

# Fronks Road Surgery

## Quality Report

Fronks Road Surgery  
77 Fronks Road,  
Harwich,  
CO12 3RS  
Tel: 01255 556868

Date of inspection visit: 03 November 2015  
Date of publication: 10/03/2016

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

### Detailed findings from this inspection

Our inspection team	11
Background to Fronks Road Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fronks Road Surgery on 03 November 2015.

Overall the practice is rated as inadequate. Specifically, we found the practice was good for caring services, and inadequate for safe, effective, responsive, and well-led services. The concerns which led to these ratings apply to everyone using the practice, including all the population groups.

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

- Staff knew the process for reporting incidents, near misses and concerns within the practice needed to be reported. The practice had carried out investigations when things went wrong, however lessons learned from investigations were not communicated to staff members so safety lessons were not learned or improvements made as a result.
- The majority of patients spoke positively about their interactions with staff members and all patients said they were treated with compassion, respect, and dignity.

- Urgent appointments were usually available on the day they were requested. However patients said that they sometimes they had to wait for a non-urgent appointment with a doctor of their choice.
- Patients told us they were able to get through to the practice on the phone to make an appointment easily.

The areas where the provider must make improvements are:

- Ensure practice specific policies, and processes are reviewed, brought up-to-date and meet current guidelines and legislation, to provide guidance and support to staff members.
- Take urgent action to review and update the infection prevention and control policy and procedures at the practice. Provide clinical leadership and oversight to practice staff members for Infection control training and support. Infection control audits need to be carried out regularly.
- Take action to review the clinical and environmental cleaning procedures at the practice.

# Summary of findings

- Ensure there are appropriate assessments and monitoring of environmental risks to patients, staff and visitors to the practice.
- Ensure there are appropriate systems in place to assess and monitor patient safety risks for the drug and patient safety alerts and communicate them to all staff members appropriately.
- Store medicines at the correct temperature, and monitor to ensure they are safe for use.
- Keep an accurate record of the controlled drugs at the practice dispensary, and check to monitor the stock levels regularly.
- Monitor and assess the quality of service, taking account of the views of the service users.
- Staff must receive regular appraisals and have access to support for any additional training that may be required. Clinical Staff employed and those staff members employed to dispense medicines must have the appropriate support, training, and clinical oversight. Clinical oversight of on-going supervision for staff member's with clinical roles to ensure their competency is maintained for the roles employed.
- Disclosure and Barring Service (DBS) checks must be undertaken for all staff providing chaperoning or complete a risk assessment explaining why a DBS check is not required.

The areas where the provider should make improvements are:

- Ensure recruitment documentation and staff records are organised and kept up to date.
- Review safety incidents and complaints to monitor for trends or themes.

- Reflect staff roles, and responsibilities within their job descriptions
- Act on feedback from the national GP patient survey to ensure areas of poor performance are addressed.
- Review the practice business continuity plan to ensure the information to support staff is current and can support them in the event of a power failure, information technology breakdown or building damage.

## Special measures

- I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

**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 inadequate for providing safe services and improvements must be made.

Patients were at risk of harm because systems and processes were not in place in a way to keep them safe. The practice lacked recent safeguarding training, infection control leadership, training, and audit. Practice policies, procedures and processes had not been reviewed and did not meet current guidelines or legislation. The practice could not evidence that medicine and patient safety alerts had been received and acted on, or communicated to staff members appropriately.

Medicines were not stored at the correct temperature, or monitored and checked to ensure their safety. Staff members employed to dispense medicines were not trained or given clinical support and oversight to ensure their competence and safety.

Staff did know how to report incidents, near misses and concerns, and the practice had carried out investigations when things went wrong. The outcome of investigations carried out was not communicated to staff members so safety lessons were not learned or improvements made as a result.

Safety incidents and complaints had been recorded and investigated however they had not been regularly reviewed to monitor for trends or themes.

Inadequate



### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Data showed patient monitoring was low in comparison with other GP practices in the local area.

The salaried GPs told us they evaluated care and treatment in accordance with evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

There was evidence of a completed clinical audit cycle with the information being used to improve patient outcomes.

Multidisciplinary working did not take place in a formal meeting format, and when conversations with other healthcare professionals took place they were not recorded.

Inadequate



# Summary of findings

There was incomplete staff appraisal documentation and some members of staff told us they had not received an appraisal for over two years. Job descriptions with staff roles and responsibilities had not been updated.

## Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the caring aspects of service provision as average in comparison with other practices in the local area. Patients said they were treated with compassion, dignity and respect when we spoke to them and on the comment cards left by the Care Quality Commission. Patients also told us during the inspection they were involved in decisions about their care and treatment.

Practice information for patients about the service was available easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. The more senior of the salaried GPs attended the commissioning meetings with the Clinical Commissioning Group (CCG) to represent the practice and ensure improvements to services in their local area were considered.

Patients we spoke with on the day of inspection told us they could see a named GP and there was continuity of care. Urgent appointments were available the same day they were requested.

The practice was equipped to treat patients and meet their needs although accessibility of the facilities had not been considered for all patient needs. For example there was no extended hour's access for working patients, and the practice had not been adjusted to ensure accessibility for all patients.

Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.

Inadequate



## Are services well-led?

The practice is rated as inadequate for being well-led. It had a statement of purpose; however it did not have a clear vision and strategy for the future. Staff members we spoke with were not clear about their responsibilities in relation to the future.

The staff told us they felt supported by the practice manager. The practice had a number of policies and procedures to govern activity, but these were over three years out of date and had not been reviewed to ensure they met current guidance and legislation.

Inadequate



## Summary of findings

The practice did not hold regular meetings although we were told issues were discussed at ad hoc informal meetings where notes or minutes were not taken. The GPs had sought feedback from patients as an element of their appraisals, although staff members were not asked for any feedback. The practice did not have a patient participation group (PPG) although we saw a notice to encourage patients to join none had expressed an interest.

Staff told us they had not received regular performance reviews or appraisals for over a year, and did not have clear objectives. They were also unsure whether their job description described the roles and responsibilities they carried out at the practice.

# 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 providing caring services, and inadequate for safe, effective, responsive, and well-led services. The concerns which led to these rating apply to everyone using the practice, including this population group.

Nationally reported data for 2013 -2014 showed that some outcomes for patients were either not collected or lower than other GP surgeries locally for conditions commonly found in older people.

Older people at the practice were provided home visits and urgent access to appointments was provided. Longer appointments could also be requested.

The practice did not hold a register of patients that were carers which meant people from this population group were not identified and supported as carers.

We saw evidence which showed that basic care and treatment requirements were carried out; however there were no specific efforts to improve the service for this population group. We found no evidence that care for older people was a priority. Services for older people were therefore reactive, and there was limited engagement with this patient group to improve the service provision.

Inadequate



### People with long term conditions

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

Nationally reported data showed that some outcomes for patients were much lower in comparison than other GP surgeries in the local area for people with long term conditions.

Longer appointments and home visits were available when requested for those with enhanced needs. All these patients had a named GP.

The practice could identify patients with long term conditions but could not evidence improved outcomes for this population group.

Inadequate



### Families, children and young people

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

Inadequate



# Summary of findings

Appointments were available outside of school hours. Patients told us that children and young people were treated in an age-appropriate way. Immunisation rates were above average with other GP practices locally for the standard childhood immunisations.

The practice told us they identified, and followed up patients in this group who were living in disadvantaged circumstances and who were at risk.

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

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

Appointments were not available outside the core practice opening times to accommodate this population group. The practice offered health promotion and screening that reflected the needs of this group and they could order repeat prescriptions by email however, appointments could not be booked on line.

We saw services had not been evaluated to assess the need for working age people (including those recently retired and students) and were limited to the appointments provided between 8am and 8.30am for this population group.

**Inadequate**



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

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

The practice maintained a register of patients living in vulnerable circumstances. Data showed the practice undertook annual health checks, for people with learning disability. Although we found no formal or regular communication route with community healthcare professionals or social services to work in a multidisciplinary way this population group.

**Inadequate**



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

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

**Inadequate**





# Summary of findings

There were leaflets for patients experiencing poor mental health available in the waiting room and during consultations, these showed patients how to access various support groups and voluntary organisations.

Data from 2013 - 2014 showed that none of the people experiencing poor mental health had received an annual physical health check. This compares to the national average of 86.04%.

The practice did not work with a multi-disciplinary team in the case management of people experiencing poor mental health. The practice could not demonstrate to us that they followed up patients from this population group who had attended accident and emergency (A&E) when they may have been experiencing poor mental health.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 04 July 2015 showed the practice was performing at expected levels in comparison to other practices locally and nationally in some areas of the survey. There were 261 survey forms distributed for Fronks Road Surgery and 120 forms were returned. This is a response rate of 46%.

