

# Dr Mahmud & Partners

## 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 Dr Cyrus & Partners on 30 September 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. Learning from when things went wrong was shared with staff through team meetings which were minuted.
- There were procedures in place to identify and manage risks to patients and staff.. Risks in relation to premises and fire safety were assessed and action taken to minimise risks. There were no Disclosure and Barring Service checks or risks assessments in place for non-clinical staff who carried out chaperone duties.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. GPs at the practice were proactive in improving outcomes for patients through reviews and clinical audits.
- Staff were supported and received training appropriate to their roles with further training needs identified through an appraisal system and planned for.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Complaints and concerns made in writing and verbally were responded to and apologies given. Learning from complaints was widely shared with the staff team.
- Most patients said they found it easy to make an appointment with a named GP and that there was

# Summary of findings

continuity of care, with urgent appointments available the same day. The practice regularly reviewed its appointments system taking into account patients views and experiences.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must

- Ensure that risks to patients and staff, particularly risks associated with the use of non-clinical staff as chaperones where no Disclosure and Barring check has not been obtained, risks associated with premises and fire safety are identified, monitored and managed to minimise these risks.

The provider should:

- Implement a clear procedure for the issue of routine, new and repeat prescribing in relation to the role and responsibilities of the prescriptions clerk.

**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 requires improvement for providing safe services. The practice reviewed, acted on and learned from significant events and other incidents when things went wrong. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.

There were procedures in place to safeguard children and adults from harm and staff had appropriate training. The practice had a chaperone policy and all staff had undertaken training. However non-clinical staff who carried out this role had not been subject to Disclosure and Barring Service (DBS) checks or a risk assessment. These checks help to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Staff had access to policies and procedures and had received training in relation to minimising the risk of infections. There were systems in place to assess and manage risks to patients. Equipment including those used for diagnostic and treating patients and fire safety equipment was checked and calibrated to ensure that it was safe. However the practice did not have a fire risk assessment or risk assessments in respect of the premises.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality for the management of the majority of long term conditions and disease management such as heart disease, dementia and diabetes. Where areas for improvements were identified the practice acted promptly to address these. Staff referred to guidance from the National Institute for Health and Care Excellence local and national initiatives and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation and guidance. Staff regularly reviewed current guidance to ensure that patients were receiving treatments in line with any changes for improvement. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development.

**Good**



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services. Data showed that patient satisfaction for several aspects of care was in line with other GP practices locally and nationally. Patients said they were treated with compassion, dignity and respect. They said that their care and treatment was explained to them in a way that they could understand and that they were involved in decisions about their care and treatment.

Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. Patients were signposted to local and national organisations such as cancer support, counselling and bereavement support organisations.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice regularly reviewed its appointments system and the majority of patients we spoke with / who completed comment cards said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders and improvements were made as needed taking into account the views of patients.

Good



## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. 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. There were systems in place to monitor and improve quality and identify risk. Some improvements were needed to ensure that risks to staff and patients were identified and managed. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



# 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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice offered home visits to support patients who could not easily attend appointments. The practice GPs gave examples where they liaised with health and social care agencies to improve the support for patients such as increased homecare assistance.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. GPs had lead roles in chronic disease management such as diabetes and heart disease and they were supported in this work by the nursing team. Patients at risk of unplanned hospital admission were identified as a priority and were given support. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. 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. Immunisation rates were comparable to GP practices both locally and nationally for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw examples of joint working with midwives, health visitors and school nurses.

Good



# Summary of findings

A range of services were available including sexual health and contraceptive advice and treatment were available. Health screening was provided and proactively promoted and the practice performance for cervical screening was similar to the local averages.

## **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. The practice was proactive in offering online services such as online appointment booking and consultations. A full range of health promotion and screening that reflects the needs for this age group.

Good



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

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including people with mental health conditions and those with a learning disability. The practice had 26 patients on its learning disabilities register which accounted for 0.15% of the practice population. It had carried out annual health checks for people with a learning disability and all of these patients had received a follow-up. The practice offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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). 67% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

Good



## Summary of findings

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing in line with local and national averages. There were 111 responses from 259 surveys sent out which represented a 43% response rate.

