

# The Tile House Partnership

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Tile House Partnership on 08 December 2015. Overall the practice is rated as good.

- Our key findings across all the areas we inspected were as follows:
- Staff were aware of the procedures in place to raise concerns and report safety incidents and significant events and were encouraged to do so. They were analysed and areas for improvement identified and cascaded to staff working at the practice.
- All staff had received safeguarding training and understood the various types of abuse that could take place. Safeguarding concerns were discussed at staff meetings and information was available to support staff.
- Medicines alerts were received and acted upon by the GPs at the practice and discussed at clinical meetings. Audits took place to identify all patients affected by the alerts.

- The practice had a recruitment process and followed it when employing new staff. All relevant documentation was obtained prior to confirming employment, interviews took place and a role specific induction was in place.
- Patients on high risk medicines were subject to regular review and monitoring. Repeat prescriptions were reviewed at appropriate intervals. Regular medicines audits were carried out.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Patient confidentiality was a practice priority.
- Staff were aware of relevant legislation in relation to consent including the Mental Capacity Act 2005 and Gillick competency.
- Clinical performance was monitored regularly and performance against targets was high and had been consistently maintained over the last two years. All staff understood their roles and were involved in achieving healthcare objectives.

# Summary of findings

- Data available to us, feedback on CQC comment cards and information received from the patients we spoke with reflected that patients were satisfied with the services provided.
- The practice had a clear vision and had identified the objectives of the practice. This was being discussed with staff and they felt informed.
- There was visible leadership and staff felt included and valued. There was a no blame culture and an ethos of continuous improvement.

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



- There was an effective system in place for reporting and recording significant events. There was clinical oversight and analysis and staff were involved at team meeting to contribute ideas for improvement. A clear audit trail of action taken was in place.
- Practice staff had all received safeguarding training and effective systems and processes were in place to keep people safe. Safeguarding was discussed at team meetings.
- Health and safety and legionella risk assessments, required by legislation, had been completed and audits were regularly undertaken.
- Recruitment processes were effective including the obtaining of relevant documentation and the monitoring of registration with professional bodies. Staff had received disclosure and barring service (DBS) checks where relevant to their role. Only clinical staff acted as chaperones and they had received training and a DBS check.
- Prescriptions were reviewed in line with guidance. Prescription managers worked closely with the GPs. Patients on high risk medicines were effectively monitored.
- Medicines and vaccinations were stored appropriately and kept at recommended temperatures.
- The practice had a cleaning schedule in place and the quality of the cleaning was monitored. Infection control audits reflected that the systems were effective.
- Staff were trained to handle medical emergencies and had received fire training. Emergency medicines and equipment were readily available and staff were trained in their use.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality. Performance was regularly monitored and targets had been achieved consistently over the last two years.
- Staff assessed needs and delivered care in line with current evidence based guidance. The practice monitored the latest clinical guidance and cascaded it at staff meetings.
- Clinical audits demonstrated quality improvement and repeat audits reflected that these had been maintained.

# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice was pro-active in identifying training that improved the care and treatment received by patients.
- All staff received regular appraisal and supervision. Staff training needs were being met and staff skills met the needs of patients. Staff felt supported at the practice
- Staff worked with multidisciplinary teams to understand and provide the most appropriate care and treatment for their patients. Patients care and treatment was regularly reviewed.
- The practice worked effectively with other healthcare professionals to meet the needs of their patients.
- Staff understood the guidance in relation to the taking and recording of consent from their patients including the Mental Capacity Act 2005.
- Data reflected that child immunisation and flu vaccination rates were in line with or above local and national averages.
- There was an effective recall process for patients eligible for cervical screening.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey of July 2015 showed that patients were satisfied with the services provided by the GPs and nurses at the practice.
- Patients spoken with and CQC comment cards viewed reflected that patients 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. A large print version of the practice information leaflet was available for patients. We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Staff were pro-active in providing a caring service for patients and had received training in their customer services role.
- Support was provided to the carers of patients including being signposted to external organisations that could provide additional services. A carers champion had been appointed at the practice.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



# Summary of findings

- The practice was aware of their patient population and tailored the services according to their needs. The healthcare needs of patients were being met.
- Urgent appointments were available the same day. A duty GP system was in place so that patients could speak with a GP if required. This could result in an appointment being made available for them if necessary.
- Reception staff were pro-active in offering 'same day' consultations wherever possible.
- All patients had a named GP and could request an appointment with them if available.
- Data from the national GP survey reflected that patients were satisfied with the appointment system.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and their ideas for improvement sought.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and how their roles linked to achieving it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity that were regularly reviewed.
- The practice held clinical and full staff meetings. All staff were kept informed of safety issues, complaints and performance issues. There were minutes recorded of all meetings, made available to staff if they could not attend. An audit trail for action taken in relation to improvements was in place.
- The practice monitored their performance against healthcare objectives and all staff were involved in achieving them. The practice achieved high levels of performance across all their objectives.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place to identify and record notifiable safety incidents.

