South Green Surgery

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at South Green Surgery on 14 June 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, however organisation and completion of some risk assessments required strengthening.
- Risks associated with the storage of clinical waste awaiting collection were not sufficiently mitigated.
- There was no system in place to monitor the use of blank prescription forms and pads.
- Data from for 2015 to 2016 showed some patient outcomes were low compared to the national average, however unpublished data for 2016 to 2017 showed that improvements had been achieved. All other patient outcomes were in line with or above CCG and national averages.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available. Complaints were fully investigated.
- Results from the national GP patient survey published in July 2016 showed patients were treated with compassion, dignity and respect.
- Patients' rated the practice above CCG and national average for all but two aspects of care. These were around their level of involvement in decision making and how well treatment was explained to them, when seen by a GP. Patient satisfaction scores for these two areas were lower than average.
- Comments cards showed that patients were satisfied with the level of service provided although two commented that access to appointments had deteriorated. Patient survey data showed patients rated the practice above clinical commissioning group (CCG) and national average for their access to appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- The practice had completed a sensory audit to determine what adjustments were needed to improve access to patients. Changes the practice had made included painting the doorframes contrasting colours to be easily visible to those with sight loss or impairment.
- The practice had identified 19 patients as carers (0.6% of the practice list).
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- Improve the organisation of formal governance arrangements including systems for assessing and monitoring risks.
- Improve the identification of patients who are carers.
- Implement a system to monitor the use of blank prescription forms and pads.
- Improve the security of the storage of clinical waste.
- Continue monitoring patient survey data and take action to improve patient satisfaction where required.

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.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had processes and practices to minimise risks to patient safety.
- There was no system in place to monitor the use of blank prescription forms and pads.
- There was an effective system for the safe management of medicines.
- We saw evidence to show that the practice responded to medicine alerts.
- We found that an external clinical waste bin awaiting collection was unlocked. The practice completed a significant event investigation after we left the practice to determine how long it had been unlocked and to implement measures to avoid reoccurrence.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data for 2015 to 2016 from the Quality and Outcomes Framework showed patient outcomes were in line with CCG and national averages for the majority of indicators.
- For two indicators related to diabetes and one related to atrial fibrillation the practice outcomes were below the CCG and national average. The practice showed us unpublished data for 2016 to 2017 which demonstrated that patient outcomes in these areas were improved.
- Staff were aware of current evidence based guidance.

Summary of findings

- Staff had the skills and knowledge to deliver effective care and treatment.
- Staff had received inductions and annual performance reviews.
- There was evidence of appraisals and limited personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice was aware that their provision of care was limited by staffing numbers and had plans in place to increase both clinical and non-clinical staffing levels in order to improve access.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care. Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect.
- For two aspects of care the survey information showed patients rated the practice lower than others, these were GPs involving patients in decisions about their care and treatment, and explaining tests and treatment. The practice conducted their own survey following this however it did not look at these aspects of care.
- The practice had identified 19 patients as carers (0.6% of the practice list).
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice considered how to remove barriers to patients accessing care and treatment.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with had mixed views on access to the service dependent on whether they were booking online or by telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and evidence from four examples reviewed showed the practice responded to issues raised.
- Learning from complaints was shared with staff and other stakeholders.
- The practice completed a sensory impairment audit and improved certain aspects of the building to make it more accessible.

Are services well-led?

Requires improvement 

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

- There was a governance framework in place which supported the delivery of care. This included arrangements to monitor and improve quality and identify risk. However documentation and assessments, were disorganised and in some cases duplicated, out of date or incomplete which made the system less effective than it could have been.
- Staff felt supported by management. The practice had policies and procedures to govern activity, held staff meetings and communication with staff via other methods.
- The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice recalled patients annually, or sooner depending upon the nature of their needs and diagnosis, for an assessment, review, including a medicine review.
- The practice ran influenza vaccination clinics within two local residential care homes.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

Good

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

- Nursing staff had lead roles in long-term disease management.
- Nationally reported data for 2015 to 2016 showed that outcomes for patients for long-term conditions were lower than compared to other practices locally and nationally for some indicators. For example, numbers of patients with diabetes receiving appropriate reviews were lower than the local and national average for some indicators and similar for others. The practice was aware of this and had worked to improve outcomes for this group. Unpublished data for 2016 to 2017 demonstrated improvements had been achieved.
- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. Patients were recalled sooner if required.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- There was a system to involve patients throughout the individual care pathway process.

Summary of findings

Families, children and young people

Good

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

- We found there were systems to identify and follow up children living in disadvantaged circumstances and those who were at risk.
- Clinical staff had an understanding of Gillick competence and Fraser guidelines.
- Immunisation rates were high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors to support this population group. For example, in the provision of antenatal, post-natal and child health surveillance.