The survey showed that patient satisfaction was similar to local and national GP practices for the convenience of the appointment system, and waiting times. The practice scored lower than both local and national averages for ease of accessing the surgery by telephone and making an appointment.

- 34% found it easy to get through to the surgery by phone compared with a CCG average of 70% and a national average of 73%.
- 74% found the receptionists at this surgery helpful compared with a CCG and a national average of 87%.
- 54% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 68% and a national average of 60%.
- 68% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.

- 87% said the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 40% described their experience of making an appointment as good compared with a CCG average of 74% and national average of 73%.
- 61% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 74% and a national average of 65%.
- 50% felt they didn't normally have to wait too long to be seen compared with a CCG average of 67% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Patients commented positively about staff saying that they were polite, professional and caring. The majority of patients said that they could get appointments that suited them and that they were happy with the care and treatments that they received.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure that risks to patients and staff, particularly risks associated with the use of non-clinical staff as chaperones where no Disclosure and Barring check has not been obtained, risks associated with premises and fire safety are identified, monitored and managed to minimise these risks.

### Action the service **SHOULD** take to improve

- Implement a clear procedure for the issue of routine, new and repeat prescribing in relation to the role and responsibilities of the prescriptions clerk.

# Dr Mahmud & Partners

## 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 and a practice manager specialist adviser.

## Background to Dr Mahmud & Partners

Dr Cyrus & Partners (Church View Surgery) is located on the High Street in Rayleigh, Essex. The practice has a branch surgery located at 55 Southend Road, Hockley in Essex. We did not visit the branch site as part of this inspection. The practice provides services for 15,100 patients living within the Rayleigh, Rochford and Hockley area and patients can access treatment from either location. The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England and Castlepoint, Rayleigh and Rochford Clinical Commissioning Group. A GMS contract is one between GPs and NHS England and the practice where elements of the contract such as opening times are standard.

Dr Cyrus and partners is a training practice (training practices provide placements for foundation year 2 doctors who have completed their medical school training). There were plans to provide trainee GPs placements in the future.

The practice population is slightly lower than the national average for younger people and children under four years, and for those of working age and those recently retired, and significantly higher for older people aged over 75 years. Economic deprivation levels affecting children, older people and unemployment are lower than the practice average across England. Life expectancy for men and

women are slightly higher than the national averages. The practice patient list has a similar to the national average for long standing health conditions and lower disability allowance claimants. The practice has lower than the national average of patients living in care homes at 0.1% of its practice population.

The practice is managed by seven GP partners who hold financial and managerial responsibility for the practice. There are two female and five male GPs employed. The practice also employs three practice nurses, two health care assistants and a phlebotomist. A practice manager and assistant practice manager are supported by team of administrative, secretarial and reception staff.

The practice is open between 8am and 6.30pm on weekdays with GP and nurse appointments available during these times.

The practice has opted out of providing GP out of hours services. Unscheduled out-of-hours care is provided by the NHS 111 service and patients who contact the surgery outside of opening hours are provided with information on how to contact the service. This information is also available on the practice website.

## Why we carried out this inspection

We inspected Dr Cyrus and Partners as part of our comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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

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.

## How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 September 2015. During our visit we spoke with a range of staff including GP's nurses, healthcare assistants, receptionists, the practice manager and deputy practice manager and administrative staff. We also spoke with four patients who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed 19 comment cards where patients and members of the public shared their views and experiences of the service. We reviewed a number of documents including policies and procedures in relation to the management of the practice.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events, safety incidents, complaints and concerns. The practice had procedures in place for reporting safety incidents and all staff we spoke with were aware of these. Staff told us they would inform the practice manager or GPs of any safety incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of the significant events and these were discussed at the weekly clinical meetings and general staff meetings as appropriate. Information and learning was shared with practice staff and external parties such as the local hospital and care homes where appropriate. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident where a patient referral to a specific service was delayed as the letter was not sent a procedure was introduced whereby all these referrals would be telephoned by the GP at the point of decision to refer. We saw evidence that this change has been implemented.

