

Little Waltham & Great Notley Surgeries

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?

Requires improvement 

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 Little Waltham & Great Notley Surgeries, also known as Dr Bakewell & Partners on 19 April 2016. Overall the practice is rated as good.

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

- There was an open, transparent approach when things went wrong and staff were encouraged and supported through the recording and investigation of significant events.
- There was robust system of clinical audit, with four completed audits undertaken in the past two years. These identified improvements that had been made and changes were monitored.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients told us that they were able to get an appointment when they needed one and that their health needs were met.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a commitment to training, developing and retaining staff.
- There was a clear leadership structure and staff felt supported by management. The practice rewarded staff for good service.
- The practice had a governance framework in place, but this did not always support the delivery of good quality care.
- The provider did not have a clear oversight of all risks at the practice including emergency medicines, directions for vaccine administration and prescription stationery.

Action the provider MUST take to improve:

Summary of findings

- Improve the system for the monitoring of emergency medicines
- Ensure the security and adequate tracking of prescriptions throughout the practice.
- Ensure staff are working with the most up to date directions for vaccine administration and that they are authorised to do so.
- Ensure policies and procedures are all centrally available.
- Display information to advertise the availability of chaperones for patients.
- Take steps to identify and support carers.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Action the provider SHOULD take to improve:

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.

- There was an effective system in place for reporting and recording significant events. Staff were aware of how to raise these with relevant members of staff.
- Lessons learnt were shared when things went wrong. Action was taken to improve safety in the practice.
- When things went wrong patients received a timely response in accordance with the practice's policy.
- There was no evidence that regular checks of emergency medicines were in place. One of the two oxygen cylinders available had expired.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Good



Are services effective?

The practice is rated as good for providing effective services.

- The practice invited patients with multiple health issues to have their health checks completed at one appointment which aligned with their date of birth.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. There was evidence of appraisals for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for aspects of their care.
- The practice did not proactively identify carers to meet their health needs.
- Patients praised the GPs, nurses and reception staff at the surgery. They told us staff were helpful and friendly.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- Trained chaperones were available during intimate examinations although there were no posters advising of this in the waiting area.
- We saw staff treated patients with kindness and respect. There were arrangements in place to maintain patient and information confidentiality.
- Although some carers had been identified, there were no systems in place to ensure their health needs were met.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population. The practice offered a Saturday morning surgery and additional in house services where a need was identified.
- Patients told us that appointments were available, with urgent appointments available the same day.
- The practice made use of technology to make services more accessible and offered text message reminders to patients who gave their mobile phone numbers.
- There were systems in place to ensure patients could make appointments and request repeat medicines by telephone or online.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- Staff were clear about the vision of the practice and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- Not all opportunities were utilised to mitigate risks associated with the storage of medicines.
- Systems to monitor prescription stationery through the practice were not robust.

Requires improvement



Summary of findings

- The provider did not ensure that staff were working with the most up to date directions for vaccine administration and that they were authorised to do so.

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.

- Data available to us reflected that the practice was performing in line with local and national averages in relation to the care offered to older people.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The percentage of female patients aged 50-70 years who had been screened for breast cancer within the last six months of invitation was 78%. This was in line with the local average of 78%.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of patients aged 60-69 years who had been screened for bowel cancer in the last 2.5 years was 63%. This was in line with the local average of 62%.

Good



People with long term conditions

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

- The practice had identified patients who had a number of long-term conditions and arranged for their routine checks to be carried out during one appointment.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 98% of patients with diabetes had received a flu immunisation in the last year. This was better than the national average of 95%.
- Appointments with the diabetic specialist nurse were available at the practice.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations. For children under two, vaccination rates were between 93% and 99%, compared to the local average of 95% and 99%.
- There was joint working with midwives and health visitors through regular multi-disciplinary meetings. A midwife held weekly clinics at the practice and rooms were made available for professionals to hold meetings. This promoted the ongoing sharing of information.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances
- Children and young people were treated in an age-appropriate way and were recognised as individuals, and we found evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding five years was comparable to other practices.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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).

- Appointments were available on a Saturday morning so that working age people could access GP and nurse appointments outside of working hours.
- 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 could be made or cancelled in person, online or over the telephone and text reminders advised patients of their appointment time. Repeat medicines could be obtained online.

