

Great Bentley Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Great Bentley Surgery on 23 March 2016. Overall the practice is rated as good.

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

- Staff knew how to raise concerns, and report safety incidents. Safety information was recorded, monitored, and reviewed to identify trends or recurrent themes. When safety events occurred they were investigated and any issues identified were shared with all staff members.
- Risks to patients were monitored, assessed, and well managed. The system for assessing risks included those associated with; premises, equipment, medicines, and infection control.
- Patient care was planned and provided to reflect best practice and recommended current clinical guidance.
- Staff had received appropriate training for their roles and further training had been encouraged, recognised and planned.
- Information regarding how to complain was available at the practice and on the practice website.
- The practice staff members had received training regarding the safeguarding of children and vulnerable adults, and knew who to contact with any concerns.
- The practice was suitably equipped to treat patients and meet their requirements. The equipment had been checked and maintained to ensure it was safe to use.
- Patient comments were positive in the main when we spoke with them during the inspection. They also told us it was relatively easy to make an appointment and there was continuity of care. Members of the virtual practice patient participation group were proactive and keen to be involved with practice development.
- The leadership structure at the practice was well-established and all the staff members we spoke with said they felt supported in their working roles by both the practice manager and the GPs.

Summary of findings

- There were good facilities and equipment to treat patients.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice donated funds to support the Little Clacton community car scheme that provided door to door transport for patients to healthcare appointments living in the Little Clacton and Weeley

areas. This directly benefitted patients at the practice living in rural areas that were not connected by public transport or owned their own transport to attend for their appointments/treatment at the practice.

The area where the provider should make improvement are:

Explore new sources and continue to identify patients who are carers to provide them with support.

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.

- Safety incidents were documented and shared with the staff members to ensure practice safety lessons were learnt from the actions that were taken. Patients involved in incidents received an explanation of actions taken to resolve the incident, and/or an apology when appropriate.
- Infection control procedures were completed to a satisfactory standard and documented.
- Systems were embedded and staff trained to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and were well managed.
- The practice had appropriate premises and equipment to treat and care for patients and staff that would keep them safe.

Medicines and prescribing medicine was managed safely and securely.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were above average in comparison with local and national practices.
- Patient care was planned and provided in a way that reflected best practice and followed recommended current clinical guidance.
- Clinical audits undertaken at the practice showed the GPs used auditing as a tool to improve the practice service quality and patient outcomes.
- We found the staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was a system in place to ensure that staff received supervision and appraisals.

Meeting minutes seen showed staff communicated with multidisciplinary teams to understand and meet the range and complexities of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- There were aspects of care from the national GP patient survey that showed patients rated the practice higher than others.

Good



Summary of findings

- Patients told us they were involved in decisions about their care and treatment. We were also told they were treated with compassion, dignity and respect.
- There was information for patients that was easy to understand and accessible about the services available.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

The practice recognised the needs of patients who were carers and provided support and information about the range of agencies and organisations available to support them.

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 and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services in the local area where these were identified. Both the senior GP partner and the practice manager were elected CCG members
- Appointment times and availability were flexible to meet the varying needs of different patients and population groups. Same day and next day appointments were available with home visits and telephone consultations provided when needed. The practice offered its patients access to book appointments with a GP online.
- The practice had good facilities and was well equipped to treat patients and meet their various needs. Accessible toilets and baby changing facilities were available.

Information about how to complain was available and easy to understand. Evidence we viewed showed the practice responded quickly to complaints raised. Lessons learned from complaints were shared internally with staff and externally with partner and other stakeholders.

Good



Are services well-led?

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

- The practice promoted their mission statement and this was on display in the entrance to the practice. This underpinned their vision and strategy to deliver high quality care and promote good outcomes for patients. Staff members were clear about the vision and any responsibilities they had in relation to delivering it.

