patients, those close to them and staff were strong, caring and supportive. Staff worked hard to recognise and respect the totality of people's needs. They always took patient's personal, cultural, social and religious needs into account.

The practice had a long standing staff team in relation to both clinical and non-clinical staff. This meant staff knew the patient group well and patients received a good level of consistency in the staff providing their care and treatment. During discussions with staff they consistently demonstrated a strong patient centred approach to their work.

The practice had measures in place to help patients feel comfortable and to maintain their privacy and dignity. These included:

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 42 patient Care Quality Commission comment cards we received were consistently positive about the service experienced. Patients commented that the Freshford Practice was an excellent practice; all staff were very caring at all times and looked after all of the patients; they found staff very helpful and that nothing was too much trouble; that every single member of the team were fantastic; staff always treated them with respect; that staff were always professional and reassuring; and that they could not ask for more. The patients we spoke with and the

views expressed on the comment cards told us that patients felt they received excellent care from the GPs and the nurses and could always get an appointment when they needed one.

Results from the national GP patient survey showed published in January 2016 showed patients felt they were treated with care and concern. The practice scored higher than average for patient satisfaction in relation to consultations with doctors when compared to the average Clinical Commissioning Group (CCG) and national scores. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group CCG average of 88% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

The practice scored high and above local and national averages for patient's feedback about the nursing staff. For example:

- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 95% of patients said the nurse was good at listening to them compared to the clinical commissioning group CCG average of 92% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and the national average of 97%.

Are services caring?

The practice scored higher than the local and national averages with regards to the helpfulness of reception staff and patients' overall experiences of the practice: For example:

- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.
- 99% described their overall experience of the practice as good compared to the CCG average of 84% and the national average of 85%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were higher than CCG and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to CCG average of 79% and the national average of 82%.

The same questions about nursing staff were higher than average. For example:

- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 90%.

Some of the comments we received were highly complementary about the practice in relation to the care and treatment provided, the respect shown by administration staff, GPs, nurse and dispensers and the consistency in which they were involved and informed about their care and treatment.

Patient and carer support to cope emotionally with care and treatment

A large amount of information leaflets was available on the notice boards. These provided information on how patients could access a number of support groups and organisations and included signposting patients to counselling services and advocacy services. Information about health conditions and signposting information was also available on the practice website. The local Alzheimer's society provided monthly memory clinics at the practice to provide support for patients and carers.

Systems were in place to notify the 'out of hours' service of patients giving cause for concern. The GPs provided patients who were receiving end of life care, their carers and district nurses with their direct contact numbers so that they could be contacted at any time if the patient required advice and support. We heard examples from patients about the impact of this and how the GPs had acted above and beyond their duties for the welfare of the patients in providing support at this difficult time. Patients receiving end of life care were signposted to support services. Carers were contacted following bereavement when appropriate and offered support.

The practice had a specific protocol in place for identifying and managing patients with caring responsibilities and had identified 143 patients of the practice list as carers which was 2% of the practice list. The practice's computer system alerted GPs if a patient was also a carer. Carers were offered longer appointments if required. They were also offered flu immunisations and health checks. There was a specific carers' information board in the waiting area and a link to carers' organisations on the practice's web site. Alerts were put on carers' patient records to ensure they were offered longer appointments.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were tailored to meet the needs of the patient and were delivered in a way to ensure flexibility, choice and continuity of care. The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

The practice was supported by a charity called Community Resource Equipment And Medical Equipment Reserve Fund (CREAMER). This charity raises money by fundraising and legacies from past patients. It was set up to preserve and protect the health of the public and in particular those members of the public who were patients of the Freshford medical practice by providing and assisting in the provision of facilities, support services and equipment not normally provided by the statutory authorities. With support of this fund the practice has been able to provide several services locally preventing patients having to attend acute hospital for some tests. Some services were offered to other local GP practices and all results could be shared electronically. These included;

- In-house digital X-ray and scanning equipment was linked with other acute trusts so images could be shared. This meant the consultant at the acute trust could view results and advise the GP of future treatment; this cut down on the number of times a patient had to attend the hospital.
- Dual energy X-ray absorptiometry (DEXA) scan one day a week. DEXA scans are used to diagnose or assess someone's risk of osteoporosis, a condition that weakens bones and makes them more likely to break. This service was offered to other surrounding GP practices and results could be shared electronically.
- An ultrasound service was available one day a week; again this service was extended to other local GP practices.
- A weekly community cardiology clinic was offered within the practice by a local GP with Special Interest. Referrals were accepted from other local practices; this included electrocardiogram (ECG). An ECG is a test which measures the electrical activity of the heart to show whether or not it is working normally.

- A GP with a Specialist Interest (GPwSI) accreditation in gynaecology provided a weekly gynaecology clinic extended to other GP practices. Weekly cryotherapy clinic. (Cryotherapy is the use of low temperatures in medical therapy to treat a variety of tissue damage).

All reception staff were well trained to advice, support and to assist patients to navigate services.

