Rowhedge and University of Essex Medical Practice

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Rowhedge and University of Essex Medical Practice on 24 August 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were:

- There was an effective arrangement for reporting and recording significant and safety events at the practice.
- Risks were managed and evaluated to ensure patients and staff members were safe.
- Care was provided in line with current best practice and evidence based guidance. Staff members had the skills, knowledge, and experience to deliver effective care and treatment.
- Patients told us they were cared for with concern, dignity, and respect; they also told us they were included in decisions about their care and treatment.
- Information about practice services and how to complain was available, on notices and the practice website. Learning was seen in meeting minutes, and improvements had been made as a consequence of complaints and concerns.
- Patients said they able to access appointments with a GP and were provided continuity of care. There were urgent appointments available on the same day.
- The practice was well equipped to treat their patients and the premises were clean and safe.
- Staff members said they felt supported by management, and there was a clear leadership structure at the practice. Feedback was sought from staff members and patients, which we saw the practice had considered and acted on.
- The practice recognised the requirements of the duty of candour in the open and honest way they deal with concerns and complaints.

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?

Good

The practice is rated as good for providing safe services.

- There were arrangements for reporting and recording significant and safety events at the practice. The practice held meetings every six months to review events and complaints.
- Lessons learned were shared and used for training to ensure when incidents and events occurred the actions they had taken were embedded at the practice to improve safety.
- An open and honest approach to safety was seen at the practice. When anything went wrong patients were provided reasonable support, information, and a written apology. They were told about any actions taken to improve processes and prevent recurrence.
- The practice had processes and procedures in place to keep patients safe and safeguarded from abuse. There were alerts on patient's records to highlight to staff their vulnerability and to ensure they were treated appropriately.
- Risks were monitored and assessed to keep patients, people visiting the practice, and staff member's safe.

The practice held a recently updated business continuity plan to support staff in case of an emergency event.

Are services effective?

Good

The practice is rated as good for providing effective services.

- The Quality and Outcomes Framework (QOF) data showed patient's clinical quality outcomes were above local and national practice averages.
- Staff members delivered care in line with current evidence based clinical guidance.
- Clinical audits demonstrated patient outcomes were improved and positive changes made to prescribing and treatment.
- We found that staff members had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of annual appraisals with personal development and training for all staff members.

Staff members worked with other health and social care professionals to meet the range of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice comparable with other local and national practices for aspects of care.
- The number of carer's registered at the practice was 45, this equates to 0.3% of the whole practice population.
- Patients told us they were treated well, with dignity and respect which included being involved in decisions about their care and treatment.
- Information for patients about the services was available, easy to understand, and accessible at the practice and on their website.
- There was a hearing loop and translation services available for patients that needed it.

We saw staff members at the practice treated patients with kindness, respect, and maintained patient information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Home visits were available for older patients and patients with clinical needs
- Same day appointments were available for children and for patients with an urgent medical need or problems that required a same day consultation.
- Longer appointments were available for patients with a learning disability.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example over 70% of the practice population were students that required dedicated services to support not only those leaving home for the first time, but the 40% that were leaving their birth country for the first time.
- The practice provided integrated patient-centred care for its more traditional practice population and for its university location population. Each September when approximately 2,700 students were enrolled at their university location practice they provided bulk vaccination against 'Meningitis ACWY' and measles, mumps and rubella (MMR) when registering them at the practice. This prevented complications caused when a great number of people live and work in close proximity and can spread disease. The practice provided a health presentation for student patients during their first few

Summary of findings

weeks at the beginning of September in conjunction with the university to give them information needed for self-help to keep them healthy and understand where they can receive primary care treatment when they needed. The practice provided sexual health nurse community clinics at their university practice location to ensure early access to this provision and reduce the risks from sexually transmitted infection
- The practice had clean, safe facilities and sufficient equipment to meet their patient population needs.
- Information about how to complain was available both at the practice and on their website.
- The practice responded quickly when issues, complaints, or safety events were raised, and learning from these was shared with staff members and others working with practice staff and patients.

Patient needs were assessed for their local population and the practice engaged with the NHS England Area Team and the local Clinical Commissioning Group to secure improvements to services when these were identified. Patients told us they found it easy to make an appointment with a named GP and they had continuity of care, with urgent appointments available on the same day.

Are services well-led?