**Good**



# Summary of findings

- The practice proactively sought feedback from patients and staff. There was an established patient reference group that met regularly with the practice and they were involved in providing ideas and suggestions for improvement.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice identified patients with multiple illnesses and conditions and co-ordinated their care to reduce the number of times they had to attend the practice.
- Older patients were monitored to reduce the risk of an unplanned hospital admission. The practice liaised with healthcare partners and planned patient's care. Patients discharged from hospital were reviewed so they could receive appropriate care in their own homes.
- Patients with complex needs could book double appointments. A system was in place to identify them and offer this service. Same day appointments, home visits and telephone consultations were also available.
- All patients over 75 had a named GP for continuity of care.
- The practice had made reasonable adjustments for patients that were disabled or with limited mobility.
- A safeguarding lead had been appointed and all staff had received safeguarding training.
- Prescription managers conducted regular reviews and monitoring of patient prescriptions.

### People with long term conditions

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

Good



- A register was in place for patients with palliative care needs. Support was provided from a variety of healthcare professionals. Multidisciplinary meetings took place monthly to discuss and plan the individual care and treatment needs of patients.
- A 24 hour system was in place to provide urgent care for patients in the last few weeks of their lives. This included a locality care plan for terminally ill patients to formalise their care and treatment needs.
- Nursing staff had lead roles in chronic disease management. Patients were monitored and received annual reviews of their health. Follow-up appointments with GPs took place to review their care needs.



# Summary of findings

- Care plans were in place for patients with hypertension, diabetes and chronic obstructive pulmonary disorder. Their conditions were being monitored effectively.
- Patients with a long term condition had a named GP. Their health and medicines were regularly monitored.
- Home visits took place for patients unable to attend the surgery.
- Systems were in place to refer patients to community nurses specialising in diabetes, heart failure and chronic obstructive pulmonary disorder.

## Families, children and young people

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

- All staff had received appropriate training in safeguarding children and young persons. A lead for safeguarding had been identified. Liaison took place with health visitors to discuss children at risk. The lead GP attended local authority safeguarding meetings.
- The practice was pro-active in identifying children who might be at risk, such as non-attendance for childhood immunisations or hospital appointments, or when attending A&E.
- The practice provided cervical screening services for their patients, including Saturday appointments. An effective recall and reminder system was in place.
- Ante-natal checks, pre-conception advice and post-natal checks were available through GP appointments.
- A dedicated GP specialised in child health and carried out developmental health and 6 to 8 week baby checks.
- Sexual health and contraception advice were available with GPs and nurses. Saturday morning appointments were available in addition to weekdays for this service.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Patients under the age of 16 could obtain appointments with GPs and nurses without a parent/guardian being present. Their capacity to understand care and treatment was assessed by clinical staff prior to receiving it.
- Children were treated as a priority and a duty GP system was in place for urgent advice. Emergency medical equipment was readily available that was suitable for use on children.
- Literature was available for young persons to help them understand their patient rights and that their confidentiality would be maintained.

Good



# Summary of findings

- Child immunisations were monitored and recorded to ensure patients were up to date with their vaccinations.

## **Working age people (including those recently retired and students)**

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

- 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.
- Appointments were available until 6.30pm each weekday and the surgery opened Saturday mornings for pre-booked non-emergency appointments.
- Patients could book appointments on-line and receive telephone and email consultations.
- Patients could order their repeat prescriptions on-line and have them sent to a pharmacy of their choice without the need to attend one locally.
- Students returning from university could register as temporary patients during term holidays.
- The practice offered a range of health promotion and screening that reflected the needs for this age group. Health checks were available for those patients over the age of 40.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Annual health reviews were carried out including home visits if required.
- Longer appointments were made available for this purpose and at times when it was less stressful for the patients concerned.
- An effective system was in place to follow-up patients who failed to attend for their annual review to ensure they were well.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of safeguarding procedures. A lead for safeguarding had been identified.
- The practice advised vulnerable patients about how to access various support groups and voluntary organisations.

**Good**



# Summary of findings

- Carers or relatives were identified and consulted about the care and treatment needs of patients after consent was obtained. Staff were aware of the Mental Capacity Act 2005 guidance in relation to the capacity to make decisions.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Homeless patients and those from the travelling community were able to register at the practice.