There were systems in place for the receipt and sharing of safety alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts have safety and risk information regarding medication and equipment often resulting in the review of patients prescribed medicines and/or the withdrawal of medication from use in certain patients where potential side effects or risks are indicated.

Safety was monitored using information from a range of sources, including the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse. Staff had undertaken role specific training and had access to appropriate policies and procedures which reflected relevant legislation and referred to the local safeguarding team reporting systems. The policies clearly outlined who to contact for further guidance and how to report concerns about a patient's welfare. There were lead members of staff for safeguarding adults and children. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities to recognise and report concerns.
- The practice had procedures in place for providing chaperones during examinations. A notice was displayed in the waiting room, advising patients that chaperones were available, if required. All staff who acted as chaperones were trained for the role. However non-clinical staff had not received a disclosure and barring check (DBS) and no risk assessment had been conducted. (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 procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, which was kept under regular review and available to all staff. All electrical equipment was checked to ensure that it was safe to use. Clinical and diagnostic equipment was checked and calibrated to ensure it was working properly. The practice provided information and a risk assessment was in place in relation to the control of substances hazardous to health (COSHH) such as cleaning materials. An external assessment had been conducted in December 2014 to identify risks in relation to legionella. A number of recommendations had been made following this assessment and we saw that these had been implemented. Firefighting and detecting equipment was in place and checked regularly. Fire exits were clearly signposted and a fire evacuation procedure was displayed in various areas throughout the premises. All staff had received fire safety training and both practice locations had identified fire marshals. However

## Are services safe?

there was no fire risk assessment in place. The practice manager told us that this would have been carried out by the landlord. However it was not available on the day of our inspection.

There was no health and safety policy or procedure in place and no risk assessments in place in relation to the premises.

- There were procedures in place to minimise the risk of infections to both staff and patients. We observed the premises to be visibly clean and tidy. Cleaners were employed and they were provided with detailed cleaning schedules, which were routinely checked. The practice had suitable infection control policies which were available to staff and all staff had
- undertaken training. One practice nurse acted as the infection control clinical lead who oversaw the procedures in place and provided up to date guidance for staff. A system of monthly infection control audits was undertaken and we saw evidence that action was taken to address any improvements identified as a result. Staff had access to personal protective equipment including gloves and aprons. Clinical staff had undergone screening for Hepatitis B vaccination and immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.
- There were arrangements for managing medicines, including emergency drugs, high risk medicines and vaccinations. There were policies and procedures in place for the safe storage of medicines. All medicines we viewed were within date, stored securely and accessible only to relevant staff. Prescription pads were securely stored and there were systems in place to monitor their use. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. The practice performance for prescribing antibiotics, non-steroidal anti-inflammatory medicines and antidepressants / sleeping tablets was above or in line with local CCG guidelines. GPs we spoke with said that all routine and new prescriptions were checked and authorised before they were issued by the prescriptions clerk. There was no written policy and procedure in place, which described the process and the roles and limitation of these roles for the clerk.

- The practice had policies and procedures in place for employing clinical and non-clinical staff. We looked at seven staff files and found that appropriate checks including proof of identification, references, qualifications, registration with the appropriate professional body had been carried out. However Disclosure and Barring services checks or risk assessments had not been carried out for all non-clinical staff, including those who undertook chaperone duties.
- Arrangements were in place for planning and monitoring the number of and skill mix of staff needed to meet patients' needs. Staff worked across both practice locations and there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had policies and procedures in place for dealing with emergency situations including medical emergencies. All staff received annual basic life support training and were able to describe how they would act in the event of a medical emergency. The practice had procedures in place to assist staff to deal with a range of medical emergencies such as cardiac arrest, epileptic seizures or anaphylaxis (severe allergic reaction) and emergency medicines available and accessible to staff. All the medicines we checked were in date and fit for use. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency equipment was regularly checked to ensure that it was fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which could affect the day to day running of the practice. The plan included staff roles and responsibilities in the event of such incidents and emergency contact numbers for staff. The practice manager and other staff described how they had implemented the plan following a flood at the practice. Staff reported that the plan had worked well and that disruption to the running of the practice had been minimised.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

We saw that patient care and treatment was delivered in line with recognised best practice standards and guidelines including the National Institute for Health and Care Excellence (NICE), Clinical Commissioning Group guidelines and policies. Staff told us that information and any changes in legislation or national guidelines were shared during regular clinical staff meetings. Records we viewed confirmed this.

