

Nelson Medical Practice

Quality Report

The Nelson Medical Practice
East Coast Community Healthcare C.I.C.
Pasteur Road
Great Yarmouth
Norfolk
NR31 0DW

Tel: 01493 419600

Website: www.thenelsonmedicalpractice.nhs.uk

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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?

Requires improvement



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 The Nelson Medical Practice on 18 February 2016.

Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice;

- In response to the high rates of teenage pregnancy rates in the area, one GP had trained to fit intrauterine coil devices and implants. Largely as a result of this, the number of teenage pregnancies had steadily dropped from 24 from April 2010 to March 2012, to 18 from March 2014 to February 2016 a reduction of 25%

Summary of findings

The areas where the provider must make improvement are:

- Implement processes for reporting, recording, acting on and monitoring complaints to ensure they are fully investigated and complainants are responded to and ensure reflective and shared learning.

The areas where the provider should make improvement are;

- Ensure annual reviews for patients with a learning disability, patients with a mental health issue and patients with dementia are undertaken in a timely way

- Continue to promote and advertise for members of the Patient Participation Group (PPG).
- Ensure systems and procedures to improve the provision of service to nursing and care homes are embedded.

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



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average. However the practice exception reporting was higher than the locality and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice below others for several aspects of care.
- However this was not reflected in the conversations we had with patients during our inspection, we were told they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible in a number of languages.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However the policy and procedure were not in line with recognised guidance and contractual obligations for GPs in England. We could not be assured that lessons were learnt from concerns and complaints, or that action was taken to improve the quality of care.

Requires improvement



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Good



Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better in comparison to the CCG and national average. With the practice achieving 99% compared to the CCG average of 91% and national average of 89%.
- Longer appointments were available if required. Practice staff followed up patients who did not attend their appointments by telephone.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Performance for asthma, chronic obstructive pulmonary disease were all above or in line with CCG or national averages with the practice achieving 100% across each indicator.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. We saw that of the 44 patients on the practice learning disability register, however only 15 had received health checks in the previous year.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- Performance for dementia, depression and mental health indicators were all above or in line with CCG or national averages with the practice achieving 100% across each indicator.
- Of the 67 patients on the practice's mental health register, 35 had received a review of their medication in the past twelve months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on January 2016. The results showed the practice was performing below local and national averages. 360 survey forms were distributed and 113 were returned. This represented a response rate of 31%.

- 62% found it easy to get through to this surgery by phone compared to a CCG average of 82% and a national average of 73%.
- 75% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 84% described the overall experience of their GP surgery as fairly good or very good (CCG average 89%, national average 85%).
- 60% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 82%, national average 78%).

All of the 21 patient Care Quality Commission comment cards we received were positive about the service

experienced. However one patient expressed concerns about the late arrival of a GP and difficulty getting through to the practice by telephone. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with eight patients on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We also spoke with the managers of a local nursing home and a local care home and had mixed feedback. One home told us they were very happy with the service provided by the practice; another said they were unhappy with the service provided. We were told that it was difficult to get GPs to attend the home. We discussed this with the registered manager and following our inspection we saw the practice had put systems in place to improve the service provided to nursing and care homes.

Areas for improvement

Action the service **MUST** take to improve

- Implement processes for reporting, recording, acting on and monitoring complaints to ensure they are fully investigated and complainants are responded to and ensure reflective and shared learning.

Action the service **SHOULD** take to improve

- Ensure annual reviews for patients with a learning disability, patients with a mental health issue and patients with dementia are undertaken in a timely way

- Continue to promote and advertise for members of the Patient Participation Group (PPG).
- Ensure systems and procedures to improve the provision of service to nursing and care homes are embedded.

Outstanding practice

- In response to the high rates of teenage pregnancy rates in the area, one GP had trained to fit intrauterine coil devices and implants. Largely as a

Summary of findings

result of this, the number of teenage pregnancies had steadily dropped from 24 from April 2010 to March 2012, to 18 from March 2014 to February 2016 a reduction of 25%

Nelson Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Nelson Medical Practice

Nelson Medical Practice established in 2003, provides APMS (alternative provider medical services) to a population of 6,184 patients in Great Yarmouth. The practice's catchment area covers Great Yarmouth through to Bradwell and Gorleston. In 2011 NHS Great Yarmouth and Waverney Primary Care Trust set up East Coast Community Healthcare CIC (ECCH), Nelson Medical Practice is one of several practices managed by ECCH.

