

Dr MA Sims' 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr MA Sims' Practice on 22 June 2016 also known as Dr Sims and Partners. Overall the practice is rated as good.

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

- Staff knew and were confident reporting significant events. These were investigated, responded to and lessons learnt identified. Staff were provided with training and support where appropriate.
- Patient safety and medicines alerts had been appropriately reviewed and actioned. However, they would benefit from revisiting the searches to ensure good safe prescribing practices are embedded within their practice team.
- Staff understood and were confident in safeguarding children and vulnerable adults. The practice had a large number of children known to social services and all children who failed to attend hospital appointments were contacted.
- The premises were found to be clean and tidy and staff had undertaken training in infection control.
- Medicines were managed safely and regular checks were conducted to improve prescribing behaviour.
- Newly appointed staff had received appropriate recruitment check prior to being appointed.
- The practice demonstrated adherence to relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The practice had achieved 99.6% of the total number of QOF points available.
- The practice did not conduct multidisciplinary meetings but communicated with partner services tasking one another through the patient record system.
- The practice promoted national screening programmes and had higher than the national average for their patient's uptake of cervical screenings.
- Data from the national GP patient survey showed patients rated the practice similar to the local and national averages for several aspects of care.
- Staff treated patients with kindness and respect.
- The practice provided a range of face to face, telephone and online consultations with GPs, practice nurses and healthcare assistants.

Summary of findings

- Patients were happy with the practice opening hours, but experienced difficulties getting through on the phones.
- Complaints were appropriately recorded, investigated and responded to. Lessons were learnt, apologies made and staff had received training to improve standards of care.
- The partners regarded it as a privilege to be a GP and care for their patients. They met monthly to discuss practice performance and plans for the future of the service.
- There was an overarching governance framework supporting the delivery of services. Staff had appointed roles and responsibilities and covered for colleagues during planned and unplanned absence.
- The practice were active within their Clinical Commissioning Group and participated in national thematic research and local audits to inform the delivery of services.

The areas where the provider should make improvement are:

- Ensure regular medicine searches are conducted to ensure good safe prescribing practices are embedded within the practice prescribing team.
- Ensure palliative care patients receive regular reviews, utilising template data and reference to the Gold Standard Framework.
- Ensure meetings are minuted. Where actions are assigned these are clearly documented in the meeting minutes. They should also include completion or review dates and be revisited at subsequent meetings to ensure actions are progressed and finalised.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff knew and were confident reporting significant events. These were investigated, responded to and lessons learnt identified. Staff were provided with training and support where appropriate.
- Patient safety and medicines alerts had been appropriately reviewed and actioned. However, they would benefit from revisiting the searches to ensure good safe prescribing practices are embedded within their practice team.
- Staff understood and were confident in safeguarding children and vulnerable adults. The practice had a large number of children known to social services and all children who failed to attend hospital appointments were contacted.
- The premises were found to be clean and tidy and staff had undertaken training in infection control.
- Medicines were managed safely and regular checks were conducted to improve prescribing behaviour.
- Newly appointed staff had received appropriate recruitment check prior to being appointed.
- Staff had received basic life support training and had access to emergency medicines and equipment.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice demonstrated adherence to relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The practice had achieved 99.6% of the total number of QOF points available.
- The practice did not conduct multidisciplinary meetings but communicated with partner services tasking one another through the patient record system. However, palliative care patients would benefit from regular reviews, template data and reference to the Gold Standard Framework.
- We reviewed clinical meeting minutes and saw actions had been assigned but dates had not been issued for completion or evidence that actions had been monitored and progressed.

Summary of findings

- The practice promoted national screening programmes and had higher than the national average for their patient's uptake of cervical screenings.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similar to the local and national averages for several aspects of care.
- Staff treated patients with kindness and respect.
- The practice identified carers and maintained a register. They provided them with written information and invitations to receive flu vaccinations.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff knew and considered their patients' needs in how they delivered services.
- The practice provided a range of face to face, telephone and online consultations with GPs, practice nurses and healthcare assistants.
- Patients were happy with the practice opening hours, but experienced difficulties getting through on the phones.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Complaints were appropriately recorded, investigated and responded to. Lessons were learnt, apologies made and staff had received training to improve standards of care.