Good

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

- The practice told us their values were to provide: good family medicine, a stable partnership, and care for patients as they would family members, and provided a diverse partnership of different ages, personalities and medical interests.
- Staff members knew about the practice ethos and their responsibilities in relation to its shared values of openness, fairness, respect, accountability, and suitable work-life balance.
- There was a clear leadership structure that staff members understood; when we spoke to staff members they told us they felt supported by management at the practice.
- The practice had a number of policies and procedures to govern both clinical and administrative activity which it reviewed and updated regularly. The practice complied with the requirements of the duty of candour when dealing with significant events in an open and honest manner.
- We saw that the practice took minutes at clinical and business meetings; there were set agenda items to ensure regular monitoring of important practice systems and issues.
- We saw a central service strategy to provide good quality care, which included arrangements to monitor and improve service quality and identify and manage risk.

Summary of findings

- The partners encouraged a culture of openness and honesty within their staff members.
- Notifiable safety incidents were shared with staff members to ensure when appropriate action had been taken it was embedded within the practice procedures.
- Feedback was sought from staff members and patients, which it used to develop improvements. The practice management team regularly reviewed the results of data produced at the practice and discussed how they could improve service quality.
- Data was also benchmarked by the practice against local and national results to monitor and understand their own performance.
- The patient participation group was active and supported the practice. They also worked with local community organisations to improve and support services at the practice.

There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good

The practice is rated as good for the care of older people.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with a greater need.
- The practice offered follow-up appointments with a GP or nurse practitioner on the telephone when patients in this population group were discharged from hospital.
- Patients over the age of 75 years old were allocated a named GP. The practice performed a monthly search on their patient record system to identify any patients approaching the age of 75 to offer them age appropriate services.
- The practice provided primary care to two large care homes for the elderly. An individual care plan had been established for each resident which was managed by their named GP.
- The nurse practitioner provided telephone triage support for the care homes in the form of dedicated telephone times each morning for improved access. The nurse practitioner also undertook “welcome visits” for all new residents.
- Home visits for flu vaccinations were provided for house-bound elderly frail patients.
- The practice sought the views of their patients with life-limiting conditions who were resident in care homes, to ensure they could meet their preferred care needs.
- At times of bereavement the practice offered support to the family and sent a condolence card.

The practice held a register of patients that were carers and added an alert on the patient record system so that staff members were able to consider their needs when making appointments. The number of carer’s registered at the practice was 45, this equates to 0.3% of the whole practice population. Carers were supported by a designated GP lead for carers. The practice approach to identify carers was using their new patient registration form, having a poster in the waiting room and asking patients to identify themselves as being a carer and on an ad hoc basis during consultations. The practice % was low due to three quarters of their population group being under 25 years of age.

People with long term conditions

Good

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

Summary of findings

- Specialist nursing staff ran clinics and had lead roles in chronic disease management.
- Patients considered to be at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available to patients in this population group when needed.
- All patients in this population group had a named GP and a structured annual review to check their health and medicine needs were being met.
- Access to consult a North East Essex Diabetic Service (NEEDS) liaison nurse at the practice was available to improve diabetes care to patients
- For patients with the most complex needs, the named GP worked with local health and care professional specialists to deliver multidisciplinary care.

A GP Care Advisor visited the surgery two days each week to provide social care, financial and benefit advice to support patients with life changing health problems.

Families, children and young people

Good

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

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were arrangements in place to identify and follow up children living in disadvantaged circumstances or were at risk, for example, children and young people who had a high incidence of A&E attendances. The practice also provided primary care for a local four bed adolescent children's home for looked after children.
- The GP safeguarding lead at the practice attended the local quarterly safeguarding forums when possible, and provided reports when necessary.
- Safeguarding was a standard agenda item on the weekly practice business meeting.
- A GP lead for children and babies, and receptionist work together to identify and contact parents whose children had missed their immunisations. Immunisation rates were higher than local and national practices for all standard childhood immunisations.
- Contraceptive services, cervical cytology, midwifery services, postnatal checks and baby checks are provided at the practice for patients in this population group.

Summary of findings

- The practice had worked with the local village school for the last three years by inviting children to the practice to talk to them about health care and show them how, a GP practice works.
- The practice worked with midwives, health visitors and school nurses to provide a quality service to patients.

Parents of children and young people told us they were treated in an age-appropriate way.

Working age people (including those recently retired and students)

Good

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

- The practice had modified their services to ensure these were appropriate, accessible, flexible, and met the needs of this population group.
- Appointments were identified for working patients towards the end of the afternoon/evening surgeries.
- They were proactive in offering online services that specifically met the needs of this population group for example; their website had an easy to use translate facility.
- The practice website contained a full range of health information that was specifically tailored to meet the needs of this population group, including support for students to enable them to access the most appropriate service.
- The practice had a strong link with the university campus to ensure consistent and robust health care messages were given to students.
- Staff at the practice had received extra training to ensure they could meet the needs of their student patients. For example students experiencing high stress levels at exam times.
- A specialist nurse practitioner in sexual health services was accessible daily, and two of the GPs were trained in extended contraceptive services to provide implants and inter-uterine device (IUD) fittings. An out-reach service for Sexual Health Screening and treatment at the university location was provided twice a week.