The practice was fully accessible to people who required disabled access and appropriate equipment was available to accommodate patients' needs for example, height adjustable examining couches and higher chairs in the waiting area. Staff had been provided with training to assist them in supporting patients who were deaf or hard of hearing and a hearing loop had been approved and was to be installed in the near future. The practice sent out easy read letters inviting people who had a learning disability into the practice for health checks.

Other services offered only for the patients registered at the practice included;

- Digital X-rays available one day a week, the service was linked to the acute trust so images could be shared with other healthcare professionals.
- A midwife visited weekly to provide pre and ante natal care.
- A health visitor visited twice a month to provide childhood health checks.
- A dietician attended monthly to provide dietary advice
- There was a monthly pain clinic which was led by a consultant from the acute trust.
- Phlebotomy services were available onsite for all patients.
- The practice recognised and registered carers. The healthcare assistant (HCA) undertook the health checks for this patient group.
- The practice had introduced a number of initiatives to improve the care of older people. They had identified an increasing number of older people and organised care to better meet their needs this included early memory loss documentation and avoiding unplanned admissions.
- Two charities attend monthly to offer In house clinics for hearing help and toe nail cutting.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice provided 'easy read' version of the practice leaflet with larger text and spacing for patients with poor sight.
- The practice liaised with hospice staff and offered a drop in clinic once a month for advice and carers support.
- 52 patients had been identified as needing support to manage their medicines so the practice provided medicines compliance aids (boxes organised into compartments by day and time), to simplify the taking of medicines.
- The waiting room had several different height chairs for patients who were frailty or with mobility issues.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children, patients who might deteriorate rapidly or those with urgent with health conditions. Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for the disabled, a hearing loop was to be installed in the near future and translation services were available.

One patient we spoke with relayed their experience of the care and treatment they received which highlighted the high level of response from the practice. They told us that after being given an urgent same day appointment, a GP had assessed their condition as requiring an immediate response. The patient was sent for a same day blood test, followed by an urgent scan the following day, reviewed by the GP in a timely fashion. This confirmed a diagnosis that revealed that the initial assessment had been correct and the patient received the most appropriate care and treatment that prevented the condition worsening.

Access to the service

The management of the appointment system provided clear evidence that that practice was responsive to patients' needs.

- Reception was staffed between 8am and 6.30pm from Monday to Friday (except Bank Holidays) and between

9.30am and 11.30am on a Saturday morning. The dispensary was open 8am to 6.30pm and closed between 1pm and 2pm each day and did not open on Saturday.

- Although the dispensary was not open on Saturdays, patients were able to collect prescriptions by arrangement and there was a process in place to ensure it was done safely in the absence of the dispensing team.
- Appointments commenced at 8.00am and last appointment was at 6.00pm on Monday to Friday and on Saturday the duty GP and Practice Nurse provide consultations for pre-booked appointments and emergencies between 9.30am and 11.30am. When the practice was closed the local out of hours medical cover was provided by PELC, the GP out-of-hours provider, based in Great Dunmow. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.
- Dispensary staff were available for a short time each week in two neighbouring villages to enable patients to collect prescribed medicines. Dispensers delivered completed prescriptions by arrangement to Wethersfield Post Office and Bardfield Co-op each week. Uncollected prescriptions were returned to the practice.

Results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment was above the CCG and national averages in the following areas:

- 91% of patients were satisfied with the practice's opening hours compared to CCG average of 71% and the national average of 75%.
- 98% of patients said they could get through easily to the practice by phone compared to CCG average of 64% and the national average of 73%.
- 94% of respondents described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 98% of respondents said the last appointment they got was convenient compared to the CCG average of 92% and national average of 92%.

Are services responsive to people's needs?

(for example, to feedback?)

Patients told us on the day of the inspection that they were able to get appointments when they needed them. All patients who expressed a preference said that they could see their preferred GP in a timely way. We saw that the next routine, pre-bookable appointment was available in two days' time and that there were same day appointments still available.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary.
- The urgency of the need for medical attention.
- The practice had a policy that any patient requiring a same day appointment would be contacted by a GP to assess the urgency and if appropriate asked to attend the surgery at the end of surgery hours.
- Alerts were set up to identify patients who required 'easy access' for example a vulnerable family.
- Access to GPs and nurses via telephone consultation was available.

Patients requiring a home visit were asked to call before the practice by 11.30am. The receptionist recorded the details of the health condition and it was then electronically reviewed by a GP who called the patient to discuss their concerns prior to a home visit. As the practice had a large catchment area due to the rural location, home visits had to be effectively managed as GPs may have a long drive between visits. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made; for example the patient may be told to attend A&E or call an ambulance. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

There was a process in place to actively review all complaints and they were managed and responded to in a timely way, and improvements were made as a result. The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients. For example, the patient participation group were asked to provide feedback regarding major building work that was going to cause some disruption to the practice and a reduction in car parking spaces. Suggestions that were implemented included publication of the works plan in two village publications and posting information on the practice website to identify to patients the days that parking might be affected or services unavailable.
- There was a suggestion box in the patient waiting area for patients to make suggestions.
- We saw that information was available to help patients understand the complaints system and there was a complaints pack for patients available in reception.