## People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. This included young children.
- A register was in place and health reviews were carried out annually. An effective monitoring system was in place to ensure patients received them.
- Patients suffering with depression received a follow-up assessment within two weeks of the first diagnosis.
- Psychological support was available for new mothers including access to midwives and health visitors.
- Staff had received training to support people with mental health needs and dementia.
- Longer appointments were made available for patients with mental health issues so time could be given to their health care needs.
- There was ready access to a mental health and dementia crisis team for those patients in distress.
- Patients discharged from hospital had their medicines reviewed and liaison made with their pharmacist.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 135 responses and a response rate of 50.4%.

- 57% found it easy to get through to this surgery by phone compared with a Clinical Commissioning Group average of 72% and a national average of 73%.
- 91% found the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 69% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 61% and a national average of 60%.
- 93% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 89% said the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 73% described their experience of making an appointment as good compared with a CCG average of 72% and a national average of 73%.

- 83% said they usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.
- 73% felt they didn't normally have to wait too long to be seen compared with a CCG average of 58% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 completed cards and the comments made were overwhelmingly positive about the services provided and the way they were treated by all staff at the practice. There were a few minor comments about the availability of appointments at a time that suited patients.

Representatives of the patient reference group told us that they met regularly with the practice and were involved in designing the patient survey questionnaire and offering ideas for improvement. They told us that there was a constructive, positive relationship with the practice.

The six patients spoken with on the day of the inspection commented positively about the services the practice provided and the professionalism of the staff.

## Areas for improvement

# The Tile House Partnership

## 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 advisor and a nurse specialist advisor.

## Background to The Tile House Partnership

The Tile House Partnership is located in Brentwood, Essex. The practice has a general medical services (GMS) contract with the NHS. There are approximately 13578 patients registered at the practice.

The practice is registered with the Care Quality Commission as a partnership and there are six GP partners. There is one salaried GP. There is a mixture of male and female GPs. The GPs are supported by six nurses and a health care assistant that work a variety of full and part-time hours. The practice is a training practice.

There is a practice manager, an assistant and deputy practice manager, a reception manager, two prescription managers, nine receptionists and a number of clerical and administration members of staff.

The practice is open from Monday to Friday between the hours of 8am and 6.30pm and remains open at lunchtime throughout the week for the collection of prescriptions and for making appointments. When the practice is closed primary medical services can be obtained from the out of hour's provider, Integrated Care 24. Patients can also contact the non-emergency 111 service to obtain medical advice if necessary.

The GP surgeries are available on Monday to Friday mornings between 8.30am and 12.30pm and each afternoon between 2.30pm and 6.30pm. Surgeries also run on Saturday mornings for pre-booked appointments only, between 9am and 11.30am. A GP and two nurses are available for consultations and patients can collect referral letters and prescriptions.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

## How we carried out this inspection

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?

## Detailed findings

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

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

Before inspecting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 08 December 2015. During our inspection we spoke with three GPs, three nurses, the practice manager, a prescription manager, the reception manager, deputy reception manager and one receptionist.

We also spoke with three representatives of the Patient Reference Group and six patients who used the service. We observed how patients were treated when they attended the practice and reviewed a range of documents and policies. We looked at 33 comment cards where patients shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff were aware of the procedure to follow and were encouraged to report incidents. An analysis and investigation followed and this received clinical input from the GPs at the practice. Areas for improvement were identified and then implemented. We looked at four significant events from the last 12 months. We found that a record of the significant event was made, including the details of the analysis and investigation and an audit trail was present to reflect the action taken to prevent a reoccurrence. Where relevant, patients affected by safety incidents received an explanation and apology. This demonstrated a duty of candour by the practice. The conclusions included changes in procedures where relevant.
- We found that a range of meetings were taking place at the practice to keep staff informed and to discuss safety issues, significant events and complaints. Staff spoken with told us that they were kept informed about issues affecting the practice.
- The practice had a system in place to manage patient safety and medicine alerts. The alerts were received by the practice manager and cascaded to the GPs and nurses for action and then discussed at clinical meetings. Patients affected by the alerts had received a review of their care and treatment, including the medicines they were prescribed.

### Overview of safety systems and processes

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

- All staff working at the practice had received safeguarding training and those spoken with understood the different types of abuse that could take place. Arrangements were in place to safeguard vulnerable adults and children from abuse that reflected relevant legislation. There was a lead GP responsible for safeguarding concerns and they had received the required level of training. Information was available to staff as to the process involved and who to contact externally for advice if there was a need. The

practice was pro-active in identifying safeguarding concerns and monitored A&E attendances and missed immunisation appointments for the children registered as patients at the practice. The safeguarding system in place was safe and effective.