Good



Are services well-led?

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

- The partners regarded it as a privilege to be a GP and care for their patients. They met monthly to discuss practice performance and plans for the future of the service.
- There was an overarching governance framework with supported the delivery of services. Staff had appointed roles and responsibilities and covered for colleagues during planned and unplanned absence.
- Staff and patients reported positively on the practice and their involvement. They would not hesitate to raise concerns or share ideas and felt encouraged and supported in doing so. However, not all team discussions were minuted and actions reviewed to show progression and completion of tasks.

Good



Summary of findings

- The practice was active within their Clinical Commissioning Group and participated in national thematic research and local audits to inform the delivery of services.

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 serves an ageing population with 137 patients currently residing in residential, nursing or care homes.
- They offered personalised care, encouraging regular health reviews and providing home visits to those who required them.
- The practice worked in partnership with other health professionals such as pharmacy to identify and respond to patients whose health was deteriorating (including depression).
- The practice works with nursing and care homes to develop admission templates to identify immediate medical needs.

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 chronic disease management. The practice screened patients for potential chronic diseases.
- Phlebotomy services were provided at the practice every morning and during normal clinics.
- The practice participated in the admission avoidance programme and ensured care plans were in place for their patients.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a named GP and a structured annual review to check their health and medicines needs were being met.
- For patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had conducted an audit on their prescribing of specific medicines to diabetic patients. They had reviewed the outcomes and amended their practice to improve patient care.

Families, children and young people

Good



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

- Priority on the day appointments were given to children 5 years and under.

Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Staff are trained in child safeguarding and the practice worked in partnership with parents, carers and other health and social care professionals such as physiotherapists, health visiting team, wellbeing services (child and adolescent mental health services) and schools.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who were known to social services.
- Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Sex education and contraception services were available through appointments and the monthly contraception clinic.
- The practice's uptake for the cervical screening programme for 25-64year old women was 76%, which was above the national average of 74%.
- The practice benefits from the attendance of a weekly midwifery clinic.

Working age people (including those recently retired and students)

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

- The needs of the working age population have been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice provides GP face to face appointments, nursing and health care assistant appointments every morning. Telephone appointments were available with GPs and practice nurses and the practice conducted symptom screening via WebGP patient questionnaire enable them to prioritise call backs.
- Extended surgery appointments were offered on a Monday evening 4.30pm to 7.30pm. These had proven popular with families and shift workers unable to attend during normal hours.
- Out of hours appointments could be booked from 6.30pm to 8pm every weekday evening and 8am to 8pm weekends.
- Online appointments, electronic prescribing services and online access to test results.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. These were appropriately flagged on their patient record system.
- The practice offered longer appointments for patients with a learning disability such as when they conducted their annual health checks.
- The practice regularly worked with other health care professionals (social worker, counsellor, occupational therapist and specialists) in the case management of vulnerable patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Patients at risk of misusing their medicine were prescribed medicine daily or weekly.
- Patients with substance misuse dependence were referred to partner services to support them such as Open Road, a drop in service.
- The practice participated in local pilot programmes such as social prescribing, informing vulnerable patients about how to access various support groups and voluntary organisations.
- Carers were encouraged to attend the practice and talk about concerns with the clinical team.

People experiencing poor mental health (including people with dementia)

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

Good



- The practice maintained a register of those of patients with severe mental health conditions. They encouraged patients to have yearly health checks and provided additional consultation time during appointments.
- Patients may be signposted to support services such as Therapy for you or the Child and Adolescent Mental Health Services (CAMHS).
- Patients experiencing deterioration in their memory may be referred to the memory clinic for early diagnosis and Help for Carers a support service.