The practice had become proficient in student and foreign student healthcare by balancing ideas and expectations; for example ensuring female GPs for female patients was offered and guidance with regards to accessing healthcare in this country.

People whose circumstances may make them vulnerable

Good

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

Summary of findings

- There was a register held at the practice of patients living in vulnerable circumstances these included homeless people, travellers and those with a learning disability. The practice had a register of 32 patients living with a learning disability; each of these patients had been offered a health check annually.
- Longer appointments were offered to patients living with a learning disability and alerts added to their records informed staff members to their particular needs.
- Vulnerable patients case management was discussed in regular meetings with healthcare professionals trained to treat patients in this population group.
- The practice provided information to vulnerable patients about how to contact and access support groups and voluntary organisations.
- Staff members had received training to recognise signs of abuse in vulnerable adults and children. Staff members were aware of their responsibilities regarding safeguarding concerns and who to contact. The process they used was accessible to all staff members, held current contact details and met local safeguarding guidance.
- They allocated GP and nurse time each week to speak with the learning disability (LD) care home staff regarding the patients they looked after.
- Each patient with a learning disability had an individual care plan agreed with the patient and their family or carers. This included information regarding 'My Care Choices' (MCC). MCC is a register that allows information sharing with community and out of hour's services for those patients with a life-limiting condition.
- The practice provided a direct telephone number for care homes to use to ensure access to clinical guidance was available promptly for patients.

During clinical meetings vulnerable patients were discussed each time along with the feedback from recent safeguarding forums was reviewed.

People experiencing poor mental health (including people with dementia)

Good

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

- Mental health performance data reflected that the practice was performing higher than local and national averages. An

example was that 91% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, was higher than the local average of 84% and the national average of 84%.

- The practice clinicians worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advanced specific care planning for patients with dementia.
- Patients experiencing poor mental health were told how to access support groups and voluntary organisations in the practice and on the practice website.
- The practice had arrangements in place to follow-up patients who had attended accident and emergency where they may be experiencing poor mental health.
- Staff members understood how to support patients living with mental health needs or dementia. The training received by staff members supported them when communicating with the staff and patients from the two specialised dementia homes receiving primary care services from the practice.
- The practice offered double appointments to patients suffering from poor mental health. On the records of patients with poor mental health there was an alert to notify staff members of their particular needs.
- Working with the Alzheimer's Society the practice held out-reach clinics every two weeks to provide information and support to patients, their friends and family for anyone suffering with dementia.

Care home residents were provided with care plans to ensure their wishes regarding their care and treatment was provided in the manner they preferred.

Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results were published in July 2016. The results showed the practice was performing higher than local and national averages. 399 survey forms were distributed and 66 were returned. This represented 16% of the forms distributed. Although this was lower than average the practice explained that their patient demographic percentages of 30% village patients and 70% student patients affected the response rate.

- 87% of patients found it easy to get through to this practice by phone (local average was 73% and national average 73%).
- 64% of patients were able to get an appointment to see or speak to someone the last time they tried (local average was 76% and national average 76%).
- 84% of patients described the overall experience of this GP practice as good (local average was 84% and national average 85%).
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area (local average was 77% and national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received. We received comment cards from both the Rowhedge surgery and the students at the university location; these had common themes about how helpful and courteous the staff members were.

We spoke with five patients during the inspection. All five patients told us they were more than contented with the care they received and thought staff members were helpful, dedicated and caring. The NHS 'Friends and Family' (F & F) test showed the majority of patients would be extremely likely to recommend the practice to friends and those recently moved to the area. The practice F & F results were gathered from both online submissions and forms available in the practice. We also spoke with two members of the patient participation group. One member highlighted to us the caring and efficient care they had received after discharge from hospital. Both members we spoke with told us they were involved with decisions and were asked their opinions and make suggestions regarding improvements at the practice.

Rowhedge and University of Essex Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector the team included a GP specialist adviser, and provided remote pharmacy support.