The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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.

Good



Summary of findings

- The practice had a system to support patients who misused medicines or alcohol.
- The practice held a register of patients living in vulnerable circumstances. It provided a 'care of' address for patients who were at risk of domestic violence.
- The practice offered longer appointments for patients with a learning disability.
- A hearing charity regularly attended the practice to support patients who were deaf.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice did not have systems in place to monitor the health needs of patients who were carers.

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 dementia).

- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a care plan documented in their record, in the last 12 months. This was in line with the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Improving Access to Psychological Therapies (IAPT) had regular access to rooms at the practice so that they could meet with patients who were experiencing poor mental health.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The most recent National GP Patient Survey results were published in January 2016. These related to information collated in January 2015 to March 2015 and July 2015 to September 2015. The results showed the practice was largely performing in line with local and national averages. 260 survey forms were distributed and 111 were returned. This represented a response rate of 43% and 0.6% of the total practice population.

- 74% found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 64% and a national average of 73%.
- 84% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 86% and a national average of 85%.
- 93% described the overall experience of their GP surgery as good compared to a CCG average of 84% and a national average of 85%.
- 91% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 76% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were positive about the standard of care received. In these, patients told us that staff were friendly and approachable. They

told us that tests and treatments were explained and that they were involved in their care and treatment. Although some patients told us that they sometimes had difficulty getting a routine appointment with a GP, they told us that they were always able to get an appointment in an emergency.

We spoke with three patients during the inspection. All patients said they were satisfied with the care they received and they told us that they thought staff were approachable, committed and caring.

We reviewed the result of the NHS Friends and Family test in the month prior to our inspection. There were six responses received. In these, four patients said they would be extremely likely to recommend the practice to their friends and family. One patient told us it was likely they would recommend the practice and one indicated they would be extremely unlikely to do so as they could not get an appointment in the evenings. In response to this, the practice was trialling a new telephone triage system with the GP on duty for that day. There was a poster displayed in the waiting area informing patients of this action.

We met with three members of the Practice Participation Group (PPG). They told us that the patients that they represented were happy with the services provided. They told us they felt very involved and valued by the practice and they gave examples of how they had, and continued to, influence change and improvement.

Areas for improvement

Action the service **MUST** take to improve

- Improve the system for the monitoring of emergency medicines
- Ensure the security and adequate tracking of prescriptions throughout the practice.
- Ensure staff are working with the most up to date directions for vaccine administration and that they are authorised to do so.

Action the service **SHOULD** take to improve

- Ensure policies and procedures are all centrally available.
- Display information to advertise the availability of chaperones for patients.
- Take steps to identify and support carers.

Little Waltham & Great Notley Surgeries

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser and a pharmacist specialist.

Background to Little Waltham & Great Notley Surgeries

Little Waltham & Great Notley Surgeries, also known as Dr Bakewell & Partners is situated in Little Waltham in Chelmsford, Essex. The practice boundary includes Little Waltham, Great Leighs, Pleshy and parts of High Easter and Felsted. The practice provides GP services to approximately 17,500 patients.

There is a branch surgery situated in Great Notley and patients can choose to attend either practice. This location was not inspected as part of this inspection.

The practice is a dispensing practice. There is a dispensary located at Little Waltham and also at the branch surgery at Great Notley. The pharmacist specialist inspected the dispensary at both locations.

Little Waltham & Great Notley Surgeries is one of 48 practices commissioned by the Mid-Essex Commissioning Group. The practice holds a Personal Medical Services contract (PMS) with the NHS, although this is in the process of being changed to a General Medical Services (GMS) contract. This contract outlines the core responsibilities of the practice in meeting the needs of its patients through the services it provides.

The practice population has a slightly higher number of children aged five to 18 years compared to the England average and fewer patients aged over 65 years. Economic deprivation levels affecting children and older people are significantly lower than average, as are unemployment levels. The life expectancy of both male and female patients is higher than the local average by one year. There are fewer patients on the practice's list that have long standing health conditions.

