Rahman Practice

Quality Report

391 Long Road,
Canvey Island,
Essex,
SS8 0JH
Tel: 01268 680970
Website: www.canveyvillagesurgery.com/

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rahman Practice, Canvey Village Surgery on 15 September 2015.

Overall we found the practice to be good. Specifically, we found the practice was good for effective, caring, responsive and well-led services, and requires improvement for providing safe services. The concerns which led to these rating apply to everyone using the practice, including all the population groups.

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

- Documentation regarding complaints and safety incidents were recorded and discussed in practice meetings; however complaints, safety risks and incidents were not reviewed to check for trends or recurrent themes.
- Information was available in the waiting room and on the practice website about how to complain.
- Care was planned and assessments of the patients' needs followed best practice guidance.
- Staff had received training appropriate for their roles and any further training requirements were identified at their appraisals and planned.
- Patients said they were treated with care, dignity and respect and they were involved in the decisions about their care and treatment.
- Infection control cleaning procedures were completed to a satisfactory standard. Although the practice policy for infection control was out of date.
- The practice had up to date fire risk assessments and fire equipment.
- Patients said they could make an appointment with a named GP to allow for continuity of care. Urgent appointments were also available on the same day they were requested.
- The practice had adequate facilities and was equipped to treat patients, although they did not have oxygen available.
- The staff felt supported by the GPs and the practice management.
- The practice proactively sought feedback from patients, which it acted on.

Summary of findings

However there were areas where the provider must make improvements:

Importantly the provider must:

- Undertake recruitment checks prior to staff members starting their employment. For example; proof of identification, reference, qualifications, registration with the appropriate professional body and the appropriate checks through the 'Disclosure and Barring Service' (DBS) when needed.
- Provide access to emergency oxygen for patients.
- Review and bring up to date the practice policies and procedures to ensure they are aligned with current guidelines and legislation. This includes the policy, auditing and staff training arrangements as they relate to infection control.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

Staff understood and fulfilled their responsibilities to raise concerns, and to report safety incidents. Information about safety was recorded, and monitored, but was not being reviewed. Staff confirmed incidents and concerns were communicated to staff members during practice meetings but minutes were not kept to evidence this.

Staff had not received training for chaperoning or a disclosure and barring service check (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Patients and staff told us there were enough staff members at the practice to keep people safe. Medicine management checks were in place and medicine was available and safe for use. Safety risks assessments to patients and staff members were being monitored. Although we found assessments were not being reviewed to identify any trends or recurrent themes.

Infection control procedures were completed to a satisfactory standard however the policy did not meet current guidelines or legislation. We saw infection control monitoring, however, expected audit with evidence that actions had been carried out, was not undertaken. The infection control leads had not completed the necessary, staff training required for all practice staff members in infection control procedures. The practice had up to date fire risk assessments and fire equipment but did not carry out fire drills to ensure staff knew how to act and keep people safe in the event of a fire.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were average in comparison with other GPs in the local area. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing patient's capacity and promoting good health.

Staff had received training appropriate to their roles, and further training needs had been identified at appraisal and planned for.

Summary of findings

There was evidence of appraisals and personal development plans for staff. The practice worked with multidisciplinary teams to support frail elderly patients and those requiring palliative care. The practice recognised there were areas they could improve and were taking actions to address these. They regularly used audits to identify concerns and improve patient outcomes.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for most aspects of care both locally and nationally. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness, respect, and maintained their privacy and confidentiality. NHS choices website reviews, and the 'Friends and Family' test showed that patients were positive with regards to the caring aspect of the practice care.

Are services responsive to people's needs?

Good

The practice is rated as good for responsive services. Patients told us they could get an appointment with a named GP or a GP of choice, to enable continuity of care. Urgent appointments were also available on the same day they were requested. The practice had facilities and was equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. We were told learning from complaints was shared with staff during practice meetings.

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services when these were identified.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a business plan and staff knew their responsibilities in relation to this. The staff structure was understood by all staff members and they knew who to ask when they had questions regarding the delivery of service at the practice. Staff members told us they felt supported by the GPs and the practice manager.

The practice sought feedback from staff during appraisals and practice meetings, which it acted on. Staff members told us they felt

Summary of findings

valued and were encouraged to voice their opinion with regards to practice development and improvements to service delivery. Staff had received inductions, although these were not documented in their staff records, and regular appraisals and training.