Background to Rowhedge and University of Essex Medical Practice

The practice known as Rowhedge and University of Essex Medical Practice is made up of one location situated in a small village just to the east of Colchester, and the other location within the university grounds. The practice is one of 40 practices in the North East Essex Clinical Commissioning Group (CCG) area. There are approximately 13,144 patients registered at the practice. 74% of the population are students at Essex University with an age range of 18-25 years, and 40% of these students are from overseas. They provide a dispensing service which means that 21% of their patients can receive care, treatment, and medicines in the same place. The village location practice population is growing by almost 50 patients a month due to new housing development work going on in the local area.

There are five GP partners working at the practice, three are female and two male. They are supported by three nurse practitioners, three nurses and two healthcare assistants who are all female. The main surgery is a traditional village practice with a GP dispensary that has a population of 3,462. The branch surgery has a larger patient population of 9,682 students. There are four members of staff working in the dispensary, three members of staff in the management team and a further eight administrative/ receptionist support staff members who undertake various duties. Staff members work between the two surgeries and have a range of full and part-time hours.

The Rowhedge location surgery is open from 8am to 6.30pm Monday to Friday with pre-bookable, book on the day, telephone, home visits, and internet appointments available. The dispensary is open Monday to Friday from 9am to 12noon and 2pm to 6:30pm.The University Health Centre location is open from 9am to 4.30pm Monday to Friday with pre-bookable, book next day, internet, nurse triage daily, telephone appointments and home visits if required. Both locations are closed at the weekends.

The practice has opted out of providing 'out of hours' (OOH) services which is now provided by Care UK, another healthcare provider. Patients can also contact the NHS 111 service to obtain medical advice if necessary. Information regarding how to access NHS 111 and OOH services is available on the phone answering system when patients contact the practice outside their normal working hours.

Why we carried out this inspection

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

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 August 2016. During our visit we:

- Spoke with a range of staff, GPs nurses, management and administrative staff we also spoke with patients who used the service.
- Observed how patient's carers and/or family members were communicated with in the reception area.
- Assessed the practice policies, procedures and governance arrangements.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

Safety within the practice was monitored using procedures that included the reporting and documenting of safety incidents.

- The management team led on recording safety incidents within the practice. Staff members knew who they should report to if they became aware of an issue. Incidents were reviewed every six months to check there were no trends or re-occurrences.
- The practice carried out investigations of safety incidents, and lessons that had been learned were shared with staff members. This was documented in meeting minutes. This learning ensured action was taken and embedded in the practice processes to minimise incident reoccurrence. We saw that people affected by incidents had received; the appropriate contact, in a timely fashion. For example, when a piece of disposable equipment being used was found to be sub-standard the practice improved its pre-use checking processes. They also took up the issue with the medical supplier.
- The incident recording process endorsed the duty of candour showing an open and honest approach. (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).
- Safety alerts about medicines or patient safety were received by the practice, reviewed, and shared with the clinical staff team. We found that alerts had been acted on effectively and actions were documented. When alerts were received that required patient's medicine to be reviewed or changed we saw evidence that this had taken place.

Overview of safety systems and processes

The practice had procedures and policies to safeguard patients from abuse, which included:

- A policy that reflected legislation and local guidance which was accessible to all staff members and outlined who to contact if they had safeguarding concerns.
- There was a GP lead for safeguarding at the practice and GPs and nurses and administrative staff had received the appropriate level of training.
- GPs attended local safeguarding forums and meetings, and provided reports when requested for other agencies.
- Staff members were able to explain their understanding and responsibility concerning both children and vulnerable adults to ensure patients were safe from abuse.
- Chaperones were available for patients during consultations; there was a notice in the waiting room that advised patients they were available. Staff who acted as a chaperone had received training for the role and a 'Disclosure and Barring Service' (DBS) check had been undertaken. (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).
- Appropriate standards of cleanliness and hygiene were seen at the practice and there was a nurse appointed to lead on infection control. The practice had performed and documented the checks of their clinical cleaning processes. These were audited to ensure effective infection control was maintained. We also saw audits of hand hygiene had been undertaken.
- Clinical waste was disposed of appropriately and stored securely until it was collected.
- Blank prescription forms, including those used in the printers for computer generated prescriptions, were stored securely and were tracked through the practice by recording them into the practice and out to the treatment and consulting rooms, in accordance with national guidance.
- There was a GP lead for the dispensing service at the practice that was responsible for all processes and procedures.
- The practice was registered with the 'Dispensing Services Quality Scheme' (DSQS) which rewards practices for providing a high quality of service to dispensing patients. Members of staff under the DSQS scheme annually provide; their level of qualification to

dispense, competency monitoring of staff members, the policies governing dispensing at the practice, and the audits required by the scheme to evidence their service quality.