The practice is governed by a partnership that consists of three male GPs and three female GPs. The partnership is supported by five salaried GPs and one male and one female GP registrar. A registrar is a qualified doctor who is training to become a GP.

There are five nurses, one of whom is a prescribing nurse, and five health care assistants.

Administrative support consists of a full-time practice manager, a deputy practice manager, a head receptionist as well as a number of part-time reception and administrative staff. All staff work across the two locations.

The Little Waltham dispensary is led by a pharmacy manager, and there is a dispensary manager at the Great Notley site. There are eight dispensers who work across both sites.

The Little Waltham practice is open Monday to Friday from 08.30am until 1pm, closed between 1pm – 2pm and then open from 2pm – 6.30pm. Appointment times are from 09.00am until 11.30am in the morning and from 4.30pm until 6pm in the afternoon. Pre-bookable appointments are available from 8am until 11.30am on a Saturday.

Detailed findings

The Great Notley branch is open Monday to Friday from 08.30am until 1pm, closed between 1pm – 2pm and then open from 2pm – 6.30pm. Appointment times are from 09.00am until 11.30am in the morning and from 4.30pm until 6pm in the afternoon. It is closed on the weekends.

Why we carried out this inspection

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 April 2016. During our visit we:

- Spoke with the practice manager, a GP registrar, a healthcare assistant, a nurse, the head receptionist and three reception/administration staff. We spoke with three patients who used the service and three members of the patient participation group (PPG).
- Reviewed anonymised lists of patients who took medicines that required monitoring.

- Looked at audits, policies, procedures, documents and staff files.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and told us of significant events that they had been involved in. There was an open, transparent approach when things went wrong and staff were encouraged and supported through the recording and investigation process. The investigation and action following a significant event supported the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice.

The practice had a system in place for recording incidents and near misses with medicines. There was evidence that procedures had changed following incidents.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff, although these were not all located in one place. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Safeguarding concerns were discussed at multi-disciplinary meetings. Staff demonstrated they understood their responsibilities

and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to an appropriate level for managing child protection and safeguarding issues.

- All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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). However, notices were not displayed to advise patients that chaperones were available if required.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was being taken to address improvements identified in the most recent audit. .
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, this included proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Medicines management

- We checked how medicines were ordered, stored and handled at Little Waltham and Great Notley Surgeries. The medicines were supplied for patients from the surgery through a joint venture with the pharmacy located within the surgery premises. Medicines were stored within the pharmacy, in a clean and tidy manner and were only accessible to authorised staff. Medicines were purchased from approved suppliers and all medicines were within their expiry date. There was room temperature monitoring in the pharmacy area of the practice to ensure medicines were kept within the recommended temperature range. Systems were in place to action any medicine recalls.
- We saw that medicines requiring cold storage were kept in refrigerators in the pharmacy, the nurse's room and in a cupboard accessible from a corridor within the premises. The refrigerators containing vaccines were

Are services safe?

maintained at the required temperatures but the practice could benefit from a second independent thermometer as a failsafe to cross check the temperature accuracy.

- The Great Notley practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and these were being handled in line with national guidance.
- The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. Members of staff involved in the dispensing process had received appropriate training and received annual appraisals and competency checks. Guidance and training was provided by two pharmacists and there was evidence of regular meetings and audit taking place within the dispensary team from which people had benefited, for example, the use of insulin passports.
- Dispensing staff ensured that repeat prescriptions were signed before medicines were handed to patients. Safe systems of dispensing were in operation. There was a room available which could be used for confidential conversations with people.
- There were systems in place to ensure that any change of medicine on discharge from hospital, or following a review from other services, was reviewed by a GP and the appropriate action taken in a timely manner. There was no system in place to identify medicines prescribed by other healthcare professionals where recorded on patient's records.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

designated member of staff responsible for health and safety at the practice. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff were multi-skilled and worked in both practices. This meant staff were able to cover in the event of unexpected absence.