Summary of findings

- Dementia patients received annual reviews. The practice had achieved higher than the national average for the percentages of their patients diagnosed with dementia receiving a face to face review within the preceding 12 months. They achieved 98% in comparison with the national average of 84%.
- Where patients with dementia experienced deterioration in their behaviour multiagency working may be conducted in partnership with the community psychiatric nurse, dementia crisis team and the dementia intensive care team.
- Quiet waiting facilities were available to patients to wait separate for the main areas.
- Patients discharged from hospital with mental health needs were contacted and invited to attend for an appointment.
- Patients on high risk medicines were regularly reviewed by GPs and senior prescribing nurses.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 272 survey forms were distributed and 111 were returned. This represented a 41% response rate.

- 61% of respondents found it easy to get through to this practice by phone compared to the local average 72% and the national average of 73%.
- 83% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the local average 83% and the national average of 85%.
- 72% of respondents described the experience of this GP practice as good compared to the local average 71% and the national average of 73%).

- 77% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 74% 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 27 comment cards which were overwhelmingly positive about the standard of care received. Patients told us all staff had time to listen, they were never rushed and staff were consistently helpful and caring. They explained how the reception staff did their utmost to try and make a convenient appointment.

We spoke with five patients during the inspection. All of the patients were overwhelmingly positive about the service they received from all staff. They spoke highly of the clinical team and the reception staff that were polite and patient when they booked appointments.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure regular medicine searches are conducted to ensure good safe prescribing practices are embedded within the practice prescribing team.
- Ensure palliative care patients receive regular reviews, utilising template data and reference to the Gold Standard Framework.
- Ensure meetings are minuted. Where actions are assigned these are clearly documented in the meeting minutes. They should also include completion or review dates and be revisited at subsequent meetings to ensure actions are progressed and finalised.

Dr MA Sims' 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 a practice manager specialist adviser.

Background to Dr MA Sims' Practice

Dr MA Sim's Practice (also known as Dr Sims and Partners) holds a general medical services contract and is situated in a shared premises occupied by three other GP surgeries. It neighbours extensive housing developments. The practice has an estimated 7102 patients on their list. There are three GP partners (two female GPs and a male GP) and two salaried female GPs. They are supported by three practice nurses (two of whom are nurse prescribers) and two healthcare assistants. The reception and administrative staff are overseen by the practice manager.

The practice is open between 8am and 7.30pm on Monday and 8am to 6.30pm Tuesday, Wednesday, Thursday and Friday. Appointments on a Monday are from 9am to 11.20am and 3.30pm and 7.40pm. On Tuesday, Wednesday, Thursday and Friday appointments are available from 9am to 11.50am and 3.30pm to 5.45pm. Extended hours appointments are offered Monday evenings 6.30pm to 7.30pm. In addition to pre-bookable appointments can be booked two weeks in advance for a GP. Urgent appointments are available for people that needed them. Patients benefit from access to the GP hub a local commissioned service operating out of hours Monday to Friday 6.30pm to 8pm and Saturday and Sunday 8am to 8pm.

The practice does not provide out of hours cover. Patients are advised to call the national 111 service. IC24 are currently commissioned to provide out of hours services for Basildon and Brentwood Clinical Commissioning Group.

The practice serves an ageing patient group with higher representation amongst their patients aged 65years and over than the national averages. Deprivation levels for children and older people are higher than the local and national averages. Both male and female patients have a lower life expectancy than the local and national averages.

The practice has a clear and comprehensive website providing patients with a menu of options how they may contact the surgery, access to additional health services and information sites.

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 22 June 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (GPs, practice manager, practice nurse, healthcare assistant, reception and administrative team) and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place to encourage all staff to report and record significant events. Staff told us they would inform the practice manager of any concerns and they recorded them on a form available. The incident recording form 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). The practice had recorded 23 incidents since June 2015. These related to incidents such as power disruption, management of emergency medical equipment, patient information, clinical treatments and the unexpected death of patient. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information and were told about any actions to improve processes to prevent the same thing happening again. For example, We saw where issues related to clinical concerns these were discussed with the clinical team, supervision and training were provided and apologies given. The practice reviewed all their significant incidents and identified trends to inform the development of the practice. Concerns and learning were also shared externally with health and social care partners, pharmacy or NHS England where appropriate.