- 87% of respondents found it easy to get through to this surgery by phone compared with a CCG average of 72.7% and a national average of 74.4%.
- 91.6% of respondents found the receptionists at this surgery helpful compared with a CCG average of 85.6% and a national average of 86.9%.
- 49.4% of respondents with a preferred GP usually got to see or speak to that GP compared with a CCG average of 61.7% and a national average of 60.5%.
- 86.6% of respondents were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85.6% and a national average of 85.4%.
- 93% of respondents said the last appointment they got was convenient compared with a CCG average of 92.6% and a national average of 91.8%.

- 70.9% of respondents described their experience of making an appointment as good compared with a CCG average of 72% and a national average of 73.8%.
- 38.2% of respondents usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 59.3% and a national average of 65.2%.
- 40.4% of respondents felt they didn't normally have to wait too long to be seen compared with a CCG average of 56.7% 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 35 comment cards. Thirty four comment cards were positive about the standard of care received, and one comment card focussed on the lack of extended hour's provision. The positive cards praised the service, the GPs, the nurses and in particular the reception staff. They were content with the services provided and commented positively on specific areas of their care. The six patients we spoke with during the inspection told us the service was good and the staff members, particularly the receptionists were very helpful. However they did say the wait for a routine appointment was longer than they would prefer.

# Fronks Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a nurse specialist advisor and a practice manager specialist advisor.

## Background to Fronks Road Surgery

Fronks Road Surgery is situated in Dovercourt, Harwich, Essex. The practice is one of 44 practices in the North East Essex Clinical Commissioning Group. The practice holds a Personal Medical Services contract with the NHS. There are approximately 4990 patients registered at the practice.

The practice is family owned and managed it employs two full-time salaried male GPs and they are supported by a part-time principal male GP that concentrates the majority of his time working on administration at the practice. The practice is unable to offer the choice of a female GP although they could offer a female nurse for intimate examinations. The GPs are supported by two nurses, a practice manager, a secretary, a medicine dispenser, a medicine dispenser/receptionist, and three administrative and reception members of staff. Support staff members at the practice work a range of different hours including full and part-time.

The practice opening hours are 8am to 6.30pm Monday to Friday. Consultations are held between 9am to 12noon and 2pm to 6.30pm daily. The practice is open all day and does not close for a lunch-time period.

The practice has opted out of providing 'out of hour's' services to their own patients which is now provided by Care UK, another healthcare provider. Patients can also contact the NHS 111 service to obtain medical advice if necessary.

The practice is registered to provide the following regulated activities: diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury. They hold directed enhanced services (DES's); a DES is a service which requires an enhanced level of service provision above what is required under their core contracts. They hold DES's for; the childhood vaccination and immunisation scheme, influenza and pneumococcal immunisations.

## Why we carried out this inspection

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

## 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 visiting, 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 03 November 2015. During our visit we spoke with a range of staff and spoke with patients who used the service. We observed how people were treated by the receptionists in the practice and on the phone, and reviewed the medical records of patients. We reviewed the Care Quality Commission comment cards where patients and members of the public shared their views and experiences of the service being provided.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system for reporting and recording significant events. The practice manager had carried out investigations when things went wrong, however there was no system for ensuring the outcome was communicated to all staff members in a formal way to ensure safety lessons were learned or the incidents were not repeated. Staff told us they would tell the practice manager of any incidents. The complaints received were dealt with satisfactorily by the practice manager although these were also not communicated to staff members to provide learning or improve the way services were delivered.

### Overview of safety systems and processes

The practice had some arrangements to keep people safe, although some needed development.

- Arrangements to safeguard adults and children from abuse were in place and a GP was identified as the practice the lead for safeguarding, however staff members lacked recent safeguarding training. Not all staff members knew who the safeguarding lead was however they told us if they had concerns about a patient's welfare they would speak to the practice manager.
- There was a message displayed in the waiting room explaining how patients could request a chaperone to accompany them during a consultation or examination. Staff members who acted as a chaperone had not been trained for the role nor had 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.
- There were no formal procedures in place to monitor and manage environmental risks to promote patient and staff safety.
- There was a current health and safety poster displayed in the practice office.
- The practice had not carried out fire risk assessments; the practice staff had not been trained or carried out a fire drill. The practice did test the fire bells and had fire fighting equipment that was checked and up to date.
- Electrical equipment had not been checked; however we were shown an appointment, to check electrical

safety, had been booked for the week after our inspection. We were shown the testing that had been performed on the clinical equipment earlier in the year to ensure it was working properly.