- The dispensary medicine storage arrangements were secure, stored in a clean tidy manner, within approved temperature control and accessible only to authorised staff members. Medicines were purchased from authorised suppliers and monitored daily to ensure they were within their expiry date and safe for use. Expired and unwanted medicines were disposed of in line with the dispensary policy which met the waste medicine requirements. There was a system in place to action any medicine recalls.
- Cold storage medicines were kept in refrigerators maintained at the required temperature, and checked daily in line with their cold chain policy. Staff members knew what action to take in the event of temperature failure.
- Arrangements were in place to provide medicines needed to meet their varied population requirements.
- The practice dispensary held stocks of controlled drugs (these are medicines that require extra checks and greater security for storage because of their potential for misuse). Staff members followed the dispensary policy that met current regulations.
- Arrangements for emergency medicines, and vaccinations, kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- Any medicine incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. For example when an incident occurred recently with a controlled drug the GP dispensing lead arranged extra training and improved their processes to reduce a re-occurrence.
- The practice carried out audits with the support of the local clinical commissioning teams to monitor prescribing was safe and met best practice. Repeat prescribing processes including the review of high risk medicines were audited and found to be following guidance.
- The nurses administered vaccines using directions that had been produced in line with legal, local and national guidance.
- We reviewed four sets of personnel files and within the recently employed staff member's files. We 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'.
- The results for cervical screening were checked, and all patients were followed up to confirm they had received a result. The practice also followed-up women when referred due to an abnormal result to ensure further treatment was undertaken and their own processes were safe.

Monitoring risks to patients

- Procedures were in place to monitor and manage risks to patient and staff safety. We found that records kept reflected that risks were being monitored and acted on where it was necessary.
- Electrical equipment in use had been checked to show it was safe to use and the practice held a service and maintenance contract with suppliers. The premises and equipment held at the practice were appropriate and safe for patient use.
- The practice fire equipment was suitable and had been checked to ensure it was safe. Staff members told us fire drills took place and were able to explain what to do if there was a fire.
- The practice manager monitored the number and mix of staff members needed to meet patients' needs, annual leave and staff sickness was factored into the planning and staff members told us they had received training to enable them to cover other duties during these periods.
- The practice demonstrated their understanding of the control of substances that were hazardous to health (COSHH) used by the cleaner at the practice. There were information sheets and guidance readily available to support the cleaning staff. The cleaning of the practice was checked and overseen by the practice management and the infection control lead to monitor the standards within the policy.

Good

Are services safe?

- The safety of water at the practice was checked with regular legionella testing in line with the practice policy for infection control. (legionella is a term for a particular bacterium which can contaminate water systems in buildings)

Arrangements to deal with emergencies and major incidents

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

- A messaging system on the computers in all consultation and treatment rooms could be operated to alert staff should an emergency arise.
- Staff had received basic life support training and knew the location of the emergency equipment and medicines, which we checked and found was safe for use. There was oxygen with masks for adults and children, a defibrillator, and emergency medicines available on the premises. There was also a first aid kit with an accident book available.

The practice had an updated business continuity plan in place to inform staff members what actions to take in the event of a major incident such as power failure or building damage. The plan included staff responsibilities in the event of such incidents and contained emergency contact numbers for staff members and the connected utility services.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had measures in place to keep all clinical staff members training and knowledge up-to-date. Staff had access to guidelines from NICE and used this information when treating patients'.
- The practice monitored that these guidelines were up-to-date and through risk assessments, audits and random sample records checks, ensured their effectiveness for patients.

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 quality service). The most recent published results showed the practice achieved 97% of the total number of points available. The practice QOF exception reporting for the practice was 8% which was equal to the CCG exception reporting average, and 1% below the national exception reporting average. (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 although one area of diabetes was low. Data from 2014-15 showed:

- Performance for diabetes related indicators was better than the local CCG and national average. The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c was 64 mmol/mol or less in the preceding 12 months was 63%, compared with 72% for local CCG practices and 78% nationally. We asked the practice about this result and they told us they were working with the North East Essex diabetes team to improve patient outcomes for future years to the local and national average level.
- Performance for mental health related indicators was higher than the local CCG and national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 97% compared with 88% for local CCG practices and 88% nationally.
- The practice participated in local audits, national benchmarking, accreditation, and peer reviews.
- There was evidence of quality improvement including clinical audit. Five clinical audits had been completed in the last two years, with two of these being completed cycle audits where the improvements had been implemented and monitored. Audit findings were used by the practice to improve services. For example, a two cycle audit to reduce side effects when an alternative medicine was given. The first audit identified patients taking the medicine and the GP prescribed an alternative medicine. The second audit identified patients prescribed the medicine by mistake and showed prescribers needed to be more vigilant when prescribing this medicine to ensure no future prescriptions were given to reduce patient's risk of harmful side effects.