The practice had a system in place for handling complaints and concerns. The practice manager was the lead person for ensuring complaints were managed. We looked at complaints received in the last 12 months and found that these had been handled appropriately. Complaints had been logged, investigated and responded to in a timely manner and patients had been provided with a sensitive explanation and an apology or sympathetic response when this was appropriate. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. The practice also carried out a periodic review of the nature of complaints to ensure any themes had been identified and actions taken to address these and prevent a reoccurrence.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

The strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable. The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Their strategy included the wider community with a focus on person centred care.

- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had a very clear and comprehensive statement of purpose which was published on the practice website and on the practice computer and staff knew and understood the values.
- The practice worked closely with and considered the needs of the wider community providing services and support where they were able.
- The practice had used the opportunity to prepare for their inspection to reflect on what they did well, and areas where they could improve. This had resulted in the practice identifying four key areas for future development including improving cleaning schedules and recording activity.

Governance arrangements

Governance and performance management arrangements were proactively reviewed and reflected best practice. The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had identified leads for clinical and administrative areas in the practice. Staff spoken with confirmed they were aware of their role requirements and we were given a copy of the staff practice structure.
- Practice specific policies were implemented and were available to all staff.

- There was strong leadership for all clinical and non-clinical areas such as monitoring patient experience of the quality of care and treatment. Patients benefited from access to specialist care by GPs with hospital based experience and advanced qualifications.
- There were clear methods of communication that involved the staff team and other healthcare professionals to disseminate best practice guidelines and other information. Records showed that regular clinical and non-clinical meetings were carried out as part of the quality improvement process to improve the service and patient care. These included a number of documented clinical, multi-disciplinary and business meetings.
- The practice had demonstrated ongoing high achievement across a range of performance measures overseen by their local CCG, and had achieved top five overall ranking for QOF performance across all CCG practices for 2014/15. Referral rates to secondary care providers were also amongst the lowest within the CCG. For the past five years the practice has achieved above 99% on performance with a lower than average exception reporting.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

Leaders had an inspiring shared purpose, strove to deliver and motivate staff to succeed. On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The leaders were motivational and worked towards achieving their objectives by involving staff at all levels. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. Staff said they felt respected, valued and supported; newer staff commented that they felt the practice was particularly well-organised.

Are services well-led?

Outstanding



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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted the practice closed for four hours each month for protective training time and for meetings. An emergency number was available to contact the practice during the closure.
- Many of the staff including the GPs, practice nurses, senior management, the reception and administration team had worked together for several years and had been afforded opportunities to develop within their role. They told us they enjoyed their work, they worked as a team and they knew the needs of the patient population well.
- Staff told us they felt valued, well supported and well trained. There were high levels of constructive staff engagement. Staff were engaged and involved in discussions about service development in the practice, and were encouraged to identify opportunities to improve the service delivered by the practice.
- Staff were aware of which GPs had specific responsibility for different areas of work and therefore they knew who to approach for help and advice. Staff had been provided with an extensive range of quality training linked to their roles and responsibilities. They told us they were very well supported with their professional development.

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

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

- The practice monitored monthly feedback from the NHS Friends and Family Test (FFT). The returns indicated that 98% of patients who responded would be 'extremely likely' or 'likely' to recommend the surgery to others since the test was introduced in April 2015.
- The practice published a patient newsletter to help inform and engage patients.
- The practice had received 42 five star reviews for GPs on the 'I want great care' review website.

The practice had gathered feedback from patients through the patient reference group (PRG). There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. We spoke with three members of the patient participation group (PPG). The PPG members could not praise the practice more highly and particularly emphasised the open, collaborative way in which the practice worked with the PPG members. They told us they felt their involvement was valued and their efforts to support the practice were listened to and appreciated.

Continuous improvement

The leadership drove continuous improvement and staff were accountable for delivering change. Safe innovation was encouraged and celebrated. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.

- GPs and nurses worked with their diabetic patients ensuring they all had a personalised care plan and education to ensure they know how best to manage their condition.
- A weekly community cardiology clinic was offered within the practice by a local GP with Special Interest. Referrals were accepted from other local practices. One GP offered a community gynaecology clinic that neighbouring practices could access
- Due to the rural location the practice offered many in house diagnostic facilities including phlebotomy,

Are services well-led?

Outstanding



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

ultrasound, X-ray DEXA Scanning, near patient testing, D-Dimer, Troponin (this is a very sensitive and specific indicators of damage to the heart muscle they are measured in the blood to differentiate between unstable angina and a heart attack) and many others.

- The practice has a well-established equipment fund charity (CREAMER); recent purchases include 14 defibrillators located in local villages these were available for the public to access. Funds from the charity enabled Finchingfield village to open an outdoor gym that was free to use by all the villagers.