The practice team consists of five salaried GPs (two female and three male), one nurse practitioner, two practice nurses and one healthcare assistant. The practice manager is supported by a deputy practice manager, a reception manager and a team of administration and reception staff, housekeepers and a number of ECCH Allied Health Professionals including the registered manager who support the practice. The practice provides a number of community services from the practice such as a health trainer. District nurses, physiotherapy and midwifery service are also available on site.

The practice is an established research practice and takes part in clinical research projects. For example research into medications. It is a teaching and training practice and provides teaching for third year medical students from the University of East Anglia and training for GP registrars.

The practice faces a number of challenges, Great Yarmouth is a deprived area and Lowestoft is the fourth most deprived settlement in the East of England. The area has seen a population growth of 6.3% between 2010 and 2014. The practice population has a higher proportion of patients aged over 75 years, 30% of patients are non-English speaking with a high prevalence of long term conditions, such as coronary heart disease, respiratory disease, diabetes and cancer. There are higher disability rates, shorter life expectancies with higher rates of limiting long term illness and rising prevalence of dementia. In addition there is a high prevalence of unhealthy lifestyle behaviours such as smoking, poor diet and high alcohol consumption with high levels of long term unemployment and an increased seasonal population in the coastal areas.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 5.50pm daily. Extended surgery hours are offered from 7.30am to 8.30am Monday and Friday mornings. In addition to pre-bookable appointments that can be booked up to five weeks in advance, urgent appointments are also available for people that need them. The practice offers a range of appointment options which include; pre-bookable appointments, follow up appointments, on-line access, telephone triage and open access for childhood immunisations, patients on the avoiding unplanned admissions register, emergency and walk-in patients who do not have access to a telephone. This is supported by telephone access to a GP of choice for those patients who do not require a face to face consultation.

Detailed findings

Outside of these hours, the out of hours provider is a professional medical agency commissioned by the Great Yarmouth & Waveney Clinical Commissioning Group (Healtheast). Primary medical services are accessed through the NHS 111 service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 18 February 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, the registered manager, practice manager, reception and administration staff. We also spoke with local a pharmacist, managers of local nursing and care homes and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- 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 for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken with the practice achieving a score of 93% for compliance with their infection control for the June 2015 audit. We saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We were unable to review personnel files of staff as these were held by the provider at the main office, therefore we were unable to confirm if appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification and references. However we were able to see evidence of qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Are services safe?

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. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked 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) risk assessments for the safety of the exterior of the premises. For example a daily removal of any loose stones on pathways outside the building and a risk assessment for daily GP cover.
- 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 that enough staff were on duty.

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 there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 people's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 had achieved 99.5% of the total number of points available, with 22% exception reporting which was very high in comparison to the CCG average of 11% and the national average of 13%. (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).

We discussed the 22% exception reporting figures with the practice (where appropriate a practice may except a patient from a QOF indicator, for example, where patients decline to attend for a review, or where a medication cannot be prescribed due to a contraindication or side-effect). We were told this was reflective of a somewhat difficult and non-compliant practice population where certain recommended treatments were not appropriate and where patients refused to attend and in some situations, declined to attend for review. However, the practice continued to encourage attendance from these patients for health and medication reviews to ensure they were not overlooked. The practice had systems in place to ensure vulnerable patients received support; there were interpreting services and double appointments available for the 30% non-English speaking patient population.

Services were taken out to patients in their own homes, for example practice nurses would attend patients at home to ensure such services as the flu vaccine were provided. In addition the practice had introduced a process of ensuring any patient who had been excepted in the past two years was reviewed, we looked at the current QOF indicators for 2015 to 2016 and saw that the practice was in-line with all indicators and lower exception reporting averages.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was better in comparison to the CCG and national average. With the practice achieving 99% compared to the CCG average of 91% and national average of 89%.
- The practice's performance for peripheral arterial disease was below CCG and national averages, with the practice achieving 83% compared to the CCG average of 95% and the national average of 96%.
- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, dementia, depression, epilepsy, heart failure, hypertension, learning disabilities, mental health, osteoporosis, palliative care, rheumatoid arthritis, secondary prevention of coronary heart disease and stroke and transient ischaemic attack were all above or in line with CCG or national averages with the practice achieving 100% across each indicator.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. A number of QOF based clinical audits had been completed in the last two years. These were completed audits where the improvements made were implemented and monitored. We also saw examples of full cycle audits that had led to improvements in prescribing.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they 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 on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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. Information such as NHS patient information leaflets were also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved

between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. For example patients who might benefit from smoking cessation advice or weight management support were signposted to local support groups. A physiotherapist and a health trainer were also available each week from the premises.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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 80% to 100% and for five

Are services effective? (for example, treatment is effective)

year olds from 77% to 96%. The practice telephoned all parents/carers who did not attend for childhood immunisations every week and offered open access appointments to encourage attendance.

Flu vaccination rates for the over 65s were 52% and at risk groups 91%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included new patient health checks and NHS health checks for people 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 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. However one patient expressed concerns about the late arrival of a GP and difficulty getting through to the practice by telephone. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with eight patients on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We also spoke with the managers of a local nursing home and a local care home and had mixed feedback. One home told us they were very happy with the service provided by the practice; another said they were unhappy with the service provided. We were told that it was difficult to get GPs to attend one home. We discussed this with the registered manager and following our inspection we saw the practice had put systems in place to improve the service provided to nursing and care homes.

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

- 81% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 76% said the GP gave them enough time (CCG average 90%, national average 87%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 82% said they found the receptionists at the practice helpful (CCG average 90%, national average 87%).

This feedback had been identified by the practice and analysed in depth. The practice showed us an action plan to improve patient satisfaction scores; this included the installation of a new telephone system to improve patient access to the service.

Care planning and involvement in decisions about care and treatment

Patients we spoke to 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey published January 2016 were in-line with local and national averages. For example:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average 82%).
- 92% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 85%).

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice's touch in screen was available in 12 languages and the practice's website offered a translation facility in over 80 languages.

Patient and carer support to cope emotionally with care and treatment

Notices in the waiting room 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 and the practice had identified 205 patients, 3.3% of the practice patient population as carers. Written information was available to direct carers to the various avenues of support available to them.

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

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 and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example;

- The practice offered a 'Commuter's Clinic' on a Monday and Friday mornings from 7.30am until 8.30am 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 would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for people with disabilities and a hearing loop available.
- 30% of patients on the practice list did not have English as their first language. Translation services were available and the practice's web-site had an automatic translation facility which meant that patients who had difficulty understanding or speaking English could gain 'one-click' access to information about the practice and about NHS primary medical care. Double appointments were available to ensure sufficient time for an effective conversation and consultation.
- The practice provided signposting to support services such as alcohol and drug reduction services.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as home blood pressure monitors, electrocardiogram tests, spirometry checks and in-house phlebotomy. Other services available from the practice included district nursing, midwifery, health visitors, a health trainer and physiotherapy services and the Well-Being Mental Health Service
- The practice offered the fitting and removal of long term contraception. In addition the practice encouraged chlamydia testing for the under 24 age group. Referrals were also made to a local outreach sexual health service. Emergency contraception was available at the practice.
- In response to the high rates of teenage pregnancy rates in the area, one GP had trained to fit intrauterine coil devices and implants. Largely as a result of this, the number of teenage pregnancies had steadily dropped from 24 from April 2010 to March 2012, to 18 from March 2014 to February 2016 a reduction of 25%. The practice continued to promote this service.
- The practice worked closely with community midwives, mental health link workers, substance abuse and alcohol support workers and diabetic specialist nurses and promoted provision of these services from the surgery premises where possible. For example local midwives provided weekly clinics at the practice. District nurses provided leg ulcer clinics and community health visitors met with the practice's clinical team every six weeks to review any at risk children and share best practice.
- The practice's health trainer was available to help patients manage their weight, reduce alcohol intake and stop smoking
- The practice offered a range of on-line services, which included; appointment bookings, prescription requests, summary care records and on-line access to clinical records.
- Following a review of patients at risk of suicide, a system was put in place to ensure these vulnerable patients were identified and were reviewed every three months at clinical meetings. Patients who had not been seen at the practice were invited in for a review of their care needs and referral to support services where required.
- The practice used a text reminder service to remind patients once an appointment had been made.

Are services responsive to people's needs?

(for example, to feedback?)

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 5.50pm daily. Extended surgery hours were offered from 7.30am to 8.30am Monday and Friday mornings. In addition to pre-bookable appointments that could be booked up to five weeks in advance, urgent appointments were also available for people that needed them. The practice offered a range of appointment options which included; pre-bookable appointments follow up appointments, on-line access, telephone triage and open access for childhood immunisations, patients on the avoiding unplanned admissions register, emergency and walk-in patients who did not have access to a telephone. This was supported by telephone access to a GP of choice for those patients who did not require a face to face consultation. The appointment system was reviewed daily and audited quarterly to establish any increase in demand and to warrant an increase in access.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 62% patients said they could get through easily to the surgery by phone (CCG average 82%, national average 73%).
- 52% patients said they always or almost always see or speak to the GP they prefer (CCG average 67%, national average 59%).

However patients we spoke with on the day of the inspection told us they were able to get appointments when they needed them. In addition they all reported they would recommend the practice to a friend or family member.

Listening and learning from concerns and complaints

The provider had a system in place for handling complaints and concerns. There was a complaints' policy and procedure and a designated responsible person who handled all complaints. However the policy and procedure were not in line with recognised guidance and contractual obligations for GPs in England and the responsible person was based at the provider's main office. The practice manager told us they dealt with some complaints at the practice including verbal complaints, however these were not recorded and therefore the practice was not able to identify any trends. Once a complaint had been raised the complaints system required the patient raising the complaint to then complete a consent form before the complaint was investigated.

We found that where a request for consent forms had not been responded to by the patient; the complaint had been closed and had not been investigated. This meant that those patients who did not have the capacity and/or were unable to complete the consent form would not have their complaint investigated.

Therefore we could not be assured that lessons were learnt from concerns and complaints, or that action was taken to improve the quality of care.

We discussed this with the registered manager and the practice manager who confirmed that the complaints system would be reviewed.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver the highest quality of healthcare including health promotion and disease prevention, treatment of illness and management of long term diseases. To encourage patients to take responsibility for their health and wellbeing, to improve practice services and to provide this service with kindness, sensitivity, friendliness and empathy.

There were robust strategy and supporting business plans in place which reflected the vision and values of the organisation. There was a proactive approach to succession planning and practice' management team had clearly identified potential and actual challenges to the practice, and had an action plans in place as to how these would be managed.

Governance arrangements

The provider and 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 were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The registered manager and practice management team within the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GPs and management team were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the management team in the practice. All staff were involved in discussions about how to run and develop the practice, and the provider and managers encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice's face to face patient participation group (PPG) had discontinued. As a result the practice gathered feedback from patients through the virtual PPG and through surveys, compliments, friends and family responses and complaints received. Practice questionnaires were available in a number of languages including Cantonese and Russian to ensure patients whose first language was not English were able to give feedback. The practice submitted proposals for improvements to the virtual PPG members and received feedback via emails.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff surveys, through staff suggestion, quarterly staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. There was an on-going drive to deliver integrated care and enhance services for patients. For example, in response to the high rates of teenage pregnancy rates in the area, the practice fitted intrauterine coil devices and implants. The practice had seen a 25% decrease in teenage pregnancies between March 2014 and February 2016. The practice continued to promote this service. In addition the practice worked with the local physiotherapy department to provide patients a direct physiotherapy service.

The practice had been an established research practice since 2013 and took part in several clinical research projects. For example research into medications. The provider facilitated research and audit meetings at the practice. The practice was a teaching and training practice and provided teaching for third year medical students from the University of East Anglia since 2014 and training for GP registrars. The practice held a training practice contract

with Health Education East of England and Southend University. The practice was working with the practice development facilitator to introduce student nurses to primary care.

The provider had identified challenges to the practice and had an action plan to address these areas. For example;

- The practice intended to improve communications with patients who did not regularly attend medication and chronic disease reviews.
- To improve and promote practice engagement with local ethnic minority patient groups.
- Implement a new telephone system to avoid an engaged tone and offer a queuing system.

In addition the provider was in the process of a service re-design using new models of care which included;

- The practice had acquired the services of a clinical pharmacist to support the practice from March 2016 to monitor and maintain best practice around medicines management.
- The practice were in the process of discussions to employ a mental health worker direct into the practice.
- The practice were planning to embed a health coaching approach to encourage preventative patient care and treatment.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>1. Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</p> <p>(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to</p> <p>(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);</p> <p>(e) seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services;</p> <p>(f) evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).</p> <p>We found