Arrangements to deal with emergencies and major incidents

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

- Emergency medicines were available and all staff knew of their location.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. During our inspection, we observed an emergency incident which was dealt with quickly and appropriately.
- All staff received annual basic life support training.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through regular audits and clinical meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2014/2015 were that the practice achieved 98% of the total number of points available with 14% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice's exception reporting was 5% above the local average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data showed:

- Performance for diabetes related indicators were in line with the national average. The percentage of patients on the diabetes register who had received a foot examination in the last year was 93%. This was comparable to the national average of 88%.
- Performance for mental health related indicators was similar the national average. 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was comparable to the national average of 84%.
- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a care plan documented in their record, in the last 12 months. This was comparable to the national average of 89%.

There was evidence of quality improvement including clinical audit.

- There was robust system of clinical audit, with four completed audits undertaken in the past two years. These identified improvements that had been made and changes were monitored.
- Findings were used by the practice to identify where improvements could be made and assess and review clinical practice. For example, the practice completed an audit of patients taking blood thinning medicine which identified and implemented measures to ensure that this was effectively monitored.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. These staff had a review with the practice manager after their probationary period to check they were progressing in their role. Training was provided for new members of staff which included safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. This training was updated annually.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, one member of administrative staff who was involved in auditing records had received training so that they could understand the requirements of QOF.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Health professionals regularly used the meeting rooms at the practice to see mutual patients which meant that information could be shared in a timely manner.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and misuse of medicines. Patients were signposted to the relevant service.
- The practice had a system to support patients who misused medicines or alcohol. Whilst the surgery did not offer a detox programme, it had devised an agreement which the patient would sign to acknowledge their agreement to on going support. This agreement set out mutual obligations such as regular appointments and advised of the risks of drug and alcohol misuse.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Immunisation rates were relatively high for all standard childhood immunisations. For children under two, vaccination rates were between 93% and 99%, compared to the local average of 95% and 99%.

Patients had access to appropriate health assessments and checks. Patients over 40 years were invited for an NHS health check. The practice had implemented a system whereby patients with multiple health concerns would have all of their health needs monitored in one appointment which aligned with their birthday.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Chairs in the waiting room were positioned so that they did not face the reception desk. The practice were in the process of putting up a perspex screen at the reception desk which would seek to ensure further discretion during telephone conversations.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Trained chaperones were available during intimate examinations although there were no posters advising of this in the waiting area.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. In these patients told us that staff were friendly and approachable. They told us that tests and treatments were explained and that they were involved in their care and treatment.

We spoke with three patients during the inspection. All patients said they were satisfied with the care they received and they told us that they thought the GPs, nurses and reception staff were friendly and helpful. We met with three members of the Practice Participation Group (PPG) who told us that the patients that they represent were happy with the services provided.

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.

- 84% of patients said the GP gave them enough time compared to the CCG average of 86% and the 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 95% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local average of 92% national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- There was a hearing loop available and the practice used sign-language interpreters during consultations with patients who were deaf.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. However, the practice had only identified 118 patients as carers and there were no systems in place to monitor their health needs. This was less than 0.7% of the

patient population group. We were advised that the practice had done this in the past and decided to discontinue the course of action as there was a low uptake of health reviews.

Of the 58 patients who had a learning disability, 69% (40 patients) had received their annual check and the remaining 18 had declined to have this.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was followed up by a letter giving information on how to contact local organisations for support. There was information on the practice's website about what to do after bereavement had occurred.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Appointments could be made to have blood tests taken at the surgery with one of the trained phlebotomists. This service was available on week days before 2:30pm.
- The main practice at Little Waltham was open for pre-bookable appointments with a nurse or GP on a Saturday morning.
- The practice would act as a 'care of' address for patients who were at risk of domestic violence.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice offered same day testing for patients taking blood thinning medicines.
- Minor surgery was carried out the surgery which included the removal of some cysts, moles and ingrowing toenails.
- Patients could be referred for ultrasound scanning at the Great Notley branch.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- GPs would provide their personal contact details for patients receiving end of life care to ensure support was available when this was required.
- The dispensary offered a delivery service of medicines for patients who were unable to attend at the surgery.
- The practice offered text message reminders of appointments when patients provided their mobile telephone number.

Access to the service

The Little Waltham practice was open Monday to Friday from 8.30am until 1pm, closed between 1pm – 2pm and

then open from 2pm – 6.30pm. Appointment times were from 9am until 11.30am in the morning and from 4.30pm until 6pm in the afternoon. Pre-bookable appointments were available from 8am until 11.30am on a Saturday.