Good



Summary of findings

- Information about the practice was readily available to staff and patients in both paper and electronic formats. There was a clear leadership structure that staff told us made them feel supported by the management and GPs.
- Accessible policies and procedures reinforced the practice governance framework which supported the delivery of their strategy to provide good quality care. This included arrangements to monitor and improve quality and identify risks.
- The provider was aware of and complied with the requirements of the 'Duty of Candour'.
- GP partners urged an ethos of honesty and openness throughout the practice and had systems in place to monitor notifiable safety incidents. This information was shared appropriately and we saw actions were taken to resolve them.

The practice proactively sought feedback from staff and patients, which it acted on. There was a strong focus on continuous learning evidenced in the training records, and the developments seen 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 good for the care of older people. The practice offered proactive, bespoke care to meet the needs of the older people in its population.

All patients over 75 years were told who their named GP was and could change this GP if they wished. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice responded to the needs of older people, this included:

- Home visits were available with GPs, nurses and healthcare assistants for the housebound.
- Hospital admissions avoidance care plans were discussed at monthly multidisciplinary team meetings to reduce unplanned hospital admissions for those patients at risk.
- The GP lead for palliative patients met monthly with all the practice GPs, community nursing team, GP Care Adviser, hospice and Macmillan nurses.
- A practice phlebotomy service negated the need for elderly patients to travel for blood tests.
- The practice provided room for community care that ran hearing tests, physiotherapy and abdominal aortic aneurysm (AAA) screening to ensure access for older and less mobile people. AAA screening is a way of detecting a dangerous swelling (aneurysm) of the aorta more common in men over 65 years of age. The aorta is the main blood vessel from the heart, through the abdomen to the rest of the body.
- Emergency admissions for patients from this population group were reviewed on discharge, to ensure patients and their carers had the clinical input and medicine they needed.
- Following admissions for a fall patients they were referred to specialists who were experienced in falls prevention.
- The provision and encouragement of staff members for patients to have a senior health check.
- High rates of seasonal flu/shingles vaccinations in comparison with national and local practices.
- Dementia screening was provided opportunistically and on request. The practice focused on primary prevention wherever possible.

Patients coded as carer's on the practice computer records system, were provided details of local and voluntary agencies to provide support.

Good



Summary of findings

People with long term conditions

The practice is rated good for the care of people with long-term conditions. Performance for the management of long term conditions was higher than other GP practices nationally.

The practice responded to the needs of people with long-term conditions by providing:

- Longer appointments and home visits were available when needed.
- We found a robust recall system and regular clinics for diabetes patients; they also offered coaching in self-management to keep diabetic patients condition under control.
- Patients had a named GP and a structured annual review to check that their health and medicine needs were met.
- The long term condition patients named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care with monthly meetings.
- Shared care with Colchester General Hospital was delivered for the monitoring of various disease-modifying medicines. The practice arranged and consistently reviewed blood test results to maintain patients with long-term conditions.
- Flags within the clinical system alerted prescription issuers to the medicines to monitor. Robust protocols alerted staff members when blood tests were required.
- Patients were seen and monitored according to their clinical need and sent a reminder for their review when it was due. The practice collected with people's agreement mobile phone numbers to enable them to text message patients.
- Long term condition patients were provided with longer appointments dependant on their condition and need.

Good



Families, children and young people

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

- Children under five years old were not triaged. They were automatically offered same day appointments due to GPs experience around the anxiety that parents of young children can be affected by.
- Phlebotomy services were available for children over five years of age. This avoided unnecessary travel to hospital for families particularly for those with more than one child.

Good



Summary of findings

- The practice engaged with teenagers through 'Facebook' and 'Twitter'. This helped to get important messages to these patients informally from this population group. They had strict protocols regarding online access for those less than 16 years of age.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- There was a strong system in place to ensure childhood vaccinations were carried out and followed up to maintain a high uptake at the practice.
- Anaphylactic medicines (to counteract allergic reaction) were available in all GP consultation rooms and treatment rooms to ensure clinicians were prepared for severe allergic reactions throughout the practice.
- A midwife clinic was available each week to avoid pregnant ladies needing to travel unnecessarily. This was particularly important for mothers who had other young children to care for.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies for example baby changing facilities.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Family planning advice and contraception fitting services were provided.