We asked the practice how they managed Medicines and Health Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us that they shared the alerts with their clinical team and discussed them. We checked a sample of patient records and found the practice had run clinical searches on the patient system to identify patients potentially at risk. They had consistently reviewed and actioned safety alerts appropriately. However, they would benefit from revisiting the searches to ensure good safe prescribing practices are embedded within their practice team.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. Staff told us they knew patients and would escalate any concerns to the practice manager or clinician. The staff had access to policies and local guidance detailing who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding and the GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3. The practice had a high number of children known to social services or at risk. Information was shared with staff and external partners (health visitors) to notify them of new children placed on the register. The practice followed up with children (families/carers) who failed to attend hospital appointments.
- A notice was displayed in the waiting room advising patients that chaperones were available, if required. The two healthcare assistants principally acted as chaperones but all staff who undertook the duties 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).
- We found the premises appeared clean and tidy. The practice nurse was the infection control clinical lead who liaised with their colleagues and kept up to date with best practice. There was an infection control protocol in place and staff had received up to date eLearning training. Monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular searches of their prescribing behaviour and last met with the local medicine management team to review practice on 20 June 2016. We found improvements in their prescribing

Are services safe?

of medicines such as an 11% reduction in their prescribing of antibiotics. The practice also had low prescribing rates for high risk medicines in line with best practice guidelines for safe prescribing.

- Blank prescription forms and pads were logged on a central register and securely stored. There were systems in place to monitor their use. The practice had two practice nurses who were qualified as an Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed two personnel files for recently appointed members of the clinical and administrative teams. 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 for clinical staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had an appointed health and safety representative and guidance displayed throughout the practice for the information of staff and patients. The practice had an up to date fire risk assessment and their safety equipment had been inspected in March 2016. Staff had received fire safety training and the practice conducted alarm testing and fire drills. Information was also displayed throughout the practice on safe evacuation procedures for staff to follow.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment had been checked in May 2016 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as 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). The practice water supply was assessed as a low risk of legionella disease.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. All the staff covered their colleague's absence thereby mitigating the need for locum staff that were unfamiliar with the patients or practice.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and emergency medicines and equipment were accessible to staff in a secure area of the practice. All staff knew of their location and all the medicines we checked were in date and stored securely.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- The practice had a comprehensive business continuity plan in place for major incidents such as loss of premises, power failure or building damage. The plan included emergency contact numbers for staff and essential suppliers.

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 and used this information to deliver care and treatment that met patients' needs. We checked patient records and found that guidelines from NICE were being followed.

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 showed the practice achieved 99.6% of the total number of points available with 7.3% exception reporting. This was 0.4% above the local average and 1.9% below the national 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).

Data from 2014/2015 showed:

- Performance for diabetes related indicators were above the national average. For example, the percentage of patients with diabetes, on the register in whom the last IFCC-HbA1C is 64mmol/mol or less in the preceding 12 months. Patients on the diabetic register who had the influenza immunisation had similar to the national average, achieving 100% in comparison with the national average 95%.
- The practice achieved above the national average for their management of patients with poor mental health. For example, 91% of their patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records within the last 12 months and 90% had their alcohol consumption recorded.

- The practice had a higher than the national average for the percentages of their patients diagnosed with dementia receiving a face to face review within the preceding 12 months. They achieved 98% in comparison with the national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was above the national average achieving 90% in comparison with 84% nationally.

There was evidence of quality improvement including clinical audit.

- The practice had a programme of clinical audits. They continually audited their minor surgery and steroid injections and have had no recorded significant incidents relating to either practice.
- The practice had a rolling two week cancer referral audit, to check that referrals were dealt with in a timely manner. We found referrals had been appropriately actioned and the performance of the practice had improved.
- The practice had also conducted audits on MHRA alerts and shared their findings with the clinical team. However, more recent searches of the patient record system showed learning had not been fully embedded in the prescribing team.
- The practice also supported audits by external partner services such as the community dieticians regarding the prescribing of supplemental nutrition.