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

Good

The practice is rated as good for providing effective, caring, responsive and well-led services and requires improvement for safe services. The concerns which led to these rating apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients were similar to expected nationally for conditions commonly found in older people. The practice offered caring, personalised care to meet the needs of the older people in the population and had a range of services. For example the practice identified patients aged 75 or over with a fragility fracture and treated them with an appropriate bone-sparing agent. The practice also developed care plans as part of the admission avoidance enhanced service for people who are at risk of unplanned hospital admissions.

The practice offered older people home visits, and urgent appointments to meet their needs. They also encouraged older people who live on their own to find friends with the local be-friending service.

People with long term conditions

Good

The practice is rated as good for providing effective, caring, responsive and well-led services and requires improvement for safe services. The concerns which led to these rating apply to everyone using the practice, including this population group.

Patients in need of chronic disease management and those at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. There were a number of specialist clinics for patients with long term conditions. All these patients had a named GP and a structured annual review to check health and medication needs. For patients with the most complex needs, the named GP worked in unison with the care co-ordination service combining multiple agencies to work collaboratively.

The group of patients considered most at risk had been given a by-pass mobile number. This gave them priority access to speak with a clinician.

Those patients on the palliative care register in need of care were discussed at the three monthly multidisciplinary team meetings.

Summary of findings

Families, children and young people

Good

The practice is rated as good for providing effective, caring, responsive and well-led services and requires improvement for safe services. The concerns which led to these rating apply to everyone using the practice, including this population group.

There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of A&E attendances.

Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours.

The practice told us they supported patients to utilise specialist family services if they had a financial or social problem and social services.

Working age people (including those recently retired and students)

Good

The practice is rated as good for providing effective, caring, responsive and well-led services and requires improvement for safe services. The concerns which led to these rating apply to everyone using the practice, including this population group.

The needs of this population had been identified and had amended the services offered. The practice was proactive in offering online appointments and prescriptions. They also provided patients with access to a full range of health promotion literature, screening service, and health checks that reflected the needs of this population group.

They had introduced a Skype appointment system enabling patients to make a Skype appointment during the day from work to discuss their condition with the doctor of their choice. We also saw the practice offered a computer software programme called Web GP on their website, this enabled patients to enter their symptoms. The programme asked patients relevant questions and then signposted them with the right service provision. The practice was sent information about the consultation the following day and the GPs responded within 24 hours.

Appointments were available each morning and evening at times that were flexible for chronic disease monitoring for this group within the clinics.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for providing effective, caring, responsive and well-led services and requires improvement for safe services. The concerns which led to these rating apply to everyone using the practice, including this population group.

Summary of findings

The practice had identified patients living in vulnerable circumstances including those in a care organisation or with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Vulnerable people had been signposted to assist them in identifying and accessing support groups and voluntary organisations. Those people living alone were supported to access a volunteer run be-friending service provided in the community to support them.

Staff had received training and knew how to recognise signs of abuse in vulnerable adults and children. They were aware of their responsibilities regarding information sharing and the documentation of safeguarding concerns. Staff knew who the safeguarding lead at the practice was and who to contact with any concerns.

GPs at the practice referred to the local exercise prescription programme. We were told many of the vulnerable patients with chronic illnesses were part of this scheme.

Where necessary frail patients were provided access to a social worker and a community matron to support their care and patient needs were discussed at monthly frailty meetings.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for providing effective, caring, responsive and well-led services and requires improvement for safe services. The concerns which led to these rating apply to everyone using the practice, including this population group.

Data available to us for 2013 to 2014 showed the practice carried out face to face reviews of all patients with dementia.

The practice sign-posted patients experiencing poor mental health to access various support groups and voluntary organisations for example a therapy service which was accessible within the practice fortnightly. Patients in this population group who had attended accident and emergency (A&E) where they may have been experiencing poor mental health were followed up.

Summary of findings

What people who use the service say

The National GP Patient Survey results published on 4 July 2015 showed the practice was performing above local and national averages. There were 101 responses from 306 surveys distributed giving a response rate of 33%.