The cervical screening data showed the percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years for 2014 to 2015 was 86% compared to the national average of 81%.

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.

Good



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. For example social media including 'Facebook' and 'Twitter'.
- Invites were sent to patients between 40-75 years of age to encourage people to attend NHS health checks provided at the practice.
- Although extended hours to the practice core hours of 8am to 6.30pm were not provided the practice tried to allocate early and late appointments to working age patients wherever possible.
- There was a telephone triage/consultation service provided daily. Patients unable to secure a convenient appointment for their working hours received a telephone consultation with a GP.

A virtual patient participation group (PPG) in addition to the existing PPG has been set up and designed mainly for people from this population group. This allowed them to participate in activities and meetings without the need to attend.

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 identified patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The village regularly hosted a travelling circus and the practice provided primary care services to those involved. Where possible contact was made with their registered practice to obtain relevant medical records to treat their long term conditions.
- Patients with a learning disability were offered longer appointments. Learning disability patients had a priority to be seen so that they did not have to spend a long time in the waiting room.
- Home visits were carried out for vulnerable people unable to attend the practice.
- The practice policy for travellers and homeless patients ensured that they received appropriate care and treatment.
- Patients in this population group were provided with a regular GP to minimise any anxiety that may be caused by consultations with GPs not known to them.
- If a patient with learning disabilities did not attend for their appointment, they were contacted by phone to ensure their wellbeing.

Good



Summary of findings

- For patients unable to speak English the GPs used the Google translation service, when they did not get sufficient notice to arrange an interpreting service.
- A regular signing interpreter was arranged for deaf patients prior to appointments. A protocol within the clinical system also provided a prominent message that had to be acknowledged by staff so they were aware of communication difficulties and the need to contact these patients other than by phone.
- The practice worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients and their carer's about how to access various support groups and voluntary organisations.

Staff had been trained to recognise signs of abuse in vulnerable adults and children and knew their responsibilities regarding information sharing. The staff members knew the documentation required to raise safeguarding concerns and how to contact relevant agencies.

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).

- 100% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- Case management of patients experiencing poor mental health based upon input from psychiatrists, were discussed in multi-disciplinary team meetings. Patients with dementia had advanced care plans.
- Double appointments were booked for patients with mental health issues. Alerts were placed in patient records to ensure receptionists knew they needed longer appointments.
- Patients experiencing poor mental health had advised about how to access various support groups and voluntary organisations.
- The practice followed up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Dementia patients were invited to attend a help and advice clinic with a representative from the Alzheimer's Society. The full day's clinic was booked at the practice and was well attended and received.

Good



Summary of findings

- Staff members understood how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing above national averages. 238 survey forms were distributed and 116 were returned. This represented 49% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Patients wrote regarding the excellent staff always being helpful and caring, and that they were well monitored for their conditions.

We spoke with four patients during the inspection. The four patients said they thought the staff members were approachable, courteous and caring. The practice friends and families test showed 100% of patients would recommend this practice their friends or family. We were also able to speak with volunteers from a support group promoting the service they provided to patients within the patient waiting room. They told us the practice was regarding their efforts and enthusiastic to support their work that benefited patients.

Areas for improvement

Action the service SHOULD take to improve

Continue to identify additional patients who are carers and provide them with support.

Outstanding practice

We saw areas of outstanding practice:

- The practice donated funds to support the Little Clacton community car scheme that provided door to door transport for patients to healthcare appointments living in the Little Clacton and Weeley

areas. This directly benefitted patients at the practice living in rural areas that were not connected by public transport or owned their own transport to attend for their appointments/treatment at the practice.

Great Bentley Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Great Bentley Surgery

Great Bentley Surgery provides primary care services via a General Medical Services (GMS) contract to approximately 8,500 patients from an adapted accessible building, with a small patient and staff car park to the rear of the building. The practice provides its services to patients from Great Bentley and the surrounding villages. Its population has 27% over the age of 65, 52% with long standing health conditions and life expectancy for males 79.4yrs and females 82.6yrs.