The practice had higher accident and emergency admissions compared to the national average. The practice had 21.16 patients per 1,000 of the population attending in comparison with the national average of 14.6. Ambulatory care sensitive conditions are those which it is possible to prevent acute exacerbations and reduce the need for hospital admission through active management, such as vaccination; better self-management, disease management or case management; or lifestyle interventions. Examples include congestive heart failure, diabetes, asthma, angina, epilepsy and hypertension. The practice told us they monitored all accident and emergency admissions as part of their admission avoidance scheme and to identify frequent attenders. The practice told us they had identified prevalence amongst

Are services effective?

(for example, treatment is effective)

their elderly patients within nursing and care homes attending during out of hours. The practice told us of how they continued to work with patients and residential and nursing home to promote alternative medical services.

Effective staffing

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

- The practice had a comprehensive locum GP pack and induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, security of the premises, a tour of the premises and patient confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included clinical observations and an assessment of competence. Staff stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs. The practice manager told us they valued the opportunity to attend local practice management meetings. All staff had received an appraisal and these were scheduled to be reviewed in July 2016.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, infection prevention control, equality and diversity and information governance. Staff had access to and made use of e-learning training modules, in-house training, and local Clinical Commissioning Group time to learn training sessions.

Coordinating patient care and information sharing

The partners told us of their commitment to work with the wider health and social care services to deliver holistic and sustainable care for their patients. 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. The system enables professionals to task one another, view care and risk assessments, care plans, medical records and investigation and test results.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services. However, their last multidisciplinary meeting was held in October 2015. We reviewed the meeting minutes and saw actions had been assigned to ensure patients received the most appropriate care and treatment but dates had not been issued for completion or evidence that actions had been monitored and progressed.

The practice told us they currently reviewed, revised care plans and coordinated services on an individual patient basis tasking through the patient record system. However, palliative care patients would benefit from regular reviews, template data and reference to the Gold Standard Framework. They spoke of the challenges of coordinating care services for newly registered patients receiving end of life care. However, they worked closely with care coordinator to ensure timely and appropriate access to medical provision.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance for invasive procedures. 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 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. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Where necessary patients were signposted to the relevant service. For example; the practice works with the community dietician to ensure the appropriate and safe prescribing of nutritional supplements.

Are services effective?

(for example, treatment is effective)

The practice reported a higher prevalence of cancer within their patient population than the local and national averages. They encouraged their patients to attend national screening programmes. Data from the National Cancer Intelligence Network showed the practice had comparable rates when compare to the local and national averages for screening their patients. For example;

- The practice's uptake for the cervical screening programme for 25-64 year old women was 76%, which was above the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- 63% of the female patient 50-70 years of age had been screened for breast cancer within 6 months of their invitation. This was lower than the local average of 69% and the national average of 72%.

- 52% of their patient's 60-69 years of age had been screened for bowel cancer within six months of their invitation. This was lower than the local average of 54% and the national average of 55%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national 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 88% to 96%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

Curtains were not provided in all consulting rooms but the doors were locked to maintain patients' privacy and dignity during examinations, investigations and treatments. We found consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. Reception staff told us they knew many of their patients well and when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The 27 comment cards completed by patients were overwhelmingly positive regarding their experience of the service. Patients told us they held the staff in high regard and said they felt the practice offered an excellent service. Staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients on the day of our inspection they told us they were happy with the care provided by the practice. They said all staff treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey, published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice achieved comparable rates to the local and national satisfaction scores on consultations with GPs and nurses. For example:

- 82% of respondents said the GP was good at listening to them compared to the local average of 82% and the national average of 89%.
- 81% of respondents said the GP gave them enough time compared to the local average of 84% and the national average of 87%.
- 93% of respondents said they had confidence and trust in the last GP they saw compared to the local average of 93% and the national average of 95%.
- 83% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the local average 80% and the national average of 85%.