- A notice was displayed in the waiting room, advising patients of the availability of chaperones. All staff who acted as chaperones had received training for the role and all those used had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff spoken with were aware of where to stand during a consultation and then made separate notes on the patient's record about the conduct of the consultation. GPs also made their own notes on the patient record.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. There was an infection control policy in place and staff had received role specific training. The practice had identified the types of cleaning required and frequency and checklists were in place to reflect that the cleaning had been undertaken. There were sufficient quantities of personal protective equipment for staff to use.
- An infection control audit had been undertaken independently and it reflected that the systems in place were effective. Where improvements had been identified these had been actioned in a timely manner, including the replacement/repair of torn couches.
- Two prescription managers were responsible for monitoring repeat prescriptions and patients taking high risk medicines to ensure that they remained safe for patients to use. This included regular blood tests. We found that the system was effective and audits were in place to ensure that there was a regular review process in place. The practice had implemented protocols for the prescription managers to follow and these were robustly monitored. There was effective liaison with local pharmacies to identify prescription errors. Where these were identified they were reviewed, learning identified and feedback made available through clinical meetings.

## Are services safe?

- Patients experiencing poor mental health were monitored regularly with blood tests to ensure their medicine remained safe to prescribe and effective.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. Fridge temperatures were being monitored and expiry dates of medicines and vaccinations were being recorded and checked.
- The practice had a recruitment policy that described the process to follow when employing new members of staff. The policy included the requirement for new employees to provide proof of identity, references, qualifications, registration with the appropriate professional body and appropriate checks through the Disclosure and Barring Service if applicable to their role. Staff were required to undertake an interview prior to being employed at the practice. We looked at two staff files and found that all relevant documentation was in place.
- Staff spoken with were aware of whistle blowing procedures and who they could contact outside of the practice if there was a need to do so.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had a health and safety policy in place and posters about health and safety were displayed in the practice. The practice had undertaken a health and safety and legionella risk assessment as required by legislation.
- 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 carried out a risk assessments in relation to the control of substances hazardous to health.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff spoken with told us that staffing levels were sufficient and met the needs of patients.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- All staff working at the practice had received training to handle medical emergencies including the use of the defibrillator and oxygen. Adult and child masks were available for use with the oxygen. All medicines were in date and checked regularly. Staff spoken were aware of the location of the medicines and equipment.
- The GPs carried emergency medicines when they provided services outside of the practice, such as a home visit to a patient. We checked the content of one of the bags used for this purpose and found that all items were in date.
- The practice had up to date fire risk assessments and there were fire extinguishers in place around the practice. Staff had received appropriate training and fire evacuation procedures and signage were in place. There had been regular fire drills taking place.
- 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.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

There was a system in place to keep up to date with current NICE guidance and the GPs and nurses had attended relevant courses to maintain their continuous professional development (CPD). This enabled them to maintain their skill levels. GPs and nurses attended local 'Time 2 Learn' sessions to discuss new clinical guidance.

Practice meetings took place every Monday alternating between clinical and non-clinical meetings and clinical meetings were also held every Friday. At these meetings new clinical guidance, medical journal articles and case studies were discussed. The practice also subscribed to an external organisation that provided the clinical staff with relevant updates that affected a GP practice.

### 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 and is voluntary). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice also monitored patient outcomes for health conditions that fell outside of the QOF.

Results for the year 2013 to 2014 were 95.55% of the total number of points available for QOF achievement. Results for the year 2014 to 2015 were 98.43% of the total number of points available. The data available to us up to the year end March 2015 reflected that the practice was comparable to other practices nationally.

However there was one area where there was a large variation. This was in relation to the prescribing of anti-inflammatory medicines. The practice was aware of this data and had conducted an audit to see where they might improve. This was then followed up with a second cycle audit and this reflected that improvements had been made.

Some examples of performance were as follows;

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 81% as compared with 82% nationally.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 74% compared with 88% nationally.
- The percentage of reviews of patients with dementia was 84% compared with 84% nationally.
- 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 82% as compared with 83% nationally.
- 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 95% as compared with 86% nationally.

We found that staff at the practice worked as a team to achieve their objectives. Reception staff spoken with told us they would be informed about performance objectives and called patients requiring blood tests and health reviews to organise appointments with the GPs or nurse when they were due. A member of staff had been identified as responsible for the accuracy of the coding on the practice computerised record system and this supported staff arranging appointments for patients to achieve the relevant care and treatment.