- The premises were visibly clean and relatively tidy although we noted the condition of the decoration was dependent on the age and style of the property. Patients commented positively about the practice building telling us they felt it was homely.
- The infection control policy was dated 2012 and did not reflect current guidelines. Appropriate infection control audits had not been undertaken as required within the practice policy.
- The arrangements for managing medicines, including emergency drugs and vaccinations, were in need of review. Staff members were not following the guidance within the policies and procedures; this included the controlled drug recording and the control of temperature at which medicines should be stored. Vaccinations kept in the fridge were not checked correctly to ensure they were stored at a safe temperature for use, and two of the fridges being used at the practice did not meet the specifications to keep medicines safe. Prescription pads were securely stored and recorded to monitor their use.
- Recruitment checks were carried out on staff employed at the practice.

### 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 could be used to alert staff should an emergency arise. Staff had received basic life support training and there were emergency medicines available in the nurse's treatment room. The practice had a defibrillator available on the premises which had been checked to ensure it was in working order although the defibrillator pads were out of date. The oxygen seen was in date and full, with suitable masks for adults and children. There was also a first aid kit and accident book available. All staff knew the location of the emergency medicines, which we checked and found were in date and suitable to use.

The practice had a business continuity plan to support staff regarding for major events such as power failure, information technology stoppage, or building damage. The plan had not recently been updated therefore the

## Are services safe?

information was not current. All staff asked knew what to do in the case of an information technology stoppage but said they would contact the practice manager for any other event.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice clinicians had access on their computer desktops to guidelines from National Institute for Health and Care Excellence (NICE) and used them to inform, and develop care and treatment. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. This enabled clinical staff to understand clinical risks and gave them a clear, accurate and current picture of patient safety.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). QOF is a system intended to improve the quality of general practice and reward good practice. The results for 2014/2015 showed that the practice had obtained only 46.3% of the total number of points available. This is 45.2% below the CCG average, and 47.2% below the England average which is extremely poor.

The practice had an exception reporting rate of 4.1%. This was 4% below the CCG average, 5.1% below the England average. Exception reporting is the process whereby practices can exclude certain patients from their reporting so that they are not penalised for patient characteristics that are beyond their reasonable control.

This practice was an outlier for all of the QOF (or other national) clinical targets. Performance for diabetes related indicators were all worse than the national average. Data from 2013/2014 showed;

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5mmol/l or less (01/04/2013 to 31/03/2014) was 66.13%, compared to the England average of 81.6%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months was 150/90mmHg or less (01/04/2013 to 31/03/2014) was

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2013 to 31/03/2014) was 0% (no patients)

This QOF data was questioned by inspectors during the inspection. The current results from the practice system for 2015/2016 did not show any improvement. The salaried GPs told us the practice manager had told them there were no problems with the QOF targets.

Clinical audits were undertaken and we were shown two that had been undertaken in the last two years, one of these was a completed audit. Patients on a specific medicine were called into the surgery to talk to them about the recently discovered risks regarding the medicine. Patients were given the choice to change their medicine and received tests to help them make the decision. The second cycle of audit showed patients treatment was not impacted because of the medicine change. The practice participated in applicable local audits, accreditation and re-validation.

There was a practice procedure in place that the GPs checked the laboratory results, screening test results and discharge letters from other health providers to ensure actions were noted and acted on before scanning and attaching to patient's records.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. This programme needed updating as it had not been reviewed.
- Staff members who dispensed medicine had not received any formal training or given formal clinical oversight to dispense medicines. They had not been provided the correct clinical supervision to check their competency or an appraisal to monitor their training needs for three years
- Non-clinical staff had not received an appraisal for two years. Staff told us if they asked for training to cover the

# Are services effective?

(for example, treatment is effective)

scope of their work that the practice manager would try to provide it. Clinical staff members were provided with clinical supervision, facilitation and support for their revalidation of GPs.

## 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 practice's patient record system. There was a system in place to ensure information regarding treatment outside the practice was scanned and attached to the patient medical records. This included care plans, discharge records and test results. Information such as NHS patient information leaflets were also available. A summary of patient's information was shared with other services appropriately, for example when people were referred to other services.

Staff worked with health and social care providers to understand people's requirements to plan ongoing care and treatment. This included people moving between services, when they were referred, or after they were discharged from hospital. The practice could not evidence their multi-disciplinary working because this was not recorded. The practice did not hold multidisciplinary meetings and made telephone calls or spoke to the community matron during visits they made to the practice. This was not a robust process.

## Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. The GPs involved understood the relevant consent and decision-making requirements of legislation and guidance. Where a patient's capacity or mental capacity to consent to care for treatment was unclear, they were referred to one of the GPs who made that assessment, where appropriate, and recorded the outcome of the assessment.

## Health promotion and prevention

Patients identified for health promotion and prevention was in an opportunistic way when visiting the practice. We were told patients were directed to the relevant services during consultations. For example, patients who were at risk of developing a long-term condition or those requiring advice on their diet, smoking, and alcohol cessation.

The practice had a screening programme. The practice's uptake for the cervical screening programme was 84.6%, which was 1.1% above the CCG average, 2.8% above the England national average. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

During the inspection we saw staff members were well-mannered and helpful to patients both over the telephone and at the reception desk when making appointments or answering enquiries. Curtains were available in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Consultation and treatment room doors remained closed during consultations and conversations could not be overheard outside these rooms. Reception staff knew when people wanted to discuss sensitive issues or appeared distressed and they explained to us they could offer either a private room or area in the practice to discuss their issues.

Of the 35 patient CQC comment cards we received, 34 were positive about the service experienced and Patients said the practice was excellent and the reception staff members were very helpful, caring, and always treated them confidentially with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with six patients during the inspection, they told us the care provided was excellent, and they also felt their dignity and privacy was respected. Patients told us they were given enough time during consultations, they were involved in their care and treatment choices and the overall opinion of the practice was good.

Results from the national GP patient survey published in July 2015 showed patients were happy with how they were treated with compassion, dignity and respect. However the practice satisfaction scores were lower in comparison with the CCG and England averages for its consultations with doctors, conversely they were higher for nurses and reception staff contact.

For example GP data scores

- 77.8% of respondents said the GP was good at listening to them compared to the CCG average of 88.7% and England average of 88.6%.
- 75.2% of respondents said the GP gave them enough time compared to the CCG average of 85.7% and England average of 86.8%.

- 91.7% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 94.5% and England average of 95.3%
- 71.7% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83.8% and England average of 85.1%.

For example nurse and receptionist data scores:

- 93.6% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90.8% and England average of 90.4%.
- 91.6% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 85.6% and England average of 86.9%.

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

Patients we spoke with said health issues were discussed with them and they felt included in the decision making concerning the care and treatment they received. We were also told they felt listened to and supported by practice staff members. Several patients told us they were always given enough time during consultations and did not feel rushed. Feedback we received on the comment cards was positive and aligned with these views.

Results from the July 2015 national GP patient survey we reviewed showed the patients response to questions about their involvement in planning and making decisions about their care and treatment and results were lower in comparison with the CCG and England averages. For example:

- 79.3% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.7% and England average of 86.3%.
- 62.6% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79.9% and England average of 81.5%.

The practice manager told us they would consider this data for future learning.

## Are services caring?

Staff told us they had not needed the translation services however they had a contact number if it was needed.

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

Leaflets and posters in the patient waiting room told patients how to access a number of support groups and

organisations. Written information was available for patients who were also carers to ensure they understood the various opportunities for support that was available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was often followed by a consultation or a home visit at a time to suit the family's needs.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice took the needs of different patients into account into to provide flexibility, choice and continuity of care. For example, we were told people with specific needs that could not be seen or treated either in the practice, or when there were other patients in the building, how service was provided for them. We were also told that staff knew how to manage and maintain the practice service for these patients.

- There were longer appointments available for people with complex needs or for example those with a learning disability.
- Home visits were available for older patients and those who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.

### Access to the service

Results from the national GP patient survey published in July 2015 showed that patient's satisfaction with how they could access to care and treatment was mixed in comparison with local and England averages although people we spoke to on the day told us they were able to get to see a GP when they needed. For example:

- 66.8% of patients responding were satisfied with the practice's opening hours compared to the CCG average of 73.1% and England average of 75.7%.
- 87% of patients responding said they could get through easily to the surgery by phone compared to the CCG average of 72.7% and England average of 74.4%.
- 70.9% of patients described their experience of making an appointment as good compared to the CCG average of 72% and England average of 73.8%.
- 38.2% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 59.3% and England average of 65.2%.