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 needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible, for example, Saturday nurse appointments.
- The practice offered as a full range of health promotion and screening that reflects the needs for this age group. These included, well woman and well man checks.
- The practice offered meningococcal (MENC) vaccination for students.
- Nationally reported data showed that outcomes for patients for uptake of cervical smears were in line with other practices locally and nationally.
- The practice offered the electronic prescription service. This service allows patients to choose or 'nominate' a pharmacy to get their medicines from, the GP then sends the prescription electronically to the nominated place.
- Extended hours were available via a 'hub' service in the evenings and at weekends.

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and also how to contact relevant agencies in normal working hours and out of hours.
- The practice offered support in reading items to those patients who required it.
- The practice hosted a weekly session by a local housing association, where people could come in to discuss housing needs, benefits and debt.

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).

- The percentage of patients diagnosed with dementia who had their care reviewed in a face-to-face meeting in the last 12 months was comparable to the national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses, with a care plan in their notes, was higher than the national average.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice offered a self- referral counselling service.

Summary of findings

What people who use the service say

The national GP patient survey results were published in published July 2016. The results showed the practice was performing above local and national averages for all except three questions. 219 survey forms were distributed and 101 were returned. This represented a 46% completion rate.

- 84% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 85% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Two commented on access to GPs, with one saying that two GPs were needed at the practice.

We spoke with 3 patients during the inspection, including one member of the patient participation group (PPG). All three patients said they were satisfied with the care they received and thought most staff were approachable, committed and caring. One patient commented on telephone access being difficult and also on the way one of the GPs communicated. Two of the three patients commented that communication by the practice about staffing could be improved.

Areas for improvement

Action the service SHOULD take to improve

- Improve the organisation of formal governance arrangements including systems for assessing and monitoring risks.
- Improve the identification of patients who are carers.
- Implement a system to monitor the use of blank prescription forms and pads.
- Improve the security of the storage of clinical waste.
- Continue monitoring patient survey data and take action to improve patient satisfaction where required.

South Green Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector**.** The team included a GP specialist adviser.

Background to South Green Surgery

This practice is based in Grange Road, Billericay, Essex.

The current list size is around 3186 patients and the practice is open to new patients. There are usually two female GPs, one lead GP and one salaried GP. They also have regular male and female locum GPs. The practice currently offer 121 face-to-face appointments per week as well as telephone consults and home visits. The practice currently using locum practice nurse who are female. The practice holds a general medical service contract (GMS).

The practice is open on Monday to Friday 8am to 6.30pm. Appointments are from 9am to 12.30pm Monday, Wednesday to Friday and 4.20pm to 5.30pm every afternoon. On Tuesdays appointments are 9am to 12.30pm and 4pm to 5.30pm. GPs will see emergency patients and complete home visits outside of these consultation sessions. Patients are able to book through the practice to see either a doctor or a nurse at the weekend, or weekday evenings, at a 'hubs'. Out of hour's cover is provided by East of England and patients calling the usual practice number will be transferred automatically to this provider.

The practice area demographic comprises of mainly white British, with other nationalities including those of mixed ethnicity and Asian. There are slightly higher than average numbers of patients aged 65-75. There are also higher than average number of patients in paid work or full-time education.

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 give examples to share what they knew. We carried out an announced visit on 14 June 2017.

During our visit we:

- Spoke with a range of staff including GPs, nursing and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

Detailed findings

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 living 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

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a system for recording these. The incident recording system supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare Products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. The practice told us that the alerts were received by the practice manager who decided what action needed to be taken. We asked the practice to show us evidence of actions taken, they showed us results of searches which evidenced action they had taken.

Overview of safety systems and processes

The practice had systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. Contact details for external agencies were easily available to all staff. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room, on clinical room doors and inside consulting rooms, advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff we spoke with demonstrated an awareness of how to perform this role.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead however the HCA was currently monitoring this area until a new practice nurse was recruited. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The majority of arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice showed us evidence of their processes. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored however, there were no systems to monitor their use. However since our inspection the practice sent us evidence to show they have now implemented a log book for this.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.

Good

Are services safe?

We reviewed five personnel files for permanent staff and files containing checks on locums. We found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had a fire risk assessment in place, following our inspection the practice sent us an updated version of this as the previous version contained some errors. They carried out regular fire drills and fire alarm tests. There was a fire evacuation plan.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- We found that an external clinical waste bin awaiting collection was unlocked. The practice completed a significant event investigation after we left the practice to determine how long it had been unlocked for and to implement measures to avoid reoccurrence.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had several staff leave over the preceding six months and their lead GP had been on extended leave. They had been relying on locums for both nurse and GP cover. The practice told us that they were in the process of recruiting a permanent nurse, administrative staff and were going to recruit a salaried GP to provide more GP sessions.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE online and used this information to deliver care and treatment that met patients' needs.
- Policies and procedures included links to relevant guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results, from 2015 to 2016, indicated the practice achieved 93% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 95%.