Effective staffing

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

- The practice had an induction process for new staff members. 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 such topics as safeguarding, infection prevention and control, fire safety, health and maintaining safety and confidentiality.
- Nurses administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence and regular audits to verify competence and service quality. Staff members who administered vaccinations could demonstrate their training and understanding of the immunisation programmes, for example by access to on-line resources and discussions at practice and nursing team meetings.

Good

Are services effective?

(for example, treatment is effective)

- We saw that appraisals were used by management to identify staff training needs. We were shown the staff members could access appropriate training to meet their learning needs and cover the scope of their work. Staff members we spoke with had received an appraisal within the last 12 months.
- Staff members were able to access e-learning training modules and external and in-house training. All staff members had received basic life support training in the last year.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available, and accessible to all staff members throughout the practice, including the patient record system, and their intranet system.

- This information included; care plans, medical records, investigative processes, communications, patient discharge notifications, and test results. A comprehensive library of patient information such as NHS patient information leaflets was available in the waiting room and on their practice website.
- When the clinicians referred patients to other services they shared relevant patient specific information appropriately and in a timely way.
- Staff communicated with multidisciplinary teams to meet the various needs of patients and provided specific clinics with staff members that had received enhanced training to ensure patients' needs were met.
- Staff members worked together in the practice and with health and social care services, and other service providers to understand, assess, and plan on-going care and treatment for patients. This included when patients were referred to other services, or discharged from hospital or 'Out-of-Hours' care. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were discussed, reviewed, and updated. The GPs also told us they referred in-house to their own GP colleagues with greater experience or that led on specific clinical areas. For example there were GP leads for; mental health, diabetes, safeguarding, palliative care, family planning, minor surgery, orthopedics and urology.

Consent to care and treatment

Consent to care and treatment was gained by staff in-line with legislation, the practice policy and national guidance.

- Staff members knew the relevant 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 line with relevant guidance prior to providing care and treatment for children and young people.
- When mental capacity to consent for care or treatment was unsure, clinicians assessed patient's capacity and were shown how this was recorded in the outcome of the assessment.

Supporting patients to live healthier lives

- Patients receiving end of life care, patients that were carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. We saw evidence that patients were signposted or referred to appropriate the services.
- The practice uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 82%. There was a process for staff members to remind patients who had not attended their cervical screening test. For those patients with a personal need, a female cervical sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice demonstrated how they encouraged uptake of the national screening programmes for bowel and breast cancer by using information on their notice boards, and on their practice website. For example persons aged 60-69, screened for bowel cancer within 6 months of their invitation showed the uptake was 61% in comparison (locally of 57% and nationally 55%.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national practice averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 98% and five year olds from 96% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Good

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we saw that practice staff members were courteous and helpful to patients; this included treating them with dignity and respect.

- Patients' privacy and dignity during examinations, investigations and treatments were respected and maintained by the provision and use of curtains that surrounded the examination couches.
- Patients told us they were treated well, with consideration, dignity and respect and involved in the decisions made about their care and treatment. All the patients we spoke with told us staff members at the practice were very caring and the whole practice had a community feel.
- Consultation and treatment room doors were closed during consultations which ensured conversations taking place could not be overheard.
- Staff members at the reception desk told us they were able to recognise when patients appeared distressed or needed to speak about a sensitive issue. Patients requiring privacy could be offered a private area to discuss their issues or problems.

The 38 Care Quality Commission comment cards we reviewed were positive about the standard of care received. Results from the national GP patient survey published in July 2016 showed their percentage results were higher than other practices in the local CCG area and nationally for satisfaction scores on consultations with GPs and nurses; although lower for receptionists.

For example:

- 94% of respondents said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.
- 89% of respondents said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 95% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 93% of respondents said the last GP they spoke to was good at treating them with care and concern compared to CCG average 85% and the national average of 85%.
- 94% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to CCG average 90% and the national average of 91%.
- 78% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%. The practice told us they felt this response was due to the number of overseas students within their population. They had found students' opinions were based on their own countries health care systems where they saw consultant doctors without the need to speak with primary care receptionists or consult with primary care nurses. The survey performed by the practice did not show results with regards the receptionists to be in line with the results of the GP survey.

We spoke with three members of the patient participation group (PPG). They told us they were more than satisfied with the care and treatment provided by the practice. They also told us their dignity, privacy, and confidentiality was respected whilst at the practice. The comment cards told us how helpful and polite the staff members were and felt they could be relied on when they needed help and support.