- 82.8% of the respondents said they found it easy to get through to this surgery by phone compared with a CCG average of 70% and a national average of 74%.
- 97.1% of the respondents said they found the receptionists at this surgery helpful compared with a CCG average of 87.5% and a national average of 86.9%.
- 86% of the respondents with a preferred GP usually got to see or speak to that GP compared with a CCG average of 68.3% and a national average of 60.5%.
- 88.4% of the respondents said they were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86.8% and a national average of 85.4%.
- 94.7% of the respondents said the last appointment they got was convenient compared with a CCG average of 93.3% and a national average of 91.8%.
- 88.1% of the respondents described their experience of making an appointment as good compared with a CCG average of 73.6%and a national average of 73.8%.
- 87.1% of the respondents said they usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 74.3% and a national average of 65.2%.
- 85.6% of the respondents said they felt they didn't normally have to wait too long to be seen compared with a CCG average of 67% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were all positive about the care patients received. Comments ranged from compliments regarding the reception staff being extremely helpful, very caring and the practice being clean and tidy. We also spoke with five patients on the day and one independent healthcare professional that shared their views with regards to the quality of the service provided to patients. Their comments were in-line with the positive comments on the cards received.

Rahman 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 second inspector, a GP specialist adviser, and a practice manager specialist adviser.

Background to Rahman Practice

Rahman Practice provides GP services to approximately 4150 patients living on Canvey Island, Essex. The practice holds general medical services contract (GMS) with the addition of enhanced services for example; extended hours, learning disabilities and minor surgery. Treatment and consultation rooms are accessible to all. The practice has two GP partners, both male. There is one practice nurse and a healthcare assistant who also works as the practice manager. There is a team of seven non-clinical, administrative, secretarial and reception staff who share a range of roles. Patients have access to midwives, health visitors and district nurses services to support the delivery of care.

The practice is open between 9am to 6pm on Tuesday, Thursday, Friday and until 8.30pm on Monday and Wednesday. Appointments are available from 9am to 12.30pm every morning and from 2.30pm to 6pm Tuesday, Thursday, Friday and until 8.20pm on Monday and Wednesday. Outside of these hours, GP services may be accessed by phoning the NHS 111 service. The Out of Hour's (OOH) service delivery for this practice population is a GP led Out of Hours provided by the GP member practices in Castle Point and Rochford when the practice is closed.

Why we carried out this inspection

We carried out a comprehensive inspection of Rahman Practice Canvey Village Surgery under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The comprehensive planned inspection was to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

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

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

Detailed findings

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

Before visiting, we reviewed a range of information that we hold about Rahman Practice Canvey Village Surgery and asked other organisations to share what they knew. We carried out an announced visit on 15 September 2015. During our visit we spoke with a range of staff including GPs and nurses, the practice manager, and non-clinical reception and administrative staff. We also spoke with patients and their carers who used the service. We talked with carers and/or family members and reviewed the records and documents used to govern and treat patients at the practice. We reviewed 45 comment cards where patients and members of the public shared their views and experiences of the service.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

Staff understood and fulfilled their responsibilities to raise concerns, and to report safety incidents. Information about safety was recorded, monitored and considered appropriately. Any changes needed to procedures or policies were acted on, and recorded. However we found incidents were not reviewed to check for trends or recurrent themes.

People affected by significant events received a timely communication from the practice stating the actions that had been taken to resolve the issue and an apology if this was appropriate. Staff told us they would inform the practice manager of any incidents or complaints received by the practice

Safety was monitored by the practice manager using an internal risk assessment check process. Alerts from the medicines and healthcare products regulatory agency (MHRA) were received and acted upon.

Overview of safety systems and processes

The practice had systems, processes and procedures to keep people safe, which included:

- Staff demonstrated they understood their responsibilities and had received training for their role. The safeguarding policy did not reflect relevant local requirements and legislation; it was also out of date and had not been reviewed. However there was a GP lead for safeguarding who attended safeguarding meetings when possible.
- A notice was displayed in the waiting room, advising patients that chaperones were available if required. Staff who acted as chaperones had not been trained for the role or received a disclosure and barring check (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We asked if the practice had carried out a risk assessment stating why staff did not need this and were told they had not.
- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a current health and safety (H&S) policy poster displayed. The practice had an up to date fire risk assessment and fire equipment. We did note the practice had not carried out fire drills to ensure staff knew how to act and keep people safe in the event of a fire.
- We were shown evidence that all electrical equipment was checked to it was safe to use and clinical equipment was checked; to ensure it was working properly. The practice also had other risk assessments in place to monitor the safety of the premises and control of substances hazardous to health. The infection control policy had not been reviewed and did not meet current standards for guidelines or legislation.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. The GP and practice manager were jointly the infection control clinical lead although responsibilities for infection control implementation at the practice was not confirmed in a practice policy. The GP had received infection control training. We saw infection control monitoring, however, expected audit with evidence that actions had been carried out, was not undertaken. The infection control leads had not completed the necessary, staff training required for all practice staff members in infection control procedures.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks undertaken prior to employment could not be evidenced in the four staff files we reviewed. For example, proof of identification, references, qualifications and DBS checks.
- Arrangements were in place to monitor the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff members were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. There was a first aid kit and accident book available; although the practice did not