New patients were offered health checks when they joined the practice. GPs had lead roles for a number of areas including palliative care, diabetes and minor surgery. These GPs served as a source of expertise for colleagues in the practice and were responsible for ensuring new developments or specific clinical issues were discussed at the relevant practice meetings.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Verified data from 2013/14 showed that the practice was performing similar to or better than GP practices nationally for a number of patient outcomes and in the management of long term conditions;

- The percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2012, who are currently treated with an appropriate bone-sparing agent was 83% compared to the national score of 81%. This helps prevent the risks of bone fractures in older people who are at increased risks of falls.
- The percentage of patients with atrial fibrillation (with CHADS2 score of 1), measured within the last 12 months, who are currently treated with anticoagulation drug therapy or an antiplatelet therapy was 100% compared to the national score of 98%. This helps to reduce the risks of blood clots/ stroke in patients with certain heart conditions.

The practice performance for diabetes related indicators was similar to the CCG and national average.

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 81% compared to the national score of 78%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 79% compared to the national score of 81%.

These checks help to identify and manage diabetes and associated conditions such as heart disease.

The practice was an outlier for performance in some aspects of diabetes management:

- The percentage of patients with diabetes, on the register, who have a record of and albumin:creatinine ratio test in the preceding 12 months was 58% compared to the national score of 86%.

This test helps to identify signs of kidney disease associated with diabetes. GPs we spoke with attributed this to nurses carrying out these diabetic reviews during 2013/14. Following an analysis of the results all diabetic reviews were now being monitored by one GP with a special interest and knowledge in diabetes. This had improved the practice outcomes and the latest, though unverified QOF data showed that to date 118 of the 137 eligible patients had this test (86.1%) and the practice was on course to reach 100% by the end of the 2015/2016 period.

The practice performance for hypertension related indicators was lower than the national average.

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months is 150/90mmHg or less was 68% compared to the national score of 83%. We spoke with GPs about these scores and the attributed the results in part to the higher than average over 75 years population in whom aggressive management of hypertension was not deemed appropriate.

Performance for mental health related indicators was similar to expected compared to national GPs 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 67% compared to the national score of 86%.



# Are services effective?

## (for example, treatment is effective)

The practice used a system of clinical audits to review and make changes, where appropriate to patient care and treatment to improve outcomes. Each of the four GPs we spoke with had completed or were conducting clinical audits. We looked at two audits. One was ongoing and was reviewing the success rate and complications for joint injections. Another audit had been completed to ensure all Rheumatology patients were having appropriate Cardiovascular assessments and follow up in line with best practice from the British Society of Rheumatology.

### Effective staffing

Staff were supported to develop the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff to provide initial training and help staff familiarise themselves with the practice policies and procedures. Induction covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of performance appraisals. Records we viewed demonstrated that all staff had had an appraisal within the last 12 months. The practice manager told us that staff did not have documented personal development plans, however where training needs were identified these were planned for and that a new format for staff appraisal to include individual personal development plans was due to be implemented.
- Staff had access to appropriate training to meet the needs of the practice and their individual roles and responsibilities. This included ongoing support, one-to-one meetings, appraisals, coaching and mentoring. Staff training included safeguarding, fire safety, information governance and confidentiality. Nursing staff were trained to carry out assessments and deliver patient screening and treatment programmes including immunisations, vaccinations and cervical screening.
- Nursing and GP staff had ongoing clinical supervision. Nurses working at the practice had effective current Nursing and Midwifery Council (NMC) registration. All GPs had or were preparing for their revalidation. (Every GP is appraised annually, and undertakes a fuller

assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

### • Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance including the Mental Capacity Act 2005. The practice had policies and procedures around obtaining patients consent to treatment. Staff we spoke with could demonstrate that they understood and followed these procedures. GPs and nurses we spoke with told us when providing care and treatment for children, young people or where a patient's mental capacity to consent to care or treatment was unclear, assessments of capacity to consent were also carried out in line with relevant guidance. We saw that written consent was obtained before GPs carried out minor surgical procedures and other treatments including joint injections. We saw that patients were provided with detailed information about the procedures including intended benefits and potential side effects. We saw that where verbal consent was obtained for procedures including joint injections that this was recorded correctly within the patients' medical record.

### Health promotion and prevention

# Are services effective?

(for example, treatment is effective)

GPs we spoke with told us that the practice was proactive in promoting patients' health and disease prevention. The practice had systems in place for identifying patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A dietician was available on the premises and smoking cessation advice was available from a local support group. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme for 2013/14 was 81%, which was the same as the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given and flu vaccination rates for patients over 65 years were comparable to national averages in 2013/14. For example,

- The percentage of childhood meningitis C immunisation vaccinations given to under one year olds was 89% compared to the CCG percentage of 86%.
- The percentage of childhood MMR vaccination (MMR) given to under two year olds was 97% compared to the CCG percentage of 98%.
- The percentage of childhood meningitis C vaccinations given to under five year olds was the same as the CCG percentage of 98%.
- Flu vaccination rates for the over 65s were 66%, and at risk groups 41%. These were also comparable to national averages (73% and 52% respectively).

At the time of our inspection the practice was promoting and advertising the next flu vaccination campaign and details including dates was available in the waiting room and on the practice website.

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. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The patient waiting area was located away from the main reception desk and this helped to minimise the risk of conversations between reception staff patients being overheard.

Seventeen of the patient 19 CQC comment cards we received were positive about the service experienced with seven patients making specific comments as to the helpful attitude, caring, kindness and compassion of staff including receptionists, nurses and GPs. Patients said they felt the practice offered an excellent service and staff treated them with dignity and respect. We also spoke with four patients on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was comparable with other GP practices both locally and nationally for its satisfaction scores on consultations with doctors and nurses. For example:

- 83% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%
- 77% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and national average of 92%.

- 74% of patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.

The practice patient satisfaction was lower for one area;

- 74% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.

GPs had reviewed these scores and amended their appointment system to allow patients to discuss one or more issues during consultations.

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

Patients we spoke with told us that health issues were discussed with them and that treatments were explained in a way that they could understand. They said they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the 19 comment cards we received was also positive and aligned with these views.

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

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 71% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 81%

Staff told us that the majority of patients were British, English speaking and the demographics data supported this. They told us translation services were available for patients who did not have English as a 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 for dealing with depression, cancer support and support for

## Are services caring?

patients who were carers. The practice patient leaflet contained contact details for a range of local services including hospitals, Childline, Essex Advice Line, Drugs Advisory Service and CRUSE (Bereavement Care).

The practice staff identified at registration if a patient was also a carer and this information was recorded in the computerised system to alert GPs when the patients visited the practice. There was a practice register of all people who were carers and these patients were supported, for

example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or arranged a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, a number of GPs were proactive in developing in house education and helping to implement this, supporting GP practices within the CCG area.

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

- The practice offered nurse and GP appointments throughout the day between 8am and 6.30pm.
- There were longer appointments available for people where this was indicated including those with long term conditions and patients with mental health issues or with a learning disability.
- Home visits were available for older patients / patients who would benefit from these. The practice conducted up to six home visits each day as needed.
- Urgent access appointments were available for children and those with serious medical conditions. The practice kept a register of vulnerable patients and offered same day appointments routinely to these people.
- There were disabled facilities, hearing loop and translation services available.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available during these times. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice had reviewed its procedures for home visits taking into account the high numbers of patients over 75 years. They offered a higher number of home averaging six or more visits each day.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than the local and national averages. For example:

- 48% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.

- 34% patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 73%.
- 40% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 61% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 74% and national average of 65%.

The practice had reviewed these results and had developed an action plan to address the issues. They had amended the appointments system a number of times to address patients concerns and were currently trialling a system to try and fill all morning appointments before offering afternoon appointments. The practice also offered an on-line appointment booking and cancellation system and online consultations. This service was not well utilised despite being advertised. We saw that a number of appointments were available on the day of our inspection and on subsequent days that week. The practice manager was also liaising with other local GP practices to see what appointments systems were used so as to see if improvements could be implemented.

Each of the four patients we spoke with on the day of the inspection told us that they found it easy to make routine and urgent same day appointments.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. This information was displayed in the waiting area and included in the patient leaflet and on the practice website. Information clearly described how patients could make complaints and raise concerns, what the practice would do and how patients could escalate their concerns should they remain dissatisfied. Each of the four patients we spoke with were aware of the process to follow if they wished to make a complaint.

We saw that all complaints and concerns (issues raised that did not require a complaints investigation) received either verbally or in writing were responded to an apology given.

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

We looked at nine complaints and 22 concerns received in the last 12 months. We saw that complaints were acknowledged, investigated and a full response and apology given. Complaints were dealt with in a timely way. We reviewed a sample of complaint responses and found that these demonstrated openness and transparency.

Lessons were learnt from concerns and complaints and these were shared with staff in clinical and non-clinical meetings. Action was taken to address concerns raised by patients to improve the quality of care.

# 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 clear vision and ethos to deliver high quality care and empower patients to self-manage common ailments. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. Staff we spoke with felt involved and could contribute to the practice vision and ethos.

### Governance arrangements

The practice had an overarching governance framework to deliver and improve services for good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were supported and aware of their roles and responsibilities within the practice team.
- Practice specific policies and procedures were implemented, regularly reviewed and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Some improvements were needed to ensure that risks to patients and staff were well managed.

### Leadership, openness and transparency

The partners in the practice attended locality meetings and sought advice from specialist consultants to ensure that they implemented the most recent guidance to run the practice and ensure high quality care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty. There were procedures in place for reporting concerns and supporting open and honest dialogue between staff.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team

meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients which it used to monitor and make improvements to the service. It had gathered feedback from patients through the Friends and Family Test (FFT), patient participation group (PPG) and through surveys and complaints received. Patients were encouraged to comment about the service and could do so via the practice website.

The practice had an active PPG which met on a regular basis. The practice encouraged patients of all ages to participate in this group which was predominantly made up of retired people.

We saw that the practice monitored the results of the FFT on a monthly basis and the findings from these were shared with staff via an email and discussed during practice meetings.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us that GPs were approachable and 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 how the practice was run. There were regular clinical and general practice meetings where issues such as complaints, significant events and areas for improvement were discussed and learned from.

### Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and regularly sought advice and guidance from senior hospital consultants. The practice demonstrated that they used reviews and learning to drive innovation. Following a review of performance a dedicated GP oversaw all diabetes related test results to ensure that patients received the most advanced care and treatment,

# Are services well-led?

Good 

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

taking into account the relevant and changing guidance. The practice also had changed the way that referrals to secondary and specialist care for patients with a new cancer diagnosis were made. These 2 week referrals were booked and the date given to patients during their GP consultation. This helped to ensure that delays in referrals were minimised and to alleviate patient anxieties.

The practice manager and deputy practice manager had been employed at the practice for three years. Neither had any previous practice management experience and had developed a working 'How to' manual of policies and procedures for the day to running of the practice, which was shared with staff.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.
Maternity and midwifery services	Risks to the health and safety of patients and staff were not consistently identified, monitored or managed as there were no risk assessments in place in relation to fire safety and no assessments of risks in relation to premises. Where non-clinical staff undertook chaperone duties, a Disclosure and Barring Services (DBS) check or risk assessment had not been carried out.
Surgical procedures	Safe care and treatment: Regulation 12(2)(a)(b)(d)
Treatment of disease, disorder or injury	

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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