Care planning and involvement in decisions about care and treatment

During the inspection, five patients we spoke with told us they felt involved in the decision making process for their treatment. They also told us they felt listened to and supported by staff and were given sufficient time during consultations to make decisions about the choice of treatments available to them. Patient feedback on the 38 comment cards we received reflected these views. Results from the national GP patient survey showed patient satisfaction was higher than the local area and national GP practice averages regarding questions involving planning and making decisions about their care and treatment.

For example:

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

Good

Are services caring?

- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

- Staff told us they had access to an excellent translation service for patients who did not have English as their first language.
- Information leaflets were available in easy read formats.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room and on the website, told patients how to access support groups and organisations if they were a carer. The practice computer system alerted practice staff if a patient was also a carer; this was to ensure that carer's could be given extra consideration when being offered appointments to meet both their caring responsibilities and their own healthcare. The number of carer's registered at the practice was 45, this equates to 0.3% of the whole practice population. Carers were supported by a designated GP lead for carers. The practice approach to identify carers was using their new patient registration form, having a poster in the waiting room and asking patients to identify themselves as being a carer and on an ad hoc basis during consultations. The practice % was low due to three quarters of their population group being under 25 years of age.

The practice bereavement process provided families suffering bereavement; a condolence card, contact from their usual GP and an invitation for an appointment. Information for bereaved families was available within the reception area and on the practice website giving them self-help guides and benefits advice for support. The practice made certain that patient's records were updated to in a timely manner to ensure unwelcome contacts either from the practice or other partner organisations and services previously involved with the patient ceased.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and met with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure changes for the practice population. We saw evidence of work with NHS England to secure the continuation of the dispensing service. Patients from both the village and university locations supported their negotiations with NHS England to safeguard this service at the practice. Patients did this by demonstrating, and gaining signatures on opinion polls. The practice was successful in retaining this service due to their efforts and their unusual population demographic needs.

- Home visits were available for older patients and patients with clinical needs that resulted in difficulty getting to the practice.
- Same day appointments were available for children and for patients with an urgent medical need requiring a same day consultation.
- Longer appointments were available for patients with a learning disability or poor mental health.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patient needs. For example over 70% of the practice population were students that required dedicated services to support them. This was needed because students often were not only leaving home for the first time, but many were leaving their birth country for the first time.
- There were innovative approaches to providing integrated patient-centred care for their student population. For example each September when approximately 2,700 new students enrolled at the university location practice. The vaccinations were offered to prevent complications caused when a great number of people live and work in close proximity and can spread disease and infection rapidly. The benefits for the students was to ensure those patients that had not previously had access to vaccination were immunised. The practice provided a health presentation for student patients during their first few weeks at the beginning of September in conjunction with the university to give them information needed for self-help to keep them healthy and understand where they can receive primary care treatment when they needed. The practice provided sexual health advice and guidance at their university practice location on a daily basis from a specially trained nurse, and an out-reach clinic in genitourinary medicine twice a week. This ensured early access to advice and treatment and reduce the risks from sexually transmitted infection(s
- Patients told us they found it easy to make an appointment with a named GP and they had continuity of care, with urgent appointments available on the same day.
- Care home residents were provided with 'My Care Choices' (MCC). MCC is a register that allows information sharing with community, and out of hour's services for those patients with a life-limiting condition. This register enabled the practice to be assured of patient wishes and deliver care and treatment as they desired.
- Both in the practice and on the website there was a full range of health promotion and screening information.

• Evidence of work done by the practice in the community was seen when last year the local parish council presented the practice with an 'Exemplary Community Achievement Award', for the work done in the community over and above expected limits.

Access to the service

The Rowhedge location surgery was open from 8am to 6.30pm Monday to Friday with pre-bookable, book on the day, telephone, home visits, and internet appointments available. The dispensary was open Monday to Friday from 9am to 12noon and 2pm to 6:30pm.The University Health Centre location was open from 9am to 4.30pm Monday to Friday with pre-bookable, book next day, internet, nurse triage daily, telephone appointments and home visits if required. Both locations were closed at the weekends. The practice had opted out of providing 'out of hours' (OOH) services which was now provided by Care UK, another healthcare provider. Patients could also contact the NHS 111 service to obtain medical advice if necessary.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Information regarding how to access NHS 111 and OOH services was available on the phone answering system when patients contacted the practice outside their normal working hours.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was higher local and national averages.