The practice had opted out of providing 'out of hours' services which was provided by Care UK, a specialist

healthcare provider that provides the 'out of hours' services for the local GP practices in North East Essex. Patients were also directed on the telephone when they called the practice outside their opening times that they could contact the NHS 111 service to obtain medical advice if necessary.

One of the comment cards, although positive about staff, did mention extended hours for workers would be helpful.

### Listening and learning from concerns and complaints

The practice had a complaints process and we saw complaints were dealt with in a timely fashion. The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England but had not been updated recently to provide local changes with regards to the new NHS England team. There was a designated responsible person to handle complaints at the practice. Complaint issues were not discussed in a formal way with the staff during practice meetings to ensure changes to procedures or processes were embedded and understood by all the staff members.

We saw there was a notice in the waiting room to inform and help patients understand how to complain. Some of the patients we spoke with had seen the notice if they wanted to make a complaint although they had not needed to. Those that did not know the process said they would ask at reception.

We looked at two complaint received in the last 12 months and found they had been handled in a timely and appropriate manner. Action was taken as a result of one complaint; to improve the time taken for referrals, and to perform an audit for other patients taking the same medicine to ensure they had been provided the information with regard to the change in requirements for prescribing this particular medicine.

Complaints were not reviewed on a regular basis or shared with staff members so that lessons could be learnt from concerns and complaints or themes and trends explored.

# Are services well-led?

Inadequate 

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

## Our findings

### Vision and strategy

The practice did not have a clear vision or plan for the future. The practice had a statement of purpose although the staff members we spoke to were unaware of this or their responsibilities in regard to it.

### Governance arrangements

The practice did not have a working governance framework to support the delivery of good quality care. This meant structures, procedures, and processes had not been reviewed or updated to ensure they meet recent guidelines of legislation:

- Job descriptions had not been updated to include all the responsibilities for each person's role.
- Practice policies were out of date and did not align with current guidelines or legislation. The practice had access within a purchased system template policies and protocols but not adapted them, or implemented them in practice, or updated them
- The practice could not evidence they had a comprehensive understanding of the practice performance. For example: they had not acted on their low QOF scores or the low satisfaction levels received on some aspects of the July 2015 Patient Survey.
- Although some clinical and internal audit had taken place this did not show it was being used specifically to monitor quality and to make improvements at the practice.
- There were no arrangements to identify, record, or manage risks, and issues or implement any mitigating

actions. For example: the carpets in the waiting room that were extremely worn and could cause a trip hazard, and the rug used in the nurses treatment room to cover a further flooring issue.

### Leadership, openness and transparency

The GPs were visible in the practice and staff told us that they were approachable and always took the time to listen to any member of staff.

The practice did not hold team meetings and communication was on an ad hoc one to one basis when they had availability. Staff told us they felt respected, valued and supported, particularly by the practice manager. Staff told us they were encouraged to identify opportunities to improve the service provided by the practice.

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

Staff told us they were comfortable to give feedback and discuss concerns or issues with colleagues or the practice manager. The practice manager told us they had been unsuccessful in their attempts to establish a patient participation group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

### Innovation

We were told they had not had the opportunity to focus on continuous learning and improvement due to staff absence. The practice manager told us that this would hopefully improve and give them the capacity to innovate for the future.

## Enforcement actions

### 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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 Safe Care &amp; Treatment</b></p> <p>We found people who used the service and others were not protected against the risk of unsafe care and treatment. For example, there were insufficient systems in place to ensure the safe and appropriate storage of medicines, at the correct temperature, or monitored correctly to ensure it was safe for use, this included the refrigerated medicine. Controlled drugs were not monitored or correctly recorded; there was a discrepancy between the recorded stock levels and the actual visually checked stock levels.</p> <p>This was in breach of regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17 Good Governance</b></p> <p>Data at the practice was not analysed or reviewed to monitor and assess the quality of service or the views of service users. Information received was not used at the practice to mitigate service user's health and safety. For example inadequate risk assessments and inadequate infection control monitoring. The practice could not show us that the Medicines and Healthcare products Regulatory Agency (MHRA) notices received at the practice were received by the appropriate staff members and acted on appropriately.</p> <p>This was in breach of regulation 17(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities)</p>

This section is primarily information for the provider

## Enforcement actions

### Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### Regulation 18 staffing

Staff employed to dispense medicines had not received the appropriate support, training, or clinical oversight or supervision. No evidence that appropriate clinical oversight or on-going periodic supervision of their dispensing roles to ensure their competence was maintained. Non-clinical staff had not received regular appraisals for two years.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities)