

Colchester Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Colchester Medical Practice on 12 December 2016. Overall, the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients at the premises were assessed and well managed; however, there were not effective procedures in place to monitor patients taking some high risk medicines.
- 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 said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice worked with vulnerable patients to offer them treatment, advice and support, including those who had problems with substance misuse, were homeless or who had experienced domestic violence.
- The practice had suitable facilities and was well equipped to treat patients and meet their needs. Services at the practice included phlebotomy, audiology, ultrasound, a care advisor and a midwife.
- Data from the national GP patient survey reflected that patient satisfaction rates were either comparable or higher for most aspects of care.
- Information about services and how to complain was available and easy to understand.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from patients, which it acted on.

The areas where the provider must make improvement are:

Summary of findings

- Ensure that patients taking high risk medicines are regularly reviewed in line with guidance.

The areas where the provider should make improvement are:

- Offer a carer's health check.

- Implement a system to review the health care needs of patients who do not collect their prescriptions.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for recording significant events.
- The practice responded to safety incidents, including Medicine and Health products Regulatory Agency (MHRA) alerts, which sought to ensure patients were safe.
- Arrangements were in place to monitor, review and share information in relation to children and vulnerable adults who were at risk of abuse.
- There were processes to monitoring and managing risks to patient and staff safety at the premises, including policies, checks and risk assessments. However, the practice did not have an effective system to ensure that patients taking some high-risk medicines were being monitored in line with guidance.
- The practice had adequate arrangements in place to respond to emergencies and major incidents.
- Patients who did not collect their prescriptions were not being consistently monitored to ensure their health condition was being reviewed.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- 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.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- Patients could be directed to GPs working in the other branch surgeries who had special interests or additional qualifications, for example in relation to gynaecology or dermatology.
- Clinical staff had additional training and qualifications to meet patients' health needs.

Good



Summary of findings

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 several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The reception area had been refurbished so that the reception desk allowed for more confidential discussions.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Open access appointments were available every weekday morning for patients who presented at the practice without a pre-booked appointment.
- Later appointments were available from 6.30pm until 7.30pm on a Tuesday and Wednesday and earlier at 7am until 8am on a Thursday.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. A counsellor, midwife, ultrasound, audiologist and care advisor held regular clinics at the practice.
- Patients could pre-book to have their bloods tested every week day between 8.20am and 2.30pm.
- Appointment reminders could be sent by text message to patients providing their mobile phone number.
- 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.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- All patients who were aged 75 years and over were offered an annual health check and a flu vaccination.
- The practice completed a monthly audit to ascertain patients who were approaching their 75th birthday, or newly registered patients who were aged over 75. Once identified, patients were contacted to advise them of their named GP.
- There was a monthly audit of patients aged over 90 and in care homes, which sought to ensure that older patients had been identified on all relevant registers.
- The practice offered home visits and a number of in house services, such as phlebotomy and audiology, so that the practice was responsive to the needs of older people.
- Older patients at risk of attending as unplanned admissions into hospital were identified and had care plans in place to address their needs.
- The advance nurse practitioner attended at two local care homes on a weekly basis to provide care and treatment. We spoke with representatives of these two care homes who told us that they were always able to get an appointment when they needed one and that patients were regularly reviewed.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified.
- There were monthly multi-disciplinary meetings with other healthcare professionals to discuss complex patients.
- Performance for diabetes indicators was in line with local and national averages. The percentage of patients with diabetes whose cholesterol was within specified limits was 73%, which was 1% above CCG average and 3% above England average.
- The practice carried out a monthly audit of patients taking a certain medicine to thin their blood to check that they had appropriate monitoring; however, the procedures to monitor patients on other high-risk medicines were not effective.

Good



Summary of findings

Families, children and young people

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

- The midwife held a regular clinic at the practice on a Monday afternoon.
- There were appointments available out of school hours.
- The practice carried out antenatal and postnatal checks. There was a monthly audit completed to identify mothers who had given birth and not yet presented for their six week check-up.
- A full contraceptive service was available including advice about pills, caps, implants, sheaths and coils. The practice carried out a monthly audit of patients who had not presented for their six week check-up following a coil fitting. The patients were then contacted and invited to attend at the practice.
- The percentage of patients aged 8 or over with asthma with measures of variability or reversibility recorded between 3 months before or any time after diagnosis was in line with local and England average.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 94% and five year olds from 86% to 93%.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Data for the year 2015/2016 showed that 78% of females aged 25-64 had attended for their cervical screening which was in line with the local and national averages.
- Open access appointments were available every weekday morning for patients who presented at the practice without a pre-booked appointment.
- Later appointments were available from 6.30pm until 7.30pm on a Tuesday and earlier at 7am until 8am on a Thursday.
- A counsellor, midwife, audiologist and care advisor held regular clinics at the practice.
- Patients could pre-book to have their bloods tested every week day between 8.20am and 2.30pm.

Good



Summary of findings

- Appointment reminders could be sent by text message to patients providing their mobile phone number.

People whose circumstances may make them vulnerable

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

- The practice had identified 955 patients as carers, which amounted to 3.85% of the practice list.
- Relevant patients were invited to identify themselves as carers so that they could be supported appropriately during their consultations and invited for a flu vaccine.
- There were 34 patients on the learning disabilities register and 14 patients had received a routine health check in the current year, which ends April 2017.
- 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.
- The practice worked closely with a women's refuge. A nurse who worked at the practice had achieved a diploma in domestic violence and was trained to safeguarding level eight.
- A GP care advisor was available at the practice to advise patients on obtaining benefits and extra support.
- The practice worked with a local organisation to provide support and treatment for patients who were homeless or with drug dependency issues.
- The practice actively monitored temporary patients which sought to ensure that they presented for their routine health checks.

Good



People experiencing poor mental health (including people with dementia)

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

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 97% which was higher than the local by 20% and above CCG average, by 19%.
- Performance for mental health indicators was higher than local and national averages. The percentage of patients with

Good



Summary of findings

schizophrenia, bipolar affective disorder and other psychoses who had a care plan documented in the record in the 12 months was 93%, which was 17% above the local average and 15% above the England average.

- There was a weekly clinic held by the counsellor.
- A representative of a local care home told us the GPs and advanced nurse practitioner was accessible and approachable to patients with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. Surveys were sent to patients in July to September 2015 and January to March 2016. On the whole, results were positive, with patients responding that they found it easy to get through to the surgery by phone and describing their experience of making an appointment as good. 281 survey forms were distributed and 116 were returned. This represented a completion rate of 41%.

- 86% of patients found it easy to get through to this practice by phone compared to the local average of 71% and a national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 84% and the national average of 85%.
- 86% of patients described the overall experience of this GP practice as good compared to the local average of 84% and national average of 85%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 75% and the national average of 78%.
- 45% of patients said that they don't normally have to wait too long to be seen compared to the local average of 57% and national average of 58%.

- 59% of patients said that they usually wait 15 minutes or less after their appointment time to be seen compared to a local average of 61% and the national average of 65%.

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards. 38 of these contained positive comments, with patients telling us that the staff at the practice were helpful and caring. Patients were also complimentary about the availability of appointments.

We reviewed the results of the NHS Friends and Family test for August to October 2016. Comments were largely positive. Patients praised the staff, GPs and the availability of appointments, although a minority of patients expressed concerns with the appointment system; the practice offered a walk-in surgery every weekday whereby patients could turn up at the surgery and wait for an appointment with a GP or nurse. There were 136 responses received. In these, 124 patients indicated that they would be extremely likely or likely to recommend the practice to their friends and family, six patients would neither be likely or unlikely to do so, and two stated that they would be extremely unlikely to recommend the practice. Two patients indicated that they didn't know whether or not they would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that patients taking high risk medicines are regularly reviewed in line with guidance.

Action the service **SHOULD** take to improve

- Offer a carer's health check.
- Implement a system to review the health care needs of patients who do not collect their prescriptions.

Colchester Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Colchester Medical Practice

Colchester Medical Practice is located in Colchester, Essex. The main location is situated at 78 East Hill, Colchester and is also known as Castle Gardens Medical Practice. There are two further branch surgeries: Shrub End Surgery, located at 122 Shrub End Road, Colchester and also Wimpole Road Surgery, located at 52 Wimpole Road Colchester. Colchester Medical Centre, comprising of the three practices, provides GP services to approximately 24,500 patients living in Colchester.

We inspected the main surgery, Castle Gardens Medical Practice located on East Hill. The branch surgeries at Shrub End and Wimpole Road were not inspected as part of this inspection.

The practice population has a higher number of children aged under 18 years compared to the local average, and fewer patients aged over 65 years of age. Unemployment levels are higher than the local and national average. The life expectancy of male and female patients is lower than the local and national average by one year. The number of patients on the practice's list that have long standing health conditions is lower than that of the locality and also of the rest of England.

Colchester Medical Practice is governed by a partnership of seven GPs, four of which are female and three male. There

are also two female and one male salaried GPs working at the practice, as well as a registrar (a registrar is a qualified doctor who is training to become a GP). The nursing team comprises of a nurse practitioner, three practice nurses and two healthcare assistants.

The practice management comprises of an operations manager, a business manager and a finance manager. The management team is supported by a surgery supervisor as well as a number of full-time and part-time administrative and reception staff.

The practice is open from 8am until 6.30pm from Monday to Friday. Open access appointments are available every weekday morning for patients who present at the practice without a pre-booked appointment. All patients that arrive between 8.30am until 10am on a weekday morning will be seen by a GP or nurse practitioner, as appropriate. Afternoon surgeries are from 4pm until 6pm on a weekday for patients who have booked an appointment. Later appointments are available from 6.30pm until 7.30pm on a Tuesday and Wednesday and earlier at 7am until 8am on a Thursday. Patients are required to pre-book for these appointments.

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.

Detailed findings

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 12 December 2016. During our visit we:

- Spoke with a range of staff including secretarial and reception staff, the operations manager, the business manager, two of the GP partners and the registrar. We also spoke with patients who used the service.
- Reviewed policies, procedures and other documents.
- Observed how patients were being cared for whilst waiting for their appointments.
- Spoke with patients.
- Reviewed personal care or treatment records of patients.
- 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 recording significant events. A comprehensive analysis took place, and there was evidence of review and shared learning. Significant events were discussed with relevant staff members, depending on whether the significant event was clinical or administrative in nature.

- Staff told us they would inform a senior member of staff of any incidents and we saw evidence of how these were recorded. They told us of significant events that they had been involved in. There was an open, transparent dialogue between the management team, GPs and clinical and reception staff so that impact of a significant event could be mitigated in a timely manner.
- Medicine and Health products Regulatory Agency (MHRA) alerts were received and acted upon appropriately. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. We saw that all alerts were kept in a designated folder. These were communicated to relevant members of staff and searches were undertaken, where relevant, to identify patients who may be at risk due to the content of the alert.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place which sought to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. 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 child safeguarding level 3. A member of the nursing team had received enhanced safeguarding training to level 8 which sought to inform and reinforce their role in supporting patients who had experienced domestic

abuse. An audit had recently been completed to ensure that children who were at risk of abuse or looked after were correctly identified and recorded on the electronic system.

- Notices in the waiting area and treatment rooms advised patients that chaperones were available if required. 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).
- The practice had completed an infection control audit and identified any actions required. There was an infection control protocol in place and staff had received training in infection control.
- The arrangements for managing emergency medicines and vaccines kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). However we found that the system for monitoring patients who had not collected their prescriptions required strengthening. Although we were informed that these were checked monthly, we found uncollected prescriptions dating back to April 2016. These uncollected prescriptions were reviewed immediately following our inspection to ensure that patient's health care needs were being met. Further, after the inspection we were sent evidence of checks that were being conducted at the other two sites to ensure that any old prescriptions were appropriately dealt with.
- There were effective arrangements in place to monitor patients taking certain medicines used to thin their blood. However, this was not the case for all medicines that required monitoring. In relation to one high risk medicine, searches indicated that of the 71 patients prescribed this medicine, 46 had not had received appropriate checks in the relevant period. We reviewed the electronic patient record of four patients taking this medicine. We found that two of the four of these had appropriate monitoring, although in one case, we found that systems hadn't effectively been updated since a change in the prescription and the other, the patient had not received appropriate monitoring.
- Similarly, our searches indicated that there was not an effective system to monitor patients taking other

Are services safe?

medicines. For example, out of 33 patients prescribed another medicine, a search of the practice's computer systems indicated that 12 had not received adequate monitoring. This was also the case for one other medicine and we found that 10 out of 23 patients had not had appropriate monitoring. Following our inspection, the practice had contacted their medicines management team for support in reviewing their policies. Searches were undertaken to ascertain patients who may require monitoring.

- Blank prescription forms for use in printers were kept securely at all times and tracked in respect of their issue and location in the practice.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment, for example, proof of identification and checks through the Disclosure and Barring Service (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 systems in place to check that locum GPs had indemnity cover in place and were suitable for work.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety at the premises. The practice carried out regular fire drills and a fire risk assessment had been completed. All electrical equipment was checked to ensure that this 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, Control of Substances Hazardous to Health 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 needed to meet patients' needs. An additional, full-time, permanent member of staff was employed as a 'margin officer'. Their role was to provide cover for all non-clinical positions. They were trained and multi-skilled, and able to provide cover for reception, secretarial and other non-clinical tasks at short-notice. The working hours of the margin officer were flexible, so that they could be deployed when they were required.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. However, the practice did not stock a certain medicine which could be used in the event of an emergency following coil insertion. We saw evidence that this medicine was ordered immediately following our inspection, for each of the three sites.
- Emergency medicines were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

In most cases, 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. However, we found that the practice did not have a system to monitor patients taking some high risk medicines in accordance with NICE guidance, as detailed under the heading 'Safe'.

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). Most up to date verified data available to us for the year 2015/2016 showed the practice had achieved 431 out of the available 435 QOF points. This was 7% above the CCG average and 4% above the England average.

This practice was performing above or in line with local and national averages in respect of all indicators. Data from 2015/2016 showed:

- The percentage of patients with asthma who had an asthma review in the preceding 12 months was 75% which was in line with local and national averages.
- Performance for mental health indicators was higher than local and national averages. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a care plan documented in the record in the 12 months was 93%, which was 17% above the local average and 15% above the England average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 93% which was 14% above the local average, 13% above the England average.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 97% which was higher than the local average by 20% and above the national average, by 19%.

- Performance for diabetes indicators was in line with local and national averages. The percentage of patients with diabetes whose cholesterol was within specified limits was 73%, which was 1% above CCG average and 3% above England average.

There was evidence of quality improvement including clinical audit. There had been five clinical audits commenced since the beginning of the year, two of which were completed cycle audits. Audits had been chosen based on NICE guidelines, identified potential risk or patient need. These resulted in quality improvement.

The practice participated in research, and a GP and surgery supervisor had completed relevant training to enable them to effectively participate in this.

There were systems in place to ensure a continuous cycle of non-clinical audit. A number of searches were routinely undertaken to identify patients who may require additional support or health checks. For example, one of these searches identified patients who had not presented for their six week check after having a coil fitted, and another found new mothers who had not presented for their six week check. Patients were contacted to remind them to attend at the practice and systems were updated accordingly.

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. This involved training in their new role, shadowing another member of staff, orientation around the premises, as well as reviewing policies and procedures.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.
- Staff received training that included: safeguarding, fire safety awareness and infection control. Staff had access to and made use of e-learning training modules and in-house training.
- Clinical staff had additional training and qualifications to meet and further the requirements of their role. For example, the nurse practitioner had completed a diploma in understanding domestic abuse.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

Colchester Medical Practice was aware of the health needs of their practice population and shared information appropriately. The practice held a monthly multi-disciplinary meeting for patients who were at the end of their lives. These meetings involved community nurses, specialist nurses from the local hospice, representatives from local care homes and other healthcare professionals as appropriate. There was a monthly admissions avoidance meeting which reviewed unplanned hospital admissions and patients with complex health needs. The practice housed other healthcare services including audiology and the midwife which promoted information sharing. Further, the care advisor attended the surgery on a weekly basis to provide advice on benefits and support in the community.

The practice worked alongside their branch surgeries at Shrub End Surgery and Wimpole Road Surgery to direct patients to GPs working in these practices who had special interests or additional qualifications, for example in relation to gynaecology or dermatology.

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.

Supporting patients to live healthier lives

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 94% and five year olds from 86% to 93%.

The practice was proactive in recalling patients for their health checks. Data for the year 2014/2015 showed that 78% of females aged 25-64 had attended for their cervical screening which was in line with the local and national averages.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Patients told us the staff at Colchester Medical Practice were helpful and polite.

The reception desk had been refurbished to make this area more discrete and allow patients and staff to have confidential discussions. Receptionists were also able to direct patients to an unused room if they wished to discuss something private.

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

- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the clinical commissioning group (CCG) average of 85% and national average of 85%.
- 88% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.
- 97% of patients said the nurse was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 85% 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%.

Care planning and involvement in decisions about care and treatment

The practice was performing in line with averages in relation to responses relating to involvement in decisions with the GPs and nurses, detailed as follows:

- 82% of patients said the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 93% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.

- 75% of patients said that the last GP they spoke to was good at involving them in decisions about their care, compared to the CCG average of 81% and national average of 82%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. In these, patients told us that Colchester Medical Centre provided a good service, that the GPs were considerate and friendly and that they trusted the GPs and nursing staff. We reviewed the results of the NHS Friends and Family test for August to October 2016. Comments in these aligned with the comment cards, with patients praising the receptionists, GPs and nurses.

Patients told us that the receptionists were friendly and polite. The results of the GP survey aligned with this feedback:

- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

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

- Translation services were available for patients who did not have English as a first language. There were fact sheets on the website which were available in several languages. These explained the role of UK health services to newly-arrived patients, including those who may be seeking asylum. There were GPs who worked at the practice who spoke a number of languages other than English.
- There was a portable hearing loop available for use in consultations.

Patient and carer support to cope emotionally with care and treatment

The practice website provided information about how to access services in the community. Further, 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 955 patients as carers, which amounted to 3.85% of the practice list. Relevant patients were invited to identify themselves as carers so that they could be supported appropriately during their consultations and invited for a flu vaccine. The

Are services caring?

practice did not offer a routine carer's health check. There were 34 patients on the learning disabilities register and 14 patients had received a routine health check in the current year, which ends April 2017.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was sensitive and aware of the needs of their practice population, and reviewed and made changes to services when this was required.

Services to respond to and meet patient's needs were as follows:

- Patients could walk in to the practice every weekday between 8.30am and 10am for an appointment with a GP or nurse, without the need to book in advance.
- Appointments could be booked on-line.
- Patients could pre-book to have their bloods tested every week day between 8.20am and 2.30pm.
- A counsellor, midwife, audiologist and care advisor held weekly clinics at the practice.
- There was an ultrasound service available at the practice.
- Appointment reminders could be sent by text message to patients providing their mobile phone number.
- Telephone consultations were available.
- Repeat medicines could be requested online.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were translation services available for patients who did not speak English as a first language.
- Facilities were accessible to patients who used a wheelchair.
- A portable hearing loop was available for use in consultations.
- The nurse practitioner attended at two care homes on a weekly basis.
- There was a car park on-site.

Access to the service

The practice was open from 8am until 6.30pm from Monday to Friday. Open access appointments were available every weekday morning for patients who presented at the practice without a pre-booked appointment. All patients that arrived between 8.30am to 10am on a weekday morning would be seen by a GP or nurse practitioner, as appropriate. Afternoon surgeries were from 4pm until 6pm on a weekday for patients who had pre-booked an appointment. Later appointments were available from 6.30pm until 7.30pm on a Tuesday and Wednesday and earlier at 7am until 8am on a Thursday. Patients were required to pre-book for these appointments.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line with local and national averages:

- 78% of patients were satisfied with the practice's opening hours compared to the national average of 76% and CCG average of 76%.
- 86% of patients said they could get through easily to the practice by phone compared to the national average of 73% and CCG average of 71%.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. This was available on-line and in the reception area.
- The policy identified who to contact in the first instance, and avenues of recourse in the event that the complainant was unhappy with the outcome.
- There had been 16 complaints in the year prior to our inspection. We found that these were investigated by the most appropriate person at the practice, depending on the nature of the complaint. Where necessary, the practice sought the opinion of an independent third party. Learning was shared during practice meetings.

Are services well-led?

Good 

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

Our findings

Vision and strategy

Colchester Medical Practice, also known as Castle Gardens Medical Centre, merged with Shrub End Surgery and Wimpole Road Surgery in the summer of 2015. Since that time, the practice has been working towards embedding change and implementing consistent processes across the three locations, to ensure continuity of care and good outcomes for patients. During the course of our inspection, we saw that there was a clear yet flexible strategy in place for the future.

In their statement of purpose, the practice advocated evidence-based care in a non-discriminatory fashion. We found that this was evidenced through a system of research and audit, and the means by which care was provided to vulnerable members of the practice population, including those who were homeless, requiring support with substance misuse or who had experienced domestic violence.

Governance arrangements

The practice was governed by seven GP partners who worked across all three practices. They were supported by an informed management team which was led by the business manager. The operations manager, who had day to day management across the three practices, was visible and approachable. There was a surgery supervisor employed at the practice, who had general oversight of the reception and administration areas.

Management staff had designated roles and responsibilities. There was a detailed meetings structure which sought to ensure that information was cascaded and discussed regularly at an appropriate level. The practice used videoconferencing where necessary, to ensure that all partners across the three locations could be present. Partners meeting minutes were communicated to all staff, to promote transparency.

Staffing levels were regularly monitored and reviewed, with GP rotas scheduled three months in advance. Whilst the practice had no current vacancies for GPs, the operations manager continually analysed and reviewed GP resources which sought to ensure that the practice worked efficiently. They had considered the on-going growth to the practice

population and how this would impact on resources. Further, they had considered the future retirement of the GPs who worked at the practice and how this would drive recruitment processes.

There were measures in place to ensure effective governance. These included:

- Practice specific policies were implemented and available to all staff. Staff were knowledgeable about where to find these and what they said.
- There was a programme of clinical and internal audit to monitor quality and to make improvements. Where issues were identified, audits were conducted and findings implemented to improve patient care and mitigate risk.
- There were arrangements for identifying, recording and managing risks at the premises, which involved regular checks, risk assessments, reviews and protocols.
- The practice valued training and development of clinical and non-clinical staff which sought to ensure a continued and stable team.
- Colchester Medical Practice was a training practice for GP registrars, where qualified GPs undergo further training to become GP trainers. There was currently one GP trainer working at the practice, and it was intended that two further GPs would undertake the trainer course in 2017. One of the salaried GPs working at the practice had trained with practice.
- Staff felt supported and valued. Staff attended social events with the management and GP partners, and received regular salary reviews and bonuses. Where possible, staff were promoted in house, and the practice had taken on one apprentice receptionist in the year of our inspection.

Leadership and culture

There was a culture of improvement and continual review throughout the practice. During the course of inspection, we saw practical examples of how this had influenced and supported the delivery of care. Throughout the merger, the practice developed their systems and processes through learning and information sharing with the other two practices. For example, the role of 'margin officer', whereby a permanent member of staff was used to cover during busy periods or absence, was adopted from one of the branch surgeries. Centralised systems, such as scanning were utilised where appropriate.

Are services well-led?

Good 

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

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

The practice valued feedback from its patient participation group (PPG), the NHS Friends and Family test, comments and complaints from patients and feedback from the national GP patient survey.

Patients were asked by reception staff to complete the NHS Friends and Family feedback form, and the responses were collated and analysed by the operations manager. The results were shared with staff, who were thanked for their contribution to the positive responses received.

On the day of our inspection we spoke with two representatives of the PPG. The PPG consisted of six patients at the practice who met once a quarter to discuss current issues. They told us that they felt their feedback was valued, and that their meetings were always chaired by a GP partner as well as a representative of the management team. They told us how they had raised issues, for example in relation to the layout and decoration of the premises, and how changes were made as a result of their feedback.

The membership of the PPG was being developed and reviewed. Members were recruited from all three sites, although it had been noted that most members came from Castle Gardens Medical Centre. With a view to increasing membership from all locations, the practice asked patients whether they would like to join the PPG as part of the new patient registration form.

Continuous Improvement

Colchester Medical Practice, comprising of the three practices at Castle Gardens Medical Centre, Shrub End and Wimpole Road Surgery, was the first in the area to merge. As a result of the coming together of the three practices, systems had been considerably changed, evolved or centralised.

During the course of our inspection, we found that the partners and management were aware of the changing practice population, and continually reviewed and considered the practice's structure to ascertain the most effective way to meet the needs of its patients.

The practice was involved in the development of GP Primary Choice Limited. This was made up of 34 GP practice shareholders in the area, which had been created with the purpose of combining resources and skills to effectively bid for local contracts.

The practice looked to the future and anticipated changes and responded to these proactively, for example in relation to future housing developments and how this would impact on the practice list size, as well as the future retirement of GPs. Recruitment of GPs was continuous rather than reactive, as although the practice had a stable workforce, it was aware and responsive to future 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 The registered person did not have systems or processes in place to assess, monitor and mitigate risks to the health, safety and welfare of patients as there were not effective systems to monitor patients taking some high risk medicines. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.