Registers were in place for patients with dementia, learning disabilities and for patients suffering poor mental health. The practice undertook health reviews on all of these patients.

The practice monitored their A&E admissions and discharge letters to identify patients that were frail or with palliative care needs. This enabled them to take steps to provide care and treatment to avoid an unplanned admission. Data available for the year 2014 to 2015 reflected that the practice was comparable to other practices nationally for A&E emergency admissions and for emergency cancer admissions.

# Are services effective?

## (for example, treatment is effective)

Clinical and non-clinical audits demonstrated quality improvement and these included repeat audits as part of a two cycle improvement process. Audits undertaken included;

- The accuracy of data input for letter summarising on patient records.
- Minor surgery quality for the rate of post-procedure infections.
- Joint injection quality and whether patients had experienced complications.
- Osteoporosis and bone scan treatments for patient outcomes.
- Warfarin patients and repeat prescription monitoring.
- Patients at risk of suffering a stroke and the quality of their care and treatment.

Each audit analysis and conclusion identified areas for improvement and follow-up audits reflected that these improvements had been achieved, thereby improving outcomes for patients.

### Effective staffing

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

- The practice had undertaken a training needs analysis for staff working there. Training was being regularly monitored and the training matrix we viewed reflected that the training met the needs of patients. The practice had identified the types of training that were mandatory. Training records for the last three years were examined and we found that it was being monitored effectively with staff being advised when training was due.
- Although we were told that locum GPs were not used at the practice, there was a locum induction pack in place should the need arise. This was a comprehensive document and covered relevant information to support a locum GP in understanding how the practice was managed. It included health and safety information, details of the appointment system, the referrals process, IT systems information and the location of emergency medicines and equipment in the event of an emergency. The responsibilities of the locum GP were clearly explained including the requirement to maintain confidentiality and to follow information governance procedures.

- GPs in training were provided with effective support and supervision. A system was in place to review the consultations they had carried out to ensure they were in line with NICE guidelines and to identify where they might improve.
- The practice had an induction policy and role specific programme for newly appointed members of staff that covered such topics as booking appointments, the system for repeat prescriptions, administration duties and advising patients of their test results. A written record of inductions undertaken was being stored in staff member's files.
- An effective appraisal system was in place and all staff received an appraisal annually. This was a two way process with staff discussing their achievements and training needs. Clinical staff were required to update the practice annually in relation to their continued membership of their professional organisation which demonstrated they were fit to practise. Staff spoken with told us that their training requests were met if relevant to the needs of patients. We found that staff training and development was supported and encouraged.
- Clinical staff were encouraged to undertake their continuous professional development to maintain their skills and qualifications. Course completion was being recorded for both GPs and nurses.
- The nurses working at the practice told us that they received support, advice and guidance from the GPs at the practice.

### Coordinating patient care and information sharing

The practice shared information in a timely way with other services such as specialists, hospitals and the out of hour's service. As the main hospitals were some distance from the practice they made good use of the resources available in the local area to refer patients to whenever they were able. These included the nearby Brentwood Community Hospital that provided such services as midwifery, phlebotomy, heart monitoring, physiotherapy and a minor injuries unit.

- The practice made use of the summary care record so that other healthcare professionals had relevant information about a patient when undertaking a consultation.
- Hospital discharge letters and test results were monitored by the GPs at the practice to ensure patients

# Are services effective?

## (for example, treatment is effective)

received the most appropriate follow-up care and treatment. If a GP was absent for any particular reason a deputy system was in place to review the letters and test results.

- The practice held multidisciplinary team meetings with other healthcare professionals to review the most appropriate care and treatment for their patients with palliative care needs. Patient records were updated accordingly.
- The practice liaised with the out of hour's service to inform them of patients that may require support due to deteriorating ill health. GPs reviewed the consultation records if a patient used the service and then updated patient records or provided follow-up treatment.

### Consent to care and treatment

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

- GPs and nurses 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 or practice nurse assessed the patient's capacity and followed guidance.
- Practice staff spoken with were aware of Gillick competency and how it related to children under the age of 16 attending for a consultation without a parent/guardian. We were told that the GP or nurses would then assess their capacity to understand the care and treatment options prior to the consultation.
- Staff providing test results identified the person they were speaking with prior to providing the result to ensure patient confidentiality was maintained or to check whether consent had been given to explain the results to a relative or carer.
- Consent forms were available for patients to complete where necessary.

### Health promotion and prevention

The practice provided health promotion and prevention advice for their patients.