The Great Notley branch was open Monday to Friday from 8.30am until 1pm, closed between 1pm – 2pm and then open from 2pm – 6.30pm. Appointment times were from 9.am until 11.30am in the morning and from 4.30pm until 6pm in the afternoon. It was closed on the weekends.

Appointments could be booked up to two weeks in advance and urgent appointments could be booked on the day.

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

- 73% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 74% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy was available online and at the reception desk.
- The practice manager handled all complaints in the practice. These were investigated with the relevant member of staff or clinician and an open, honest response was provided.

The practice had a robust approach to recording and reporting complaints. They would routinely record verbal and written comments, queries and concerns as well as more serious issues. They had reported 40 complaints in the last twelve months. We looked in detail at the last six complaints received and we saw that these were investigated appropriately and a response given within the timescales indicated in the practice's policy. Complaints were shared with staff so that lessons were learnt to prevent these from happening again.

Are services well-led?

Requires improvement 

(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 clear vision to deliver high quality care and promote good outcomes for patients. This was reflected in the practice's statement of purpose which advocated high quality, safe and effective care. Staff were aware of the vision and values of the practice and had been prepared for challenges that were being actively managed by the provider.

Governance arrangements

The practice had a governance framework in place, but this did not always support the delivery of good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. These were explained in the practice leaflet and on the website.
- Practice specific policies were implemented and were available to all staff. Although some policies were difficult to locate on the practice's system, staff were aware of lead roles and their content.
- A comprehensive understanding of the performance of the practice was maintained and shared with staff when it impacted on them.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not robust. We found that the cupboard which stored the vaccines fridge was open. The key to the fridge was kept in the lock which meant that these medicines were not secure. We were informed that the door was broken but no actions had been taken to mitigate the risk of access.
- The provider had failed to identify that nurses were administering some vaccines using directions that were out of date. Not all of these had been signed by the professional lead authorising nurses to administer the vaccine. Further, the provider had not put systems in place to ensure that blank prescription forms for use in printers were being handled securely in accordance with national guidance.

- There was inadequate oversight of the emergency medicines. There was no evidence that regular checks of these medicines were in place. One of the two oxygen cylinders available had expired in January 2016, although there was another oxygen cylinder that was in date and fit for use. There was a box containing emergency medicines stored within the dispensary at Little Waltham. There was no evidence that regular checks of these medicines was taking place although the medicines contained within the box were in date and suitable for use.

Leadership and culture

On the day of inspection, the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us the partners and the management team were approachable.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty when things went wrong. Staff gave examples of how they had reported and been involved in significant event reporting. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. All staff were aware of current changes and challenges to the practice and how this would affect their roles. Staff worked across both practices so there was open dialogue and transparency within the organisation.
- Staff were rewarded for their work. The provider had implemented a scheme to reward staff with a good attendance record with additional annual leave. Further, staff received a yearly Christmas bonus to thank them for their service.

Are services well-led?

Requires improvement 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the management team and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the partners and management team. All staff were involved in discussions about how to run and develop the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. PPG meetings were also attended by the practice manager which sought to ensure a transparent dialogue.
- A representative from the practice attended the annual Parish Council Meetings and contributed to the parish magazine to communicate information about the practice, such as flu clinics.

- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. The practice organised an annual summer barbeque for staff and their families. They had also organised social events such as theatre trips and excursions.
- Staff were kept informed of changes at the practice by way of a short monthly newsletter attached to their payslip. This included when new members were joining or leaving the team, for example.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Staff were trained and promoted in house where this was appropriate. The practice manager and deputy manager had been trained and promoted from administrative roles. As a training practice, they were committed to recruiting, training and retaining new GPs. Two GPs currently working at the practice had initially joined as registrars.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. They had acted as 'care takers' for a local practice and provided ongoing support whilst another provider was put in place, ensuring staff and patients were kept informed of changes.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Effective systems were not in place to assess, monitor and mitigate the risks associated with emergency medicines. The provider did not monitor patient group directions to ensure these were in date and appropriately signed, or monitor prescription stationery in the premises. This was in breach of regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014