- 88% of patients were satisfied with the practice's opening hours compared to the local average of 76% and the national average of 76%.
- 83% of patients said they could get through easily to the practice by phone compared to the local average of 71% and the national average of 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised local and national guidance and contractual obligations for GPs in England. The staff members knew how to support patients that wanted to complain and could support them to do so.
- There was a named responsible person who handled complaints at the practice. The information for patients stated the responsible person's name and gave additional information regarding how to complain to the local patient advice and liaison (PALs) service and the ombudsman. They had further information regarding the Care Quality Commission's (CQC) role regarding complaints and how the CQC use the information passed to them.
- Information about how to complain was available at the practice and on their website.

We looked at six complaints received in the last 12 months and found they had been handled in a satisfactory and timely manner. The recording was seen to be open and honest and complainants had received apologies when appropriate. Lessons learnt from individual concerns and complaints were shared with all staff members and the practice reviewed and analysed complaints twice a year to check for any trends or themes. They also checked to ensure the actions that had been taken resulted in an improvement to the quality of care. One example showed that the practice had made improvements to their procedures when dealing with a patient experiencing chest pain that came to the practice. This ensured the whole team could work more effectively.

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 regarding how to deliver high quality care and promote good outcomes for patients. They communicated with other university practices to ensure they were providing care that was appropriate to meet the diverse and varied needs of their student patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the practice values.
- The practice had a strategy and supporting business plan which reflected the vision and values which were regularly monitored.
- They understood the needs of their recently expanding patient population and worked with other local practices within the CCG to explore ways to meet this new demand.

Governance arrangements

The practice was supported in the delivery of good quality care with their policies procedures and processes that made up their governance framework. These outlined the structures, roles and procedures in place and ensured that:

- Staff members were aware of their own roles and responsibilities within a clearly understood staffing structure.
- Practice specific policies were accessible to all staff members and updates were discussed at practice meeting.
- A comprehensive understanding of the performance of the practice was maintained by discussing data produced by the practice within regular practice meetings.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We were shown five clinical audits that looked at ensuring and maintaining best practice.
- We were shown the procedure used to identify record and manage risks, at the practice. These had been reviewed and actions had been taken to reduce any re-occurrence.

Leadership and culture

The partners in the practice demonstrated that they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they gave precedence to safe, high quality and compassionate care. Staff members told us the partners were very approachable and always took the time to listen to them and consider their opinions.

The staff turnover was low and staff members we spoke with told us they enjoyed working at the practice. The practice encouraged staff members to develop and attend training. The patients we spoke with told us they particularly appreciated the continuity of care they received.

The provider demonstrated their duty of candour when dealing with concerns, safety events, and complaints, in a caring open and honest manner. This was also demonstrated when communicating with staff members, in regards to notifiable safety incidents. The partners further encouraged a practice work ethos and culture of openness and honesty. The practice had processes in place to make certain when things went wrong with care and treatment that:

- The practice gave those affected support, truthful information and a verbal and written apology, when appropriate.
- The practice documented records of verbal interactions as well as written correspondence.

The staff members told us they felt supported by management and GPs, and were clear about the leadership structure including their responsibilities.

- Evidence was seen that the practice held regular documented team meetings.
- Staff members told us there was an open culture within the practice and they had the opportunity and confidence to raise any issues at team meetings and were supported to do so.
- Staff members said they felt respected in their role, valued and supported, particularly by the partners in the practice. All staff members were involved in discussions

Are services well-led?

Good

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

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 respected feedback from patients, the public and staff and used it inform their development programme at the practice. It proactively sought patients' feedback and engaged with both their patient participation groups (the group that met face to face had 10 members and the online group had 167) to gather opinions and to help make decisions to improve the delivery of service.

- The practice had gathered feedback from patients through their patient participation groups (PPGs), through national surveys, and complaints they received. The PPG's met and were sent questionnaires regularly; they carried out surveys and submitted proposals for improvements to the practice management team. For example, a cycle rack for bikes was suggested and the practice provided and installed the rack to benefit patients and staff members.
- The practice carried out their own patient survey as they wanted to be sure the patients that actually attended the surgery were satisfied with the service provision. The practice own survey showed more positive results particularly for receptionists which they felt was more representative of patients opinion that attended the practice compared to the national survey results.
- The practice had gathered feedback from staff members through staff meetings, appraisals and ad hoc discussions. Staff members told us they would not hesitate to give feedback and discuss
- One of the GPs told us to understand their performance when dealing with patients they had performed a survey of the patients they had seen to gain their opinion. The GP told us the results had shown areas of change for the future.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

The practice had piloted working with a community provider developing 'care closer to home' to investigate its potential and value for patients in the local area. Care Closer to Home was initiated to improve community health services by making a whole range of services available closer to and/or within people's homes