- The practice had a comprehensive cervical screening programme and followed up patients that did not attend when their test was due. The practice's uptake for the cervical screening programme was 79% as compared with the national average of 82%.
- New patients to the practice were asked to clearly identify their smear test history to ensure that one was repeated if due. An effective system was in place to recall patients for repeat tests if necessary. Inadequate sample monitoring took place to ensure training needs were identified.
- We were advised by the practice that patients suffering from poor mental health were monitored and offered cervical smear tests. They told us that they had a 100% success rate for this year to date.
- Childhood immunisation rates for vaccinations given for all relevant age groups were comparable with the Clinical Commissioning Group average. Flu vaccination rates for the over 65s were 74%, and at risk groups 48%. These were both comparable to other practices nationally.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74 years. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- One member of staff had recently undertaken smoking cessation training and there were plans in place to provide this type of service to patients who wanted to give up smoking.
- A range of leaflets were available in reception for patients advising them of the benefits of maintaining their health and attending for regular tests, such as cervical smears and health checks.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and polite when communicating with their patients. The six patients spoken with told us they were treated with dignity and respect and their confidentiality maintained.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations and conversations taking place could not be overheard.
- Reception staff told us that a room was available away from the reception area if patients wished to discuss a private matter or were distressed.

Results from the national GP patient survey published in July 2015 showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The survey results were higher than the CCG and national averages in many of the areas surveyed. Some examples are as follows;

- 89% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 84% and national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and national average of 85%.
- 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 91% and national average of 90%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

The 33 CQC comment cards we received were positive about the caring attitude of staff working at the practice. Patients expressed they were satisfied with the care they received and that staff were friendly and helpful and treated them with dignity and respect.

### Care planning and involvement in decisions about care and treatment

Patients spoken with told us that they felt involved in the 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.

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 81%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

Patient feedback on the comment cards we received was also positive and aligned with this survey data.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Carers were encouraged to identify themselves to practice staff.

- Carers were identified and a register of carers was in place. Carers were signposted to external support agencies and offered offer health checks and flu vaccinations.

## Are services caring?

- Patients nearing the end of their lives received detailed care plans that included their preferred place of care. These were monitored regularly to ensure that the needs and wishes of patients were being met.
- The practice had identified a Carer's Champion to oversee and improve the practice response to their identified carers.

The practice provided support to patients that suffered bereavement. Staff at the practice were notified if bereavement occurred so that they could offer condolences and support to relatives that attended the practice. Appointments with GPs were available if required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice was pro-active in identifying patients that might be experiencing poor mental health. Where required, patients were assessed using mental health questionnaires and once diagnosed received a follow-up consultation within two weeks of the diagnosis. A practice depression protocol was in place. An effective system was in place to recall patients with chronic mental health conditions so that their physical and psychological health was being monitored.
- Psychological support was available for mothers displaying symptoms of post-natal depression. The practice liaised with a local Young Peoples Counselling service and referred distressed children for further support. Patients were also referred to 'Therapy for You' counselling if suffering from mild to moderate depression, sleep disorders, anxiety and panic attacks. Patients with more complex needs could also be referred to a mental health crisis team.
- Patients with drug and alcohol disorders were supported within the practice and referred on to the local drugs and alcohol advisory services for more specialist support and drug replacement therapy.
- Patients displaying signs of dementia were assessed at the practice or in their own homes. The views of carers/relatives were sought. Patients were referred to memory clinics and received an annual health review. The practice worked with other healthcare professionals, such as community therapists and social workers, to provided care and treatment at patient's homes and to avoid unplanned hospital admissions. If a patient was discharged from hospital, further follow-ups took place including monitoring medicines.
- Staff at the practice had received training in how to care for patients with cognitive disorders. We were told that the practice had undertaken reviews of 98% of their dementia patients since April 2015.
- All patients had a named GP who assumed responsibility for their healthcare. If a patient was seen by a different GP there as an effective communication system to notify the named GP of the consultation and diagnosis. A care co-ordinator had been identified at the practice for patients over the age of 75 and this was one of the GPs.
- The practice had looked to enhance the services for their patients and provided home visits for house-bound diabetic patients, care home visits to administer flu vaccinations and conducting ward rounds at care homes to assess the health of their patients. This included meeting with the families of patients to discuss any concerns they may have.
- The practice closely monitored patients suffering from urinary tract infections and osteoporosis to identify where they might improve their care and treatment. This was not the subject of the Quality and Outcomes Framework healthcare indicators but was considered to be an important health issues for some patients who required closer monitoring.
- Nursing staff provided a range of services for patients including cervical cytology, blood pressure testing, asthma and COPD, diabetes and well person health checks.
- Multidisciplinary meetings took place with other healthcare professionals to review the care and treatment needs of frail patients or those with palliative care needs. Patients referred for specialist cancer consultations were monitored closely to ensure they attended for their appointment and followed up to provide further support.
- Improvements to the building had been made to improve the experience of disabled patients, those with limited mobility or with impaired hearing. These included a lower reception desk, a wider reception area, an automatic door and a hearing loop in reception. One member of staff was able to support patients using sign language and house-bound patients with hearing difficulties could be referred to an external agency that could provide support.
- Information was available for patients experiencing domestic violence, and sexual abuse, including discussing issues with a GP or details of external organisations that could provide support.

### Access to the service

The practice was open from Monday to Friday between the hours of 8am and 6.30pm and remained open at lunchtime throughout the week for the collection of prescriptions and for making appointments. When the practice was closed



# Are services responsive to people's needs?

(for example, to feedback?)

primary medical services could be obtained from the out of hours provider, Integrated Care 24. Patients could also contact the non-emergency 111 service to obtain medical advice if necessary.

The GP surgeries were available on Monday to Friday mornings between 8.30am and 12.30pm and each afternoon between 2.30pm and 6.30pm. Surgeries also ran on Saturday mornings for pre-booked appointments only between 9am and 11.30am. A GP and two nurses were available for consultations and patients could also collect referral letters and prescriptions.

The practice had opted out of providing 'out of hours' services which was provided by Integrated Care 24. Patients could also contact the non-emergency 111 service to obtain medical advice if necessary.

The practice had responded to patient's feedback about the appointment system and had installed a new telephone system. This was being monitored to ascertain whether improvements had been achieved and maintained.

Pre-bookable appointments were available for each surgery and up to six months in advance. Other appointments could all be made on the day. Appointments could be booked by phone, in person or by online. Priority was given to children and vulnerable patients and emergencies were seen on the same day whenever possible.

The practice operated a duty doctor system in relation to urgent appointments. If a patient could not get an appointment after calling the surgery in the morning their details were passed to the duty doctor who would call them back the same day and carry out an assessment of their needs and to request them to attend the surgery if required. The practice had recognised that Mondays were particularly busy days so had made available additional appointments to deal with the demand for same day appointments.

There was also a system in place if a patient wished to speak with one of the GPs on a general matter. They were called back at the end of the surgery. A dedicated telephone line was also available for the care homes where some residents were patients at the practice.

Home visits were available for house bound patients or those who were too ill to attend the practice. This often involved a telephone consultation prior to the home visit. An effective system was in place to ensure patients received a phone call from a GP if requested by the patient.

Longer appointments were available for patients with complex needs or multiple issues to discuss with the GPs or nurse. Particularly vulnerable patients were offered longer appointments as a matter of course and these included patients with learning disabilities or suffering from poor mental health. Reception staff told us that the appointment system for both GPs and nurses was effective and there were few delays.

Results from the national GP patient survey published in July 2015 showed patient's satisfaction with how they could access care and treatment. For example:

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 57% of patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 73%.
- 73% of patients described their experience of making an appointment as good compared to the CCG average of 72% and national average of 73%.
- 83% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

Reception staff spoken with told us that the appointment system was effective and usually ran to time. The six patients spoken with on the day of our inspection made positive comments about the appointment system.

## Listening and learning from concerns and complaints

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.
- Information was displayed in the waiting room and reception area informing patients of the system for

# Are services responsive to people's needs?

(for example, to feedback?)

making a complaint. They could be made either verbally or in writing. Information was available so that patients were made aware of the organisations they could contact outside of the practice if they so wished.

- Reception staff spoken with told us were aware of the procedures to follow and how to support patients. Reception staff were encouraged to resolve the more minor complaints when able. All complaints were recorded to try and identify themes and trends.

We looked at five complaints that had been made and found that they had been managed effectively and had received a clinical input where relevant. The subsequent analysis identified where improvements could be made and these had been actioned. Patients were notified about the outcomes of their complaints and explanations provided where required.



# 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 had a statement of purpose that outlined their aims and objectives. This had also been displayed in the reception area for the information of patients. These included the following;

- To provide health care at a primary care level to our patients
- To provide a high quality service that provides patient choice
- To provide care in a safe and clean environment maintaining patient privacy and dignity at all times
- To involve patients in their health care and any decisions made about their care
- To train our staff and doctors to the required standard

Staff spoken with were aware of the objectives of the practice.