The practice area has relatively low numbers of ethnic minority groups in comparison with the national average.

There are four GP partners; one female and three male, one female salaried GP. The nursing team comprises of one nurse practitioner; three practice nurses; and three health care assistants. There is a practice manager, a finance manager, an office manager, three secretaries, and 10 further administrative members of staff with various roles ranging from prescription clerk, notes summariser, receptionists, administrators, all forming part of the non-clinical team.

The practice opening hours and clinical sessions are; Mondays to Fridays 8am to 6.30pm.

The practice has opted out of providing GP out of hour's services. Patients requiring a GP outside of normal practice

working hours were advised to contact the 111 non-emergency services. Patients requiring emergency treatment are able to contact the out of hour's service which is provided by Care UK.

Why we carried out this inspection

We carried out a comprehensive inspection of Great Bentley Surgery 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

Prior to visiting, we reviewed a range of information we hold about the practice and asked other professionals to share what they knew. We carried out an announced visit on 22 March 2016. During our visit we:

- Spoke with a range of staff; GPs, nurses, the practice manager, office manager, receptionists, and administrators. We also spoke with patients who used the service and members of the practice participation group. We were also able to speak with volunteers from a support group that were given the opportunity to promote the service they provided to patients within the patient waiting room.
- Observed how patients were being tended and talked with carers and/or family members.

Detailed findings

- Reviewed an anonymous sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public had 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

Safety within the practice was monitored using information from a range of systems including the reporting and recording of significant events.

- Staff members told us they would inform the practice manager if any safety incidents occurred. They also showed us the forms available on their computers to record safety incidents.
- The practice carried out thorough investigations of safety incidents and shared the learning with all staff members. The lessons learnt from incidents were shared to make sure actions taken to improve safety in the practice reduced any re-occurrences. We reviewed safety incidents and the minutes of meetings where they were discussed. Those involved had received an explanation and/or an apology from the practice when appropriate, and were told about any actions undertaken to improve procedures and to prevent similar incidents from occurring. Recorded safety incidents had been reviewed on a regular basis to ensure that learning and changes were embedded within the practice.
- One such example related to a patient referral to a hospital consultant that had not been properly acted on. The patient complained to the practice and the practice found that their systems required improving and recorded this as a safety incident. They made changes to their system and ensured that all GPs at the practice were aware of the learning.
- The practice recorded notifiable incidents under 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).
- Alerts sent to the practice regarding medicine and patient safety were received, reviewed, and shared with the staff members. We saw that the actions taken regarding incidents were appropriate and where patients' medicines were involved in many cases led to an audit or a patient review was undertaken.

Overview of safety systems and processes

The practice had procedures and processes in place to safeguard patients from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults. The practice policy reflected applicable current legislation and local area requirements. GPs were trained to the appropriate standard and the policy was accessible to all staff members. The policy outlined who to contact about concerns in relation to patient's welfare. The GP lead for safeguarding along with the other GPs in the practice attended local safeguarding meetings, and when required provided reports for other agencies. Staff members were able to explain their understanding and obligation concerning safeguarding when we spoke with them.
- Chaperones were offered when required and there were notices in the waiting room and clinical areas that advised patients they were available. Staff members that acted as a chaperone 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).
- Confidential waste produced by the practice was seen to be correctly handled and securely discarded.
- Appropriate standards of cleanliness and hygiene were seen at the premises. The practice lead nurse was the infection control lead and there was a suitable infection control policy in place to support staff understanding. Infection control audits were carried out and actions were taken to deal with any changes identified as a result. We also saw staff had received role specific training and this was part of the practice induction process for new staff members.
- The results for cervical screening were checked and followed up to confirm they had received a result. The practice followed-up women who were referred as a result of an abnormal result.
- We reviewed five personnel files both clinical and administrative and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- We checked and saw medicines were stored securely, in a clean and tidy manner and were only accessible to authorised staff. Medicines were purchased from approved suppliers and seen to be within their expiry

Are services safe?

date. Expired and unwanted medicines were disposed of in line with the practice medicines management policy. We also saw there was a system in place to action any medicine that has been recalled by the manufacturer.