Requires improvement

Are services safe?

have oxygen on the day of inspection, they assured us with evidence of a receipt this had been purchased. Emergency medicines were easily accessible to staff in a secure area of the practice and they knew the location. All the medicines we checked were in date and fit for use.

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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The clinical staff had access to guidelines from NICE on their computer desktops and used this information to develop how care and treatment was delivered to meet patient needs. The practice monitored these guidelines through audits and random checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed:

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90.82% and the national average was 88.35%
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months is 150/90mmHg or less was 83.42% and the national average was 83.11%
- 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 100% and the national average was 86.04%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100% and the national average was 83.82%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff members were involved in improving care and treatment and people's outcomes. We were shown two clinical audits completed in the last two years, these were completed audits that showed improvements to treatment had been made, were implemented, and monitored. One audit undertaken was to reduce the antibiotic prescribing which showed a reduction when the second cycle was completed. The second audit we were shown examined the risk factors for diabetic patients with improved monitoring to ensure intervention was provided quickly. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

Effective staffing

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

The practice had an induction process for newly appointed members of staff.

The learning needs of staff were identified through the appraisal system, and regular meetings. Staff had access to training to meet these learning needs and to cover the scope of their work. This included on-going support at meetings, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had been given an appraisal within the last 12 months.

Staff received training that included: safeguarding, fire procedures, basic life support and confidentiality awareness.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the computer patient record system and their intranet system. This included care plans, medical records communications from other healthcare providers and test results. Information such as NHS patient information leaflets was also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, when they were referred, or after they were

Good

Are services effective?

(for example, treatment is effective)

discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who were in need of extra support were identified on the practice medical records system. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those at risk of hospital admission, and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to a variety of services that were relevant for their needs.

The percentage of women aged 25 to 64 years whose notes recorded that a cervical screening test had been performed in the preceding five years from QOF was 83.09 % compared to the national average of 81.88%. There was a procedure to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.9% to 100% and five year olds from 95.2%% to 100%.

Flu vaccination rates for people with diabetes, who had influenza immunisation, were 73.03%; this was below the national average of 93.46%. The GPs had identified this issue and were encouraging patients during their treatment assessments to take-up the offer of flu vaccination.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and appropriate follow-ups regarding the outcomes of health assessments and checks, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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. We saw that people were treated with dignity and respect. Curtains were provided in doctors' consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and the conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and they could usually offer them a private room to discuss their needs.

All of the 44 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with three members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. When asked if there was anything they would improve about the practice they could not think of anything. They told us that they never felt rushed by the doctors. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey published in July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and slightly under average for its satisfaction scores on consultations with nurses. For example:

- 92.6% said the GP was good at listening to them compared to the CCG average of 84.3% and national average of 86.8%.
- 94.6% said the GP gave them enough time compared to the CCG average of 84.3% and national average of 86.8%.
- 96.5% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95.3%
- 94.3% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80.5% and national average of 85.1%.
- 87.6% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90.4%.
- 97.1% patients said they found the receptionists at the practice helpful compared to the CCG average of 87.5% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff 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 were also positive and aligned with these views.

Results from the national GP patient survey, published in July 2015, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above local and national averages. For example:

- 94.9% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80.9% and national average of 86.3%.
- 94% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76.6% and national average of 81.5%
- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the foyer informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. There was access to an external counselling service based on-site. Notices in the reception area informed patients of this service and how to self-refer. The practice staff recorded if a patient was also a carer on the computer system. There was a practice register of all people who were carers and the practice was proactive in offering a befriending service to provide support to those carers identified. Patients identified as carers were also supported, by health checks and referrals for social services support.

Staff told us that if families had suffered bereavement, their usual GP contacted them.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The GPs attended the local CCG meetings to commission and improve services for patients in the local area. Practice services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- Web based appointments to allow face to face consultations were available for patients unable to come to the surgery.
- The practice offered a 'Commuter's Clinic' on a Monday and Wednesday evening until 8.30pm for working patients who could not attend during normal opening hours.
- Home visits were available for older patients or those who would benefit from these.
- Urgent access appointments were available for children and those with serious medical need.
- There were accessible facilities and translation services available.
- The practice had plans to install an automatic door to improve access.

Access to the service

The practice was open between 9am to 6pm on Tuesday, Thursday, Friday and until 8.30pm on Monday and Wednesday. Appointments were available from 9am to 12.30pm every morning and from 2.30pm to 6pm Tuesday, Thursday, Friday and until 8.20pm on Monday and Wednesday. Outside of these hours, GP services are accessed by phoning the NHS 111 service. The Out of Hour's (OOH) service delivery for this practice population is a GP led OOH service provided by the GP member practices in Castle Point and Rochford when the practice was closed.

Results from the National GP Patient Survey July 2015 showed that patient's satisfaction with how they could access care and treatment was above average compared with local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 84.9% of respondents were satisfied with the practice's opening hours compared to the CCG average of 74.6% and national average of 75.7%.
- 82.8% of respondents said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 74.4%.
- 88.1% of respondents described their experience of making an appointment as good compared to the CCG average of 73.6% and national average of 73.8%.
- 87.1% of respondents said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 74.3% and national average of 65.2%.

Listening and learning from concerns and complaints

The practice had a 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.

We saw that information was available to help patients understand the complaints system. Posters showing the complaints policy were displayed in the reception area. There was a complaints and comments box situated on the reception desk by the reception staff. The practice website also explained the procedure and the practice policy for complaints. Patients we spoke with were not aware of the process to follow if they wished to make a complaint, however were happy that if they wished to make a complaint that they would be able to.

We looked at three complaints received in the last 12 months and found these had been dealt with in a timely manner in accordance with their policy. The practice manager told us when dealing with verbal complaints they did their best not to allow these to escalate to the formal written stage.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the appointment system was changed to enable more appointments to be booked on the day.

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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 provided us with their vision to deliver high quality care and to promote good patient outcomes. The practice had a statement of purpose and a supporting business continuity plan.

Governance arrangements

We found that practice policies, procedures, and staff guidance had not been reviewed or updated thus did not specify current guidance or legislation. Some policies did not recognise the practice name or the staff members that should be specified to hold lead roles.

- Staff members told us they felt supported by the GPs and the practice manager.
- The performance of the practice staff members was monitored and audited and we were shown the process used to do this.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements at the practice by the GPs.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice. They prioritised patient communication, and compassionate care. The partners were visible in the practice and staff told us that they were approachable and listened to members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held and there was an open culture within the practice. We were also told staff members had the opportunity to raise any issues at team meetings and were confident and encouraged to do this. Staff said they felt appreciated, valued and supported, particularly by the practice manager and GPs in the practice. We were told staff members had the opportunity to be involved in discussions about how to run and develop the practice, and the GPs encouraged members of staff to identify improvements to the service delivered by the practice.

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

The practice gained patients' feedback through their Patient Participation Group (PPG), Friends and Family test, the NHS Choices website, and the national GP patient survey. Feedback from each of these sources showed the practice scored above national averages in patient satisfaction.

The practice also gathered feedback from staff during staff meetings, appraisals and discussions. Staff told us they would give feedback and discuss any concerns or issues with colleagues and the practice manager. Staff told us they felt involved and participated in improvements regarding how the practice was run.

Innovation

The senior partner was aware of the challenges for the practice in the local area and had made Skype appointments available online to meet their patients' need. This was via a password protected online access system that patients had consented to and set-up for themselves.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation **12.(2)(b)** How the regulation was not being met: Oxygen was not available for patients to access during an emergency.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation **17.(2)(d)** How the regulation was not being met: Practice policies and procedures reviewed were out of date and not aligned with current guidelines and legislation.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Regulation **19.(2)** How the regulation was not being met: The required recruitment checks were not carried out on staff prior to employment.