### Governance arrangements

The practice had a range of policies and procedures that had been reviewed regularly. These were readily available for staff to read and available on each computer at the practice.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Leads had been identified for key roles including safeguarding, infection control and information governance.
- There was a team approach to achieving performance indicators in relation to the Quality and Outcomes Framework and staff had been trained to make best use of the computerised patient record system.
- Standards were set and maintained with an emphasis on continuous improvement and the provision of high quality of care for patients.
- Practice staff were aware of the need to maintain patient confidentiality. The practice had implemented control measures to reduce the risk of data protection breaches. All staff had received information governance training.
- Clinical audits were taking place and repeated to assess whether improvements had been maintained. We found that audits were used to identify where improvements could be made.

### Leadership, openness and transparency

The practice had identified leads for both clinical and non-clinical areas. These included safeguarding, information governance, health and safety and infection prevention control. Staff were aware of who to contact if they needed to.

The meetings structure in place at the practice was used to discuss both clinical and non-clinical matters including safety incidents, performance, complaints, safeguarding and to provide staff with the opportunity of suggesting improvement ideas for the services they provided. Minutes of these meetings were being recorded and there were clear audit trails for the completion of actions for improvements. Where staff were absent for any particular reason, the minutes were readily available for them to read. Staff also used a daily diary to record practice issues for discussion at the team meetings.

Staff spoken with were all aware of the performance of the practice in relation to the Quality and Outcomes Framework and how their role impacted on performance. There was clear evidence of team working and communication to achieve their targets and objectives, which benefited the care given to their patients. The practice had achieved high levels of QOF results in the data we looked at for the last two years.

Staff spoken with told us there was visible leadership at the practice and this included the GPs and the practice manager. We were told that there was a no blame culture and that they were encouraged to raise issues. Staff felt confident that issues raised would be dealt with professionally and they were aware of who they could contact outside of the practice if necessary. We found that there was a culture of openness and honesty.

Overall we found that there was effective leadership in place. All staff spoken with were complimentary about the leadership in place and committed to maintaining standards and providing safe and effective care for their patients.

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

The practice sought feedback from patients by undertaking their own patient surveys, monitoring suggestions left by patients in a comments box in reception, by reviewing complaints, viewing the NHS Friends and Family survey

# Are services well-led?

Good 

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

results and monitoring comments made on the NHS Choices website. The staff we spoke with during the inspection were aware of the survey data and worked as a team to make improvements. We viewed a number of 'thankyou' cards on the day of the visit and they were all complimentary.

Staff spoken with told us that they were encouraged to suggest ideas for improvement. The practice had responded to their ideas and one such example was changing the way staff appraisals were being undertaken.

The GPs at the practice had undertaken surveys in relation to their own personal performance and patients had been consulted and had responded to the process. They were asked questions covering politeness, listening, assessment of their condition, explanations and decisions about treatments. The outcome of the survey reflected that patients rated the GPs as 'very good' across all areas measured with no adverse trends identified.

The practice manager had attended an external meeting where ideas were exchanged between different practices. The learning from this was brought to the practice meetings where ideas were discussed and implemented if they improved services at the practice. One such example was the use of screen filters on their practice computers. These enabled confidential information to be read only if looking at the screen from face-on. This helped reception staff to place their screens at an appropriate angle to prevent patients accidentally reading about another patient whilst standing at the reception desk. These screens were in use throughout the practice.

Other examples of improvements being implemented were the provision of headsets for receptionists to take phone calls away from the reception desk to improve confidentiality, a room made available for mothers and babies and a dividing screen in the reception area to help reduce the risk of private conversations being overheard.

The practice had an active Patient Reference Group (PRG). On the day of the inspection we met three members of that group. They said that the practice was positive about the PRG and that it had been explained that their ideas for improvement were welcomed. The PRG members were positive about the interaction they had with the practice but felt that the GPs might be seen to play a more active role by attending meetings more frequently.

The practice was implementing improvements that had been identified at a Patient Reference Group meeting in February 2015. They had identified three areas for improvement which were the installation of a new telephone system to improve patient contact with the practice, to secure funding to enlarge the car park and to develop improved care plans for patients. This was work in progress. Patients could provide feedback to the practice by joining a virtual group and submitting ideas online if they were unable to attend meetings.

We looked at the action plans for the years 2012, 2013 and 2014 and saw that a variety of improvements had been identified and they had all been actioned and completed. They included advertising the on-line appointment and telephone consultation service to patients and the implementation of text message appointment reminders. They had also identified where improvements could be achieved in relation to external healthcare partners and they met with stakeholders to try and co-ordinate their joint working arrangements.

Results from the NHS Friends and Family test revealed that patients were either likely or very likely to recommend the practice.

Staff spoken with told us that they felt part of a team and that the working environment was friendly and supportive.