Data from 2015 to 2016 showed:

Performance for diabetes related indicators was lower than the national average. For example:

- The percentage of patients with diabetes with diabetes who had blood sugar levels within certain levels was 61% compared with the national average of 78%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was within certain levels was 67.42% compared with the national average of 80.22%.
- The practice showed us unpublished data from 2016 to 2017, which showed that performance had significantly improved.

Performance for mental health related indicators was in line with and in one instance higher than the national average. For example:

- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 80% compared with the national average of 84%.
- Performance for patients with atrial fibrillation within a certain criteria, who were treated with anti-coagulation drug therapy was 75% compared with national average of 87%.
- The practice showed us unpublished data from 2016 to 2017, which showed that performance had significantly improved.

There was evidence of quality improvement including clinical audit:

- There had been three clinical audits commenced in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The second cycle of the audit showed improved outcomes for patients.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff received role-specific training and updating as relevant. For example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training.
- Staff taking blood pressures and completing tests such as ECG (electro cardio graph) had received specific training, which had included an assessment of competence.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months, although the staff development plans could be more detailed and specific.

Good

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From speaking with other health professionals and reviewing other documented examples we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support through a series of system checks. Patients could be seen in house for smoking cessation, weight management and other health checks.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the national average of 81%.

Data for other national screening programmes such as bowel and breast cancer showed that the practice uptake was in line with CCG and national averages. For example, the uptake of screening for bowel cancer by eligible patients in the last 30 months was 64% for the practice, compared to 57% average for the CCG and 58% national average. The uptake of screening for breast cancer by eligible patients in the last 36 months was 75% for the practice, compared to 70% average for the CCG and 72% national average. Non-respondents were contacted in writing and then sent further reminders.

The amount of patients with a diagnosis of cancer on the practice register was in line with the CCG and national average.

Childhood immunisation rates for the vaccinations given were above the 90% national standard for vaccinations up to age 2 and in line with the CCG and national averages for vaccinations for 5 year olds. For example,

- The percentage of children aged one with a full course of recommended vaccines was 97% which was above the 90% standard.
- The percentage of childhood Mumps, Measles and Rubella vaccination (MMR) given to under two year olds was 95% which was above the 90% standard.
- The percentage of MMR dose one given to under five year olds was 98% compared to the CCG percentage of 95% and the national average of 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients were made aware of the gender of the clinician and could chose to delay treatment until a clinician of the same gender was available.

All of the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. All patients responded positively regarding the care provided by locum clinical staff.

Results from the national GP patient survey, published in July 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 92%.
- 94% of patients 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%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 93% of patients said the nurse was good at listening to them compared with the CCG average of 90% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 90% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients had mixed views about their involvement in decision making about the care and treatment they received, dependent on the GP they saw. For most clinical staff patients told us they felt listened to and supported by staff. Patient feedback from the comment cards we received was positive for all areas of patient involvement in care planning and decision-making.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment when they were seen by a nurse. Results were in line with CCG and national averages. However, the same questions relating to when patients were seen by a GP scored below CCG and national average. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 76% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.

Good

Are services caring?

- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 85% and the national average of 85%.

We asked the practice whether they had completed any actions about the lower data relating to GPs involving patients in planning and making decisions about their care and treatment. The practice told us that they had completed their own survey following this by randomly selecting patients on their list, however the practice survey did not relate to satisfaction with their involvement in planning and making decisions about their care and treatment.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- A hearing loop was available at reception and the practice was looking into purchasing a portable hearing loop for clinical rooms.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 19 patients as carers (0.6% of the practice list). Information was available to direct carers to the various avenues of support available to them. Carers were invited in for annual influenza vaccinations and health check.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the current needs, and anticipate the potential future needs of its population:

- The practice offered a weekly Saturday practice nurse clinic from 10am to 1pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients for those patients who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. They had procedures in place to support advance directives.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a static hearing loop in reception, and ramped access at the car park entrance for those with limited mobility. A downstairs consultation room was available for both nurse and GP consultations.
- There were interpretation services available and the practice assisted patients with reading information were this was required. The practice informed us that they currently had no patients that communicated using British Sign Language (BSL) however they would access a BSL interpreter if a patient required this.
- The practice had completed a sensory audit to determine what adjustments were needed to improve access to patients. Changes the practice had made included painting the doorframes contrasting colours to be easily visible to those with sight loss or impairment.
- Where patients had additional needs which meant that waiting in the waiting room, or being around unfamiliar faces, would be distressing , the practice made arrangements to accommodation their needs. For example, a patient attending at the beginning or end of clinic when the waiting room was empty or being seen by a consistent member of staff.
- Other reasonable adjustments were in the process of being made and action was taken to remove barriers where it was identified patients may find it hard to use or access services.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 12.30pm and 4.20am to 5.30pm Monday, Wednesday and Friday. On Tuesdays appointments were from 9am to 12.30pm and 4pm to 5.30pm. The practice did not offer extended hours, however patients could access pre-bookable evening and weekend appointments at a 'hub' location in Basildon. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them.