- Medicines requiring cold storage were kept in the refrigerators which were maintained at the required temperatures and staff knew what to do in the event of failure.
- There was a safe system 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.
- The nurses administered vaccines using patient group directions (PGDs). (PGDs) are specific guidance about the administration of medicines including authorisation for nurses and healthcare assistants to administer them.
- Blank prescription forms; including those used in the printers for computer generated prescriptions, were kept securely and accessible only to authorised staff. They were tracked and recorded at the practice in accordance with national guidance for blank prescription forms for use in printers.
- The arrangements for emergency medicines, medicine management and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- The practice carried out regular medicine audits, some with the support of local medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Active use of social media to promote important health messages to patients and advise of practice issues
- They had set up a two week wait failsafe system to monitor urgent referrals and ensure patients had received their appointments within the correct timeframe.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- Risks to patients were monitored and managed to ensure patients and staff remained safe. Within the main office area there was a current health and safety poster and there was a policy available which identified local health and safety representatives.

- Electrical equipment seen had been checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. There were a number of other risk assessments in place to monitor the safety of the premises such as the control of substances hazardous to health, infection control, and legionella testing (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The premises and equipment were appropriate for patients and well maintained to keep patients and staff safe.
- The practice fire equipment was suitable and had been checked to ensure it was safe. Fire drills were carried out to ensure staff knew how to act and keep people safe in the event of a fire.
- The practice manager planned and monitored the number of staff and the role mixes of staff needed via a rota system to meet patients' needs.

Arrangements to deal with emergencies and major incidents

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

- The practice computer system in the consultation and treatment rooms had an instant messaging system which could alert all staff members within the practice to any emergency.
- Both clinical and non-clinical staff members had received basic life support training which had been updated appropriately for their role.
- Emergency medicines were available in a secure area of the practice and staff members knew where they were located. These medicines included those for the treatment of cardiac arrest, anaphylaxis, meningitis, seizures, asthma and hypoglycaemia. Processes were in place to check these medicines regularly and all the medicines we found were in date.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was also available and used appropriately.

The practice had a business continuity plan in place to provide information for staff members in the event of a major incident such as power failure or building damage. The plan included staff roles and responsibilities during emergencies, with contact numbers of staff members and the contact details of the connected utility services.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- There were practice systems in place to ensure all clinical staff were kept up to date. Clinical staff had access to guidelines from NICE and used this information to develop patient care and treatment to meet their various needs.
- The practice monitored these guidelines to ensure they were up to date and followed through with assessments or audits as suggested and to ensure the clinicians were following them appropriately.

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 for 2014 – 2015 showed the practice achieved 97% of the total number of points available which was higher than the 91% achieved by local practices and 94% nationally. The practice overall exception rating was lower at 5% than local practices of 8% and the national figure of 9%. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 - 2015 showed performance for diabetes related indicators was better than the national average. For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 83% compared with the national average 78%.

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 99% compared with the national average 88%.

Performance for mental health related indicators was better than the national average. For example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93% compared with the national average 88%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100% compared with the national average 84%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, two of these were completed audits where the practice had re-audited using the same parameters. The re-audit actions showed that the improvements made, implemented and monitored were effective. For example, recent action taken as a result was to audit and monitor the urgent appointments available. This resulted in changes to the appointment system and ensured that unused urgent appointments were converted in a timely way so they were not wasted.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice provided an appropriate induction process for new staff. We spoke with a recently appointed staff member who told us the practice induction programme had given them confidence and prepared them for their new role. It covered topics that included safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice was able to show they provided role-specific training and updates for staff members. Staff that administered vaccinations and took samples for the cervical screening programme had received specific training which had included an assessment of

Are services effective?

(for example, treatment is effective)

their competence and we saw audits to confirm this. Staff who administered vaccinations could demonstrate their training and understanding of immunisation programmes, for example by access to on-line resources and discussions during practice and team meetings.

- Appraisals were used by management to identify staff training needs. We were told that staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff members we spoke with had received an appraisal within the last 12 months and the practice manager showed us how these were scheduled.
- Training received included: safeguarding, basic life support skills and confidentiality. Staff were able to access e-learning training modules and in-house training. Access to e-learning training modules and in-house training had been made available to all staff members.

Coordinating patient care and information sharing

Information needed to plan and deliver care and treatment was available to relevant clinical staff members in a timely and accessible manner through the practice's patient record system and their intranet system.

- This included care risk assessments, care plans, medical records, investigative processes; communications, patient discharge notifications, and test results.
- The practice had developed a comprehensive library of patient information such as NHS patient information leaflets. This library could be accessed in a quiet area set aside in the spacious reception area so that patients could have an element of privacy when accessing the information.
- When the clinicians referred patients to complimentary and secondary care services the practice shared relevant information in a confidential and timely manner.
- Staff communicated with multidisciplinary teams to meet the range and their various patient needs. For example we reviewed meeting minutes that showed staff members were involved in patient care and had access to the information being discussed reviewed and updated.

Staff worked together and with health and social care services to understand, meet, assess, and plan on-going care and treatment for their patients. This included when patients were referred to other services, or discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were discussed, reviewed, and updated.

Consent to care and treatment

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

- Staff members knew the relevant practice consent and decision-making processes and had an understanding of the legislation and guidance; this included the Mental Capacity Act 2005.
- Staff members carried out assessments of capacity to consent in accordance with the guidance prior to providing care and treatment for children and young people.
- When patients mental capacity to consent to care or treatment was uncertain clinicians assessed the patient's capacity and, recorded the outcome within the patient's consultation record.

Supporting patients to live healthier lives

The practice held registers of patients who may need additional support.

- These included patients known to be in the last 12 months of their lives, carers, those at risk of developing a long-term condition or those requiring advice regarding their diet, smoking and/or alcohol cessation. We saw evidence that patients were signposted or referred to the appropriate and relevant services.
- The practice's uptake for the cervical screening programme was 81% which was higher than the local average of 77% and the national average of 74%. There was a procedure in place to send reminders to patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend other national screening programmes for example bowel and breast cancer screening.

Are services effective? (for example, treatment is effective)

- Childhood immunisation rates for the vaccinations given were in line with CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 95% and five year olds from 91% to 95%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, when abnormalities or risk factors were identified.
- The practice actively used social media to promote important health messages to patients and advised them regarding practice support.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we observed members of the reception staff to be courteous, helpful, and supportive to patients, this included treated them with dignity and respect.

- Patients' privacy and dignity during examinations, investigations and treatments was maintained by the provision and use of disposable curtains that were changed regularly.
- Patients told us they were treated with consideration, dignity and respect and involved in the decisions about their care and treatment. The four patients we spoke with on the day told us it was a very caring and family orientated practice and that all the members of staff were helpful.
- Consultation and treatment room doors were closed during consultations this made certain conversations taking place inside could not be overheard.
- Staff members at the reception desk told they were able to recognise patients that appeared distressed or needed to speak about a sensitive issue. We were told these patients could be offered a private room to discuss their issues or problems.

The 13 Care Quality Commission comment cards collected were extremely positive about the standard of care received. Comments referred to helpful reception staff and four patients that spoke with us on the day of inspection said they were more than satisfied with the services the practice provided. We spoke with four members of the practice patient participation group (PPG) during the inspection and they were very positive with regards to the communication and support of the staff and GPs.

Results from the national GP patient survey published on January 2016 showed patients felt they were treated with compassion, dignity and respect. In comparison to local and national practices The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of respondents said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 88% of respondents said the GP gave them enough time (CCG average 86%, national average 87%).

- 94% of respondents said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 86% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 86% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 82% of respondents said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

During the inspection we spoke with four patients that each told us they were involved in the decision making processes during their care and treatment. They also told us they felt supported by staff, listened to, and were given sufficient time during consultations to make decisions about the choices of treatment available to them. Patient feedback on the 13 comment cards we received reflected 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. For example:

- 84% of respondents said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 81% of respondents said the last GP they saw was good at involving them in decisions about their care (national average 81%).
- 77% of respondents said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

Staff told us there was a hearing loop for patients living with deafness and translation services were available for patients who did not have English as their first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations if they were a carer. The practice computer system alerted

Are services caring?

practice staff if a patient was also a carer so that carer's could be given extra consideration when being given appointments to ensure they could meet their caring responsibilities. The practice had 43 patients on the practice carers register which equates to 0.5% of their population. The practice manager told us the practice was working hard towards capturing further numbers when people registered as new patients at the practice and opportunistically during consultations. A carer's pack of information was available within the practice and on the practice website to direct carers to the

various avenues of support available for them. The practice manager also told us they were working towards being a 'GP Centre of Excellence For Carers' with the organisation Essex Carers Support.

The practice also supported 76 patients on their register of people living with a learning disability and all these patients that wanted an annual health check had received one.

Staff told us that if families had suffered bereavement, their usual GP contacted them. The bereaved were offered an appointment at a flexible time to meet the family's needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice assessed the needs of its local population and engaged with the NHS England Area Team. GPs at the practice worked with the local area Clinical Commissioning Group (CCG) to ensure improvements to local services when they were identified. CCGs are clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. Both the senior GP partner and the practice manager were elected CCG members.

- The practice provided longer appointments to patients living with a learning disability.
- Home visits were available for older patients and the housebound who would benefit from them.
- Appointments were available on the same day requested for children and those with serious and urgent medical need.
- Travel vaccinations that were not available on the NHS were administered for patients' convenience at the practice for the cost of the vaccines and service.
- There were accessible facilities, translation services, and adaptations for babies and small children had been made at the practice.
- Patients were referred to a 'GP care adviser' when relevant to do so and given space within the practice for a weekly afternoon clinic to be held. GP care advisers provide advice regarding benefits that can be claimed and equipment and adaptations to meet patient needs within their home.
- The practice patient participation group (PPG) provided suggestions for practice improvements. For example when a procedure in the practice was misinterpreted by reception staff causing a PPG member an issue. We saw in the PPG annual report for 2014/2015 the actions taken in response to this and other issues raised.
- The practice donated funds to support the Little Clacton community car scheme that provided door to door transport for patients to healthcare appointments living in the Little Clacton and Weeley areas. This directly benefitted patients at the practice living in rural areas that were not connected by public transport or owned their own transport to attend the practice.

Access to the service

The practice opening hours and clinical sessions were; Mondays to Fridays 8am to 6.30pm. They had opted out of providing GP out of hour's services. Patients requiring a GP outside of normal practice working hours were advised to contact the 111 non-emergency services. Patients requiring emergency treatment could contact the out of hour's service which was provided by Care UK.

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

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 79% patients said they could get through easily to the surgery by phone (national average 73%).
- 83% patients said they always or almost always see or speak to the GP they prefer (national average 76%).

The four patients we spoke with told us they were able to obtain an appointment when they needed one, and knew how to contact the surgery through a variety routes.

Appointment waiting times were monitored daily and actions were taken when problems were identified this included the changing the number of urgent appointments to meet demand.

Listening and learning from concerns and complaints

The practice had an effective procedure to manage complaints and concerns.

- Their complaints policy was in line with recognised guidelines for GPs in England.
- There was a named designated staff member within the practice to manage all complaints.
- We saw that information was available to help patients understand the complaints system For example; notices displayed a complaints leaflet available and information on the practice website.

We looked at nine complaints received in the last 12 months and found these had been dealt with in a timely manner, with the honesty and clarity described in their policy. Lessons that were learnt from the concerns or complaints had been acted upon and actions had been undertaken from the findings to improve patient care. We

Are services responsive to people's needs? (for example, to feedback?)

noted that findings and actions from complaints were shared with all staff members to ensure practice wide learning. For example, when a patient with an alert on their records 'not to be contacted by phone' had not been complied with, the patient emailed the practice manager.

This complaint was dealt with by an apology and explanation of actions to the patient, and a discussion with staff members and improvements to the system implemented.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a mission statement as follows; 'The practice endeavours to promote good health and provide high quality, evidence-based care in a non-discriminatory fashion to all members of the practice population' captured the concept to provide quality care in an unbiased manner to their practice population.

- The GP partner's philosophy was to provide a comprehensive, responsive service for their patients, in a family inspired manner being mindful that different population groups have additional and specific needs.
- The practice had a robust strategy and supporting business plan that staff members were aware of and could access.

Governance arrangements

There were practice specific policies and procedures which supported the delivery of their governance framework and safe quality care. The governance arrangements outlined the staff responsibilities, structures and procedures in place to ensure:

- The staff management and clinical structures were understood by all staff members who understood both their own and their colleague's roles, responsibilities and needs.
- Practice specific policies were reviewed and regularly updated to ensure they met current guidelines and legislation. Staff told us the practice policies were easy to access, understand, and underpinned their work.
- The practice management team had a comprehensive understanding of their performance and produced comprehensive key performance indicators to understand the quality of the work delivered. The practice held a monthly partners meeting, these included the practice manager and the finance manager to discuss business performance, and inform decision making and future planning.
- They reviewed 'NHS Friends and Family', 'NHS Choices' and 'National Patient GP Survey' information to see where they might improve.
- The practice used internal audits to monitor both clinical and non-clinical quality and to make improvements.

- Risks were recorded, managed, and actions were taken to improve patient and staff safety were documented and followed up.

Leadership and culture

The partners in the practice had local knowledge, the capacity and capability to lead the practice and ensure high quality care was provided. They had been fortunate to employ several of the registrars that had trained at the practice and joined the practice as partners and this helped them maintain continuity for their patients.

The practice manager is chairman of the area user group for the software patient's records system. They had organised area training for all practices in North East Essex and maintained a user group email for sharing ideas and work. The practice manager had also developed templates for those members of the user group to ensure more robust work procedures could be embedded within the system.

GPs at the practice worked with the local area Clinical Commissioning Group (CCG) to ensure they could provide their input to improvements for local services. The practice manager attended the local practice managers' meetings to make certain the practice was well informed regarding local developments and local practice developments.

The GP partners were visible in the practice and staff members told us they listened to them and supported their views on any development suggestions they had made. The GPs encouraged a culture of openness and honesty and were aware of and complied with the requirements of the 'Duty of Candor' when dealing with any incidents. The practice knew how to deal with notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- Actions were taken to improve practice processes and prevent future incidents. Those people involved received an honest explanation with an apology when it was appropriate.

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

- Staff members told us they were involved in the regular practice team meetings.

Are services well-led?

Good 

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

- Staff told us they appreciated the open culture within the practice and were given the opportunity to raise any issues at team meetings and felt confident in doing so and supported when they did.
- Staff members told us they felt respected, valued and supported, particularly by the management and GPs in the practice. Within the minutes of staff meetings we saw that staff members were involved in discussions about how to run and develop the practice. The management and GPs encouraged staff members in attendance to identify opportunities at the practice to improve the service they delivered. The staff members also told us they did not have to wait for a meeting to express their views and were encouraged to talk to the practice manager or GPs at any time.

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

The practice encouraged and valued feedback from patients, the patient participation group (PPG) members, the public and their staff members. They used the feedback gathered from their PPG and virtual PPG members when the practice wanted their patient's opinion or suggestions. A virtual PPG member communicates with the practice by email and the internet. Actions taken by the practice

following PPG suggestions included the addition of parking signs in the road to improve traffic flow outside the practice, and the addition of messages on the practice call board to support patient understanding.

- The practice had gathered feedback from patients through the GP appraisal system.
- They gathered feedback from staff during staff meetings, appraisals and ad-hoc discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve the running of the practice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. They worked well with their Patient Participation Group (PPG), and regularly asked their opinion. The practice manager used the practice computer system to inform the key performance indicators used by the practice to understand their performance and strive for improvement. They had provided training for other local practices to ensure those practices in the user group were provided robust work procedures and reporting capability.