- 87% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the local average 90% and the national average of 91%.
- 83% of respondents said they found the receptionists at the practice helpful compared to the local average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they consistently felt listened to and supported by all members of the practice team and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey, published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the local average of 82% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average 76% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local average 85% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

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 107 patients as carers (1.4% of the practice list). Carers were identified

Are services caring?

when registering with the practice and written information was available to direct carers to the various avenues of support available to them. All carers were invited for flu vaccinations. Carers were also encouraged to approach the practice team and speak regarding any concerns they may have.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent a sympathy card. The practice were producing a letter to be sent to families offering practical support and signposting services. We found bereavement leaflets were available in the patient waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice demonstrated a good understanding of their patients' needs and how they had used this to inform and improve how they delivered services.

- The practice provided GP, nursing and healthcare assistant face to face appointments, every morning. Telephone appointments were also available with GPs and practice nurses.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Priority on the day appointments were given to children 5 years and under.
- The practice offered online appointment booking and electronic prescribing for acute and repeat prescriptions. Patients were invited to submit an online request for their repeat prescriptions and could collect them at a pharmacy of their choice.
- Patients had access to WebGP, an online service where patients were guided through a series of questions about their concern and signposted to an appropriate service, such as a pharmacist or a GP.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided phlebotomy services Monday to Friday mornings and during normal clinic hours.
- The practice benefitted from the attendance of a weekly midwifery clinic.
- A social prescribing clinic was held weekly to signpost patients to a range of health, social and financial services.
- Sexual education and contraception services were available through appointments and the monthly contraception clinic.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- The practice worked closely with the care coordinator assessing and coordinating care services to provide practical assistance to patients to enable them to maintain their independence.

- There was step free access to the practice. However, there was no electronic entry system or means of alerting staff to assist the less able to access the surgery. Thereby, leaving patients reliant on people noticing them outside the surgery and agreeing to assist them.
- The practice conducted non NHS services including Heavy Goods Vehicle medical assessments, adoption and insurance reports.

Access to the service

The practice was open between 8am and 7.30pm on Monday and 8am to 6.30pm Tuesday, Wednesday, Thursday and Friday. Appointments on a Monday were from 9am to 11.20am and 3.30pm and 7.40pm. On Tuesday, Wednesday, Thursday and Friday appointments were available from 9am to 11.50am and 3.30pm to 5.45pm. Extended hours appointments were offered Monday evenings 6.30pm to 7.30pm. In addition to pre-bookable appointments could be booked two weeks in advance for a GP. Urgent appointments were also available for people that needed them. Patients benefitted from access to the GP hub a local commissioned service operating out of hours Monday to Friday 6.30pm to 8pm and Saturday and Sunday 8am to 8pm. We checked the next available appointments for a nurse; one was available the following day and a week later for a GP, excluding emergency appointments available on the day.

The practice audited their appointment system and reported 178 appointments missed in May 2016 due to patients failing to attend. This equalled a loss of 29 hours of clinical time. The practice was considering a non-attendance policy to reduce the prevalence of patients repeatedly failing to attend.

Results from the national GP patient survey, published in January 2016 showed that patient's satisfaction with the opening hours of the practice was comparable to local and national averages. 79% of patients were satisfied with the practice's opening hours compared to the local average 73% and the national average of 78%. However, patients did report difficulties getting through to reception. 61% of patients said they could get through easily to the practice by phone compared to the local average 72% 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. We also saw children offered on the day appointments.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information was displayed and available to help patients understand the complaints system. This included how patients may access advocacy services and appeal the outcome of the investigation if dissatisfied.

The practice had recorded 17 complaints since December 2015 these related issues such as the conduct of staff and

the availability of appointments. We looked at six complaints and found all had been appropriately recorded, investigated and responded to in a timely and professional manner. The practice reviewed all their complaints for trends and found that staff may benefit from customer care training. We checked staff records and found staff had undertaken the training and the practice manager told us patients reported being happy with the service. This was supported in conversations held with patients and the patient participation group representative on the day of the inspection and in the comment cards received.

The practice maintained an extensive file of comments, compliments and letters of appreciation received from patients which were shared with staff.

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 partners told us they regarded it as a privilege to be a GP and to be trusted with the responsibility to care for patients. They were committed to ensuring patient privacy and dignity was respected at all times and they improve their quality of life.

The practice had no formal business plan in place but had held a strategy meeting with the partners and practice manager to inform the development of the practice. During their last meeting in March 2016 they discussed the growing patient demand on their nursing team and strategies to manage expectations whilst continuing to deliver accessible and safe services. Their proposals were subsequently discussed with the wider practice team to obtain their views.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies had been reviewed and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The practice achieved good QOF results and the partners attributed this to a shared understanding of improving patient care.
- There was a programme of continuous clinical audit used to improve clinical practice. Management audits were conducted of appointments and accident and emergency attendances by patients. However findings from audits were not consistently actioned and used to monitor quality and to make improvements.
- There were established arrangements in place and known to all staff for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Each partner brought a range of complementary skills to

the partnership. They each told us of their personal commitment to the practice, staff and their patients and their wish to secure sustainable improvements to patient's life. They prioritised safe, accessible and personalised care in partnership with health and social care professionals.

The provider was aware of and had 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).

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

- The GPs had their own areas of interests including minor surgery, orthopaedics, the elderly, dermatology and sexual health. A GP was also an experienced GP trainer, appraisal and mentor.
- The practice participated in the locality referral management scheme whereby clinicians looked at retrospective referrals and held peer review discussions. Orthopaedics and gynaecology were to be reviewed in 2016.
- The partners meet monthly to review the overall performance of the service including; appraisals, recruitment, vulnerable patients, clinical audits, practice opening hours and appointment management.
- Staff told us there was an open and supportive culture within the practice. Staff felt valued by their colleagues and able to approach and discuss any concerns with them, the practice manager or members of the clinical team. They valued the opportunity to meet and discuss matters and were confident in doing so. However, despite staff meetings being held regularly these were informal and often not minuted to evidence discussions, assigning of actions and progressions of tasks.
- Staff said they had experienced a lot of change but welcomed the new GP partners joining the practice and believed it provided the team with good leadership and stability. All staff spoke highly of the GP Partners and regards them as professional, supportive and caring. They told us they were listened to and there was a shared commitment to improve services for all patients.

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients, the public and staff. It acknowledged and responded to all issues raised engaging patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG), national and local patient surveys, complaints and compliments received. The practice displayed key findings from patient surveys within the patient waiting area and what they had done in response.
- The PPG consisted of 12 patients from the four GP practices within the Dipple Medical Centre. They met quarterly and were attended by the practice manager and a member of the clinical team. They discussed patient concerns, provided input into the proposed design of the new premises and planned educational patient seminars, most recently promoting dementia awareness. They hoped to produce a newsletter and assist with a patient survey in the future. They report high levels of support and satisfaction with the practice and their staff.
- The practice had gathered feedback from staff through informal daily discussions, practice meetings, team

meetings and appraisals. Staff told us they felt valued and were involved in discussions. They would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice was active within Basildon and Brentwood Clinical Commissioning Group. They participated in national thematic reviews into end of life patient care and worked with neighbouring surgeries and NHS England to inform the development of their proposed new premises.

The practice were introducing dermoscopy and commissioned staff training to take place in October 2016. This was intended to improve diagnosis within the surgery and reduce unnecessary referrals to secondary care.

Two of the GPs also undertook mentoring responsibilities for GPs and nurses training to be prescribers. Thereby keeping their knowledge current. A prescribing nurse lead on refresher training for healthcare assistants and developed training material aligned to Skills for Health. This consisted of self-learning modules, tutorial sessions, written assessments, clinical observations and competency assessments.