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 comparable and in some cases considerably above the local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 93% of patients said they could get through easily to the practice by phone compared with the CCG average of 71% and the national average of 73%.
- 86% of patients said that the last time they wanted to see or speak to a GP or nurse they were able to get an appointment compared the CCG average of 82% and the national average of 85%.
- 94% of patients said their last appointment was convenient compared with the CCG average of 92% and the national average of 92%.
- 85% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 84% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 57% and the national average of 58%.

We spoke with three patients on the day whose views were mixed on the availability of appointments dependant of the method of booking. The practice had completed a

Good

Are services responsive to people's needs?

(for example, to feedback?)

telephone survey to gauge satisfaction with appointment availability and access. As part of their action plan they had increased the number of both online bookable appointments and the number of appointments offered.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The duty GP triaged requests for home visits and determined whether they were appropriate. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager handled all complaints in the practice, with clinical input from the GP or locum GP in their absence.
- We saw that information was available to help patients understand the complaints system both on the website and within the practice building. Information was clearly displayed in the waiting area.
- We looked at the complaints received in the last 12 months and reviewed three in detail. We found that there was sometimes a delay of up to one month between the complaint and the response whilst the practice investigated, no contact was made with the patient during this time. The end to end process of the complaints and their investigation was not always stored in the same place. Some aspects were in a folder interspersed with other complaints and some aspects stored on the practice manager's computer. This meant it was difficult to easily see the full complaint and at what stage it was at. Complaint outcomes were discussed in practice meetings and learning shared with other staff as appropriate.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a vision to provide a good service at all times and to value and listen to patients.

Governance arrangements

The practice had an overarching governance framework in place which supported the delivery of care however some of the organisational aspects of the governance required strengthening.

- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held which provided an opportunity for staff to learn about the performance of the practice. Although the minutes of these could be improved for clarify and the folder that they were kept in organised as it was difficult to easily find the information relating to different meetings.
- There was a clear staffing structure in place. Staff we spoke with were aware of their own roles and responsibilities and those of other staff.
- Practice specific policies were implemented and were available to all staff on a shared drive. These were updated and reviewed regularly.
- There were arrangements in place for identifying, recording, reviewing and managing risks, issues and implementing mitigating actions. However some folders pertaining to risk assessment had multiple versions and historic versions of assessments or partially completed assessment, which made it difficult to easily access to most up to date assessments. For example the fire risk assessment had a 2016 version, several copies of the 2017 risk assessment, an undated risk assessment and the 2017 fire risk assessment which was a check box assessment had not been completed correctly. These had not been stored in date order. Following our inspection the provider sent us an updated version of the fire risk assessment. The health and safety risk assessment we reviewed comprised of a list of what had been assessed, for example, staff training matrix, but contained no detail of the assessment. The outcome on the action plan was documented simply as 'no action required'.
- Although complaints were investigated fully, patients were not always contacted after their complaint was received until the investigation had taken place. The system for initially dealing with and maintaining the content of complaints was not sufficient.
- Staff were made aware of the practice performance and other issues, such as significant incidents and complaints, through meetings where these were discussed.
- There were systems in place to monitor, review and improve the practice performance through national comparison data, practice audits.

Leadership and culture

On the day of inspection the lead GP was absent having been on extended leave. We found that the practice manager and other members of the team including regular locums had tried to ensure that patients were provided with a good standard of care in the interim. Staff told us that the practice manager was visible and accessible.

There were systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). From the evidence we reviewed throughout the day we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

There was a leadership structure and staff felt supported by management despite the lack of lead GP for a period.

- The practice held a range of multi-disciplinary meetings including meetings with care coordinators and social workers to monitor vulnerable patients. Some of these were minuted. The minutes and patient discussion lists with actions were stored in a file with minutes from other meetings and interspersed within them.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so. There were staff meetings held however not all staff were able to attend. Minutes were limited and in a folder interspersed with minutes from other meetings.
- Staff said they felt supported.

Are services well-led?

Requires improvement

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

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

The practice sought feedback from patients and staff through:

- the patient participation group (PPG) and through surveys. The PPG had been meeting for a while and had submitted some proposals to the practice, for example, a newsletter to update patients on practice news, however this had not been completed yet.
- the NHS Friends and Family test, complaints and compliments received.
- The practice gathered feedback from staff through staff meetings, appraisals and informal conversations.

Continuous improvement

The practice team was forward thinking and part of discussions with other providers to improve outcomes for patients in the area.