Dr Amanda M Davies and Dr C S Jayakumar

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	Requires improvement
Are services safe?	Good
Are services effective?	Requires improvement
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 Dr Amanda M Davies and Dr C S Jayakumar on 1 June 2016. Overall the practice is rated as requires improvement.

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

- Staff were aware of their responsibilities regarding safety, and reporting and recording of significant events. There were policies and procedures in place to support this.
- The practice assessed risks to patients and staff. There were systems in place to manage these.
- Patients' care and treatment was assessed and delivered based on the current evidence based guidance.
- Staff received appropriate training to provide them with the necessary skills, knowledge and experience to fulfil their role. They had access to further role specific training if appropriate.
- Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.
- Information about how to complaint was available for patients both online and in the practice building itself. Complaints investigations and documentation showed that improvements were made to the quality of service provision as a result.
- Patients said it was difficult to access same day appointments due to the length of time to get through to a receptionist on the telephone and often no appointments were left.
- There were limited quality improvement activities, such as clinical audits, taking place.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient forum. For example, the practice had recruited an additional GP in response to feedback about the lack of availability of appointments. The GP had only recently start work at the practice.

Summary of findings

- The practice facilities met the needs of its patient population.
- There was a good management structure and staff told us they felt supported and involved in the development of the practice.
- The culture of the practice was open and honest, and the practice complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Implement a quality improvement programme including clinical audit to ensure that the findings can be used to drive improvements in the quality of patient care.
- Ensure robust systems are in place so that all patients with a long term condition and those suffering with poor mental health receive appropriate reviews.

The areas where the provider should make improvement are:

- Improve the identification of carers on their practice register.
- Ensure continued monitoring and improvement in relation to national GP patient survey results.
- Ensure robust systems are implemented to ensure good governance and consider contingency arrangements to ensure appropriate staffing levels at all times.

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.

- Staff were aware of their responsibilities regarding safety, and reporting and recording of significant events. There were policies and procedures in place to support this.
- When there were unintended or unexpected safety incidents, patients received reasonable support, information, a verbal or written apology.
- We saw evidence that any lessons learned were shared with appropriate staff, during meetings, and as a result action was taken to improve safety in the practice.
- There were established systems and processes in place to ensure patient safety and enable staff to identify and take appropriate action to safeguard patients from abuse.
- The practice held monthly safeguarding multi-disciplinary meetings to ensure that safeguarding concerns with children and young people were addressed swiftly.
- The practice assessed risks to patients and staff. There were systems in place to manage these.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services.

- Patients' care and treatment was assessed and delivered based on the current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. They told us that they had access to further role specific training if appropriate.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or lower than national averages. Lower outcomes were mainly related to performance around patients with long term conditions. The practice was in the process of recruiting new staff to support performance in this sector.
- There was limited evidence that audit was driving improvement in patient outcomes.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- The practice data from the national GP patient survey showed that patients' rated the practice performed similarly to those in the local area and nationally for several aspects of care.
- Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Compliments received by the practice confirmed this.
- There was information available about different services locally and nationally. Staff offered discreet help with completing and reading forms and information if patients required this.
- We saw examples of staff being helpful and treating patients with respect. We saw that they maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff were able to discuss the needs of their patient population and potential future needs. They gave us examples of how they had engaged with the NHS England Area Team and Clinical Commissioning Group and other local stakeholders to secure improvements to services where these were identified. For example, they had engaged with local planning officers to ensure that medical services would be considered as part of any further housing developments.
- Some patients said they found it difficult to make a same day appointment. The practice had recruited another GP to try to resolve some of this issue.
- The practice was equipped to meet the needs of its patients. For example, there were rails in the toilet and level access to the front door.
- Information about how to complain was clearly displayed in the waiting area. We saw evidence that showed the practice responded quickly to issues raised. Learning from complaints was shared with staff in a variety of ways, for example, through team meetings.

Are services well-led?

Requires improvement

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

- The practice had a caring ethos. They had a vision to provide good quality care for patients; however they told us that some of the clinical areas requiring improvement had not been addressed yet due to staffing issues. The practice was in the process of trying to recruit new staff to address this short fall.

Summary of findings

- There was a staffing structure in place and staff were aware of staff responsibilities. Staff told us the partners were approachable and always took the time to listen to all members of staff.
- There was an overarching governance framework. This included arrangements to monitor and improve quality and identify risk. The partners held regular governance meetings and the governance framework was underpinned by relevant policies and procedures. However, there were improvements needed to ensure there were effective systems in place to enable the partners to assess and monitor the quality of the care and treatment being provided to patients.
- Throughout our inspection it was evident that the partners encouraged an open and honest approach. Staff felt able to raise any concerns in line with the principles of Duty of Candour.
- The patient participation group (PPG) told us that the practice was responsive and engaged well with them. The practice completed patient surveys to gain patients' views of the service provided.
- The practice was in the process of reviewing its staffing needs following staffing changes and patient feedback; however they had experienced some issues with recruiting the appropriate staff. Staffing levels had impacted on reviews of patients with long term conditions.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice was aware of the needs of older people. For example, they offered 24 hours blood pressure monitoring, so that patients did not have to visit the hospital for this.
- If patients required a longer appointment due to complex needs or multiple medical conditions this was available.
- Housebound patients could also request a home visit.
- The practice nurse provided a phlebotomy service for those patients unable to access this service through other local services.

People with long term conditions

Requires improvement

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

- Performance for indicators relating to long term conditions, for the period 2014 to 2015, were lower than local CCG and national averages. For example, the percentage of patients with diabetes where there was a record of an annual foot examination and risk classification was 72% compared to the CCG and national average of 88%.
- Performance was also lower than the CCG and national averages for reviews of patients with asthma (14% lower than the CCG average) and for reviews of patients with COPD the practice percentage was 12% lower than the CCG average.
- If patients required a longer appointment due to more complex needs or multiple medical conditions this was available.
- The practice held regular multi-disciplinary meetings with health and social care professionals to ensure patients' needs were met. Staff also liaised with these professionals on a day to day basis when needed.
- There was a lack of clinical audit to drive improvements in the quality of care for patients with a long term condition.

Families, children and young people

Good

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

Summary of findings

- The practice had policies and procedures in place for staff to identify and support children and young people who were vulnerable or at risk of abuse. For example, the practice held monthly MDT meetings which included school nurses and health visitors.
- Immunisation rates were comparable with CCG and national averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and where appropriate treatment was explained to them. We saw evidence to confirm this.
- Appointments were available for children outside of school hours.
- The premises were suitable for this population group. For example, there was access for pushchairs and prams.
- The practice made use of a rapid access paediatric clinic.

Working age people (including those recently retired and students)

Good

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

- The practice offered extended hours on Monday and Tuesday evenings until 7.30pm for working patients who could not attend during normal opening hours.
- The percentage of women aged 25-64 who had attended for a cervical screen in the preceding five years was in line with local and national averages.
- The needs of the working age population, those recently retired and students had been identified and the practice offered later appointments on two days per week and appointments at the Thurrock Health Hub at weekends.
- The practice offered online services such as, repeat prescriptions, online booking for both face to face consultation and telephone appointments.
- There was a range of health promotion and screening available that reflected the needs of this age group.

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.

- The practice was aware of those patients on their register whose circumstances may make them vulnerable. For example, transient workers and those with a learning disability.

Summary of findings

- If patients required a longer appointment due to complex needs or multiple medical conditions this was available. Housebound patients could also request a home visit.
- The practice offered discreet support to those who may require support with reading instructions or completing forms.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. The practice held a monthly adult safeguarding MDT with relevant health and social care professionals.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations, such as counselling groups.
- Although we saw evidence that the practice was meeting the needs of some carers (including some not on the register), the number of carers on their practice register was low.
- The practice had policies and procedures in place for staff to identify and support children and adults who were vulnerable or at risk of abuse.

People experiencing poor mental health (including people with dementia)

Requires improvement

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

- Performance for mental health related indicators was lower than the national average. For example, the percentage of patient's, with a diagnosis of schizophrenia, bipolar affective disorder and other psychosis, who had had an agreed care plan documented in their records was 48% compared to a national average of 88%. We did note that they had low exception reporting.
- The practice held regular multi-disciplinary meeting with health and social care professionals to ensure patients' needs were met. Staff also liaised with these professionals as needed at other times.
- There was information available in the waiting area regarding various local and national support groups and staff also signposted patients to services, as appropriate, during consultations.
- There was a lack of clinical audit to drive improvements in the quality of care for patients with a long term condition.

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 or lower than local and national averages. 263 survey forms were distributed and 103 were returned. This was a 39% response rate and 1.4% of the total practice population.

- 56% of patients found it easy to get through to this practice by phone compared to the CCG average of 74% and the national average of 73%. This data had improved in the July 2016 survey results.
- 55% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 71% and the national average of 76%. This data had improved in the July 2016 survey.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and the national average of 85%.
- 78% 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 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were all positive about the standard of care received.

We spoke with three patients and six members of the patient participation group (PPG) during the inspection. All the patients said they were satisfied with the care they received and thought staff were approachable, helpful and caring. Patients commented that access to appointments via the phone system in the morning was difficult and often all appointments had gone.

Areas for improvement

Action the service MUST take to improve

- Implement a quality improvement programme including clinical audit to ensure that the findings can be used to drive improvements in the quality of patient care.
- Ensure robust systems are in place so that all patients with a long term condition and those suffering with poor mental health receive appropriate reviews.

Action the service SHOULD take to improve

- Improve the identification of carers on their practice register.
- Ensure continued monitoring and improvement in relation to national GP patient survey results.
- Ensure robust systems are implemented to ensure good governance and consider contingency arrangements to ensure appropriate staffing levels at all times.

Dr Amanda M Davies and Dr C S Jayakumar

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Amanda M Davies and Dr C S Jayakumar

This practice is also known as 'Pear Tree Surgery'.

The practice is situated near to a busy road junction and has limited parking on site. There is public parking a short walk away.

The practice is a dispensing practice that also dispenses medicines at their branch surgery at West Horndon. We inspected the branch dispensary as part of our inspection.

The current list size of the practice is 7,200. There are two male GPs, two female GPs and one female practice nurse. There are a number of other staff carrying out administrative duties. Patients can access services at either the main site or the branch surgery.

The practice is open between 8am and 6.30pm Monday to Friday, excluding Wednesdays when it closes at 2pm. Appointments are available from 8am to 12pm every morning and from 3pm to 6.30pm every afternoon. Extended hours are offered Mondays and Tuesdays 6.30pm to 7.30pm. The dispensary is open during practice opening hours.

The branch surgery at West Horndon is open Monday to Fridays 9am to 12pm. On Mondays, Tuesdays, Wednesdays and Fridays it is open from 3pm to 6pm in the afternoon. The dispensary is open during these times.

Thurrock Clinical Commissioning Group (CCG) has recently launched a weekend system called 'Thurrock Health Hubs'. Patients are able to book through the practice to see either a doctor or a nurse between 9.15am and 12.30pm at the weekend, at one of four 'hubs'.

When the practice is closed patients are advised to call 111 if they require medical assistance. The out of hour's service is provided by IC24.

The practice demographic comprises of mainly white British patients, with other nationalities including African, European and Asian. There are fairly low levels of income deprivation affecting children and slightly higher than local and national average levels of income deprivation affecting older people.

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.

Detailed findings

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 1 June 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing and administration staff.
- Observed reception staff speaking with patients.
- Spoke with patients and their family or carers.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed an anonymised sample of the treatment records of patients.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- We asked staff to explain the process of reporting significant events to us. They told us that they would either inform one of the management staff or complete a significant incident form.
- Significant incident forms and the evidence of the analysis showed that when a significant incident directly affected a patient, a thorough investigation was completed, the patient was informed of the incident, given information and appropriate support and an apology was written which outlined any actions taken to prevent the same thing happening again. Depending on the nature of the incident, the practice also when appropriate offered a face to face meeting.

We reviewed safety records, incident reports, patient safety alerts and medicine alerts from the Medicines and Healthcare products Regulatory Agency and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a patient medicine safety alert relating to possible risk of long term use, an anti-inflammatory medicine was no longer issued as a repeat prescription.

Overview of safety systems and processes

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

- There were established systems and processes in place to ensure patient safety and enable staff to identify and take appropriate action to safeguard patients from abuse. These systems took into account the latest relevant legislation and Thurrock council safeguarding requirements. Staff were aware of their responsibilities regarding this. One of the GP partners took the lead role for safeguarding. The GPs held monthly adult and child safeguarding meeting. School nurses and health visitors attending the child safeguarding meeting and action plans were discussed and updated. The adult safeguarding meeting was attended by the community matron, community psychiatric nurse (CPN), social workers, palliative care and other community nurses, according to availability. Staff had received training on safeguarding children and vulnerable adults that was relevant to their role and at an appropriate level. We found that all GPs were trained to child protection or child safeguarding level 3.
- There was a notice in the waiting room advising patients that a chaperone was available for intimate examinations if patients requested this. Only staff that were trained for the role and had received a Disclosure and Barring Service (DBS) check were used as chaperones. Staff were aware of their responsibilities with regards to this role. (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice manager was the infection control lead with clinical support from the practice nurse. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken and we saw evidence that action had been taken as a result of the audits.
- 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). There were processes were in place for handling repeat prescriptions of high risk medicines. A monthly data search was completed for all patients on a medicine requiring regular monitoring. When a repeat prescription was requested this list was checked to determine if a review and blood testing was required prior to the repeat prescription being authorised. Prescriptions for repeat medicines were signed by the GP before the pharmacist dispensed them. Prescriptions issued by the GP for a one issue medicine would be dispensed and then the GP would sign the prescriptions at the end of the surgery session.
- The practice had support of the local medicines management teams, to ensure that their prescribing was in line with best practice guidelines for safe prescribing. We checked that blank prescription forms and pads were securely stored and found that they were and that there were systems in place to monitor their

use. The practice used Patient Group Directions to allow nurses to administer medicines in line with legislation, we checked and saw that these were appropriate for the practice needs and had all been signed as required.

- There was a named GP responsible for dispensaries at both sites. Staff for the main dispensary had recently been recruited and staff for both sites had received appropriate training. We saw that there were opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had an evolving system in place to monitor the quality of the dispensing process. The dispensing team described their process for handling alerts and high risk medicines to us which although newly implemented was adequate to keep patients safe.
- There were standard operating procedures in place which covered all aspects of the dispensing process which the staff were in the process of reviewing to ensure that they were robust (these are written instructions about how to safely dispense medicines). We viewed the dispensing process from the point at which pharmacist received a prescription, then dispensed the medicine, checked it with a colleague and finally handed it to the patient. There was protocol in place for those responsible for providing information to the patient regarding their prescribed medicine. There were also protocols and procedures in place for medicines requiring refrigeration. These processes were found to be satisfactory.
- The branch surgery held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had adequate procedures in place to manage them safely and securely. We viewed the controlled drugs register and saw that these procedures were followed. There were also arrangements in place for the destruction of controlled drugs. Patients were required to sign prescriptions upon collection of controlled drugs and other prescribed medications.
- We reviewed nine personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had a system for ongoing checks related to registration with professional bodies and immunisation status of staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had systems in place to assess and monitor risks to staff and patients. The practice had up to date fire risk assessments and designated fire wardens. There was a contract in place with an external company to check that all clinical and electrical equipment was safe to use and working properly. There were also risk assessments in place for infection control and Legionella testing. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Risk assessments for the control of substances hazardous to health were completed by an external company and the practice had access to this information.
- The practice manager had a system in place for monitoring the staffing needs of the practice and used feedback from staff and patients as well has historic data on demand to ensure enough staff were on duty. However, we were told that high staff turnover and absences had at times impacted on the provision of services delivered to patients.

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 alert button on the computers in all the consultation and treatment rooms which staff could press to summon other staff in an emergency situation.
- Staff had received training on basic life support and use of a defibrillator. There was a defibrillator available on the premises and oxygen in an accessible place.
- We spoke with staff regarding emergency medicines and found that they were kept in a secure area of the practice that was easily accessible to staff in the case of an emergency. We checked the medicines and found them to be stored securely and within their expiry date, with a system for checking the dates in place.

Good

Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as IT failure or flooding. The plan was kept in a variety of other places off the premises and included emergency contact numbers for staff and relevant utilities.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Staff had access to guidelines from NICE and online resources and used this information to deliver care and treatment that met patients' needs, with the exception of patients with long term conditions, where they were not receiving reviews according to current guidelines.

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 2014 to 2015, indicated the practice achieved 84% of the total number of points available compared with the CCG average of 89% and the national average of 95%.
- The practice exception reporting data for cancer and depression were higher than the CCG and national average. For example, for cancer indicators the practice had a 31% exception rate which was higher than the CCG rate of 17% and the national average of 15%. For depression related indicators the practice exception report rate was 32% compared with the CCG rate of 25% and the national average of 25%. (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).

The practice had not been aware of their high exception reporting rate in these areas before we queried it and disputed the data as they told us they try not to over exception report patients unnecessarily. They showed us evidence for both of the indicators identified, that the high rates were due to their system automatically excepting patients, such as, those who had not had cancer for over 3 years. They told us that they would seek IT advice to establish why this was happening.

This practice was an outlier for several QOF long term conditions clinical targets. Data from 2014 to 2015 showed:

- Performance for diabetes related indicators was lower than the national average. For example, the percentage of patients with a record of an annual foot examination and risk classification was 72% compared to the CCG and national average of 88%.
- Performance for mental health related indicators was lower than the national average. For example, the percentage of patient's, with a diagnosis of schizophrenia, bipolar affective disorder and other psychosis, who had had an agreed care plan documented in their records was 48% compared to a national average of 88%.
- Performance was also lower than the CCG and national averages for reviews of patients with asthma (14% lower) and COPD (12% lower).

The practice told us that their lower performance was due to staffing issues. The practice told us that they were actively trying to recruit more staff to improve clinical outcomes for patients.

There was little evidence of quality improvement audits. The practice told us that they had undertook an audit in January 2016 related to the monitoring of patients on Methotrexate; however it was not available for us to view.

The practice did participate in local benchmarking and were able to discuss with us their current performance with regards to referral rates compared with other practices locally.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This included mentoring by more experienced staff. Core training for staff covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, information governance 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.
- 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, informal one-to-one meetings, mentoring and support for revalidating GPs. All staff had either received an appraisal in the last 12 months or had one planned in the near future.

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.
- 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. Meetings took place with other health care professionals on a monthly basis when care plans and actions were routinely reviewed and updated for patients with complex needs and adult or child safeguarding concerns. Staff liaised with other professionals on a regular basis outside of these meetings too. Staff had working relationships through these meetings with school nurses, health visitors, social workers, community matron and other community nurses.

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 documented this appropriately.

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, those requiring advice on their diet and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available both at the practice and via another provider.

The practice's uptake for the cervical screening programme was 78%, which was in line with the CCG average of 80% and the national average of 82%. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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 for the screening of bowel cancer by eligible patients in the last 30 months was 57% for the practice, compared to 55% average for the CCG and 58% national average.
- The uptake for females aged between 50 to 70 being screened for breast cancer in the last 36 months was 69% compared with the local average of 66% and the national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example,

- The percentage of childhood 'five in one' Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenza immunisation vaccinations given to under one year olds was 99% compared to the CCG percentage of 96%.
- The percentage of childhood Mumps, Measles and Rubella vaccination (MMR) given to under two year olds was 92% compared to the CCG percentage of 92%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was 98% compared to the CCG percentage of 95%.

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

Requires improvement

Are services effective?

(for example, treatment is effective)

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains or screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- There was a 'stable' door at the side of reception were staff could discuss sensitive issues with patients, or offer them discreet support with form completion. Notices informed patients that a private area was available.

All of the 11 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff were helpful 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 was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 79% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% 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 felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey, publishing 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:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice had developed an action plan following the outcome of the GP survey. The action around decision making was to remind clinical staff to involve patients in decisions about their care. The measure of whether this was achieved would be the outcome of the next GP survey.

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. A telephone translator could be available within 10 minutes.

Good

Are services caring?

- If patients required support to read forms staff would do this.

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 local and national support groups and organisations. For example, Macmillan carer support and support for carers of people with learning disabilities.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 56 patients as carers (approx. 0.7% of the practice list). The practice manager told us that this did not represent all the carers on the population list. We found evidence that carers not identified on register were receiving support in this role by the practice. Carers were signposted to the various avenues of support available to them and offered flu vaccinations.

Staff told us that if families had experienced bereavement, they were sent a sympathy card. One patient we spoke with told us that when they had experienced bereavement the GP they saw had listened to them, was compassionate and had offered to refer them to counselling.

The practice had received five compliments in the last 12 months, they commented on the satisfaction with the service and the caring nature of staff.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team, Clinical Commissioning Group (CCG) and other stakeholders to secure improvements to services where these were identified. For example, they had engaged with local planning officers to ensure that medical services would be considered as part of any further housing developments.

- The practice offered pre bookable later opening times on a Monday and Tuesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were usually available for children and those patients with medical problems that require same day consultation.
- The practice offered 24 hours blood pressure monitoring, so that patients did not have to visit the hospital for this.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and a translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday (except Wednesdays). Appointments were available from 8am to 12pm every morning and from 3pm to 6.30pm every afternoon. Extended hours appointments were offered on Mondays and Tuesdays until 7.30pm for working patients. Pre-bookable appointments could be booked up to one week in advance; urgent appointments were also available for people that needed them. The dispensary was open during practice opening hours.

The branch surgery at West Horndon was open Monday to Fridays 9am to 12pm. On Mondays, Tuesdays, Wednesdays and Fridays it was also open from 3pm to 6pm in the afternoon. The dispensary was open during these times.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line with or lower than the local and national averages.

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and a national average of 78%.
- 56% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and national average of 73%. This data had improved in the last six months and for the survey published in July 2016 the practice had achieved a 68% satisfaction rate compared with the local and national average of 73%.

People told us on the day of the inspection that they sometimes had difficulty getting appointments when they needed them. Staff told us that they were aware of issues with patients accessing the service so had employed another GP, introduced an additional GP session and staggered the appointment times. They were also trying to source a phlebotomy service to relieve the pressure on the practice nurse who had been doing this service for some patients. They were also trying to use the hub effectively to support their treatment of patients.

Data which has been published since our inspection indicates improved levels of patient satisfaction with access to appointments.

The practice had a system in place to assess:

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

Patients were encouraged to ring in the morning for home visits. Requests were passed to the duty doctor who would contact the patient for more details, prior to determining the necessity for a visit.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that there were posters in the reception and information on the website to help patients understand the complaints system.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, there was a complaint relating to telephone access to appointments and the availability of same day appointment slot. The practice acknowledged that there would sometimes be issues with telephone access due to the number of staff answering the phone. They reviewed their appointment options and implemented two emergency slots in the morning and one in the evening.

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 deliver good quality care and promote good outcomes for patients. The practice had a caring ethos. The practice was aware that it was limited by the size of its premises and the number of consulting rooms available for use. The practice had also experienced recruitment and sickness issues which they were addressing.

Governance arrangements

The practice had an overarching governance framework which supported the implementation of their strategy, including arrangements to monitor and improve quality and identify risk. 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 were implemented and were available to all staff.

However, we found that the governance at the practice required strengthening in relation to some of the evidence found on the day of the inspection. This included ensuring that accurate QOF exception reporting was in place, improving the quality assurance processes and ensuring patients with long term conditions received regular reviews of their care and treatment

The practice was actively trying to recruit staff and ensure sufficient staffing numbers and skill mix.

Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff.

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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a written apology. Depending on the circumstances the practice may also hold a face to face meeting with the affected person.
- The practice kept records of written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and that action would be taken.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff told us that they felt involved in the development of the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service; however the information gathered was not always formally analysed to identify themes and improve the patient experience.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, there were issues with privacy around the reception desk so the practice put a tape line and requested patients stand behind it whilst waiting their turn.
- The practice had completed a survey in 2015 however the results had not been collated so we were not able to see if they had identified any themes or actioned any areas for improvement.
- The practice had gathered feedback from staff through staff meetings and informal conversations. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Requires improvement

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

- The practice was aware of the data from the national GP patient survey in relation to phone access for patients and the availability of appointments. They had taken action and were actively trying to recruit an additional GP and had made changes to the appointment system.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance **How the regulation was not being met:** The provider did not have an effective quality assurance and auditing system in place to assess and improve the quality of service provision. This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person Centred Care **How the regulation was not being met:** Some patients with long term conditions were not receiving care and treatment in line with their assessed needs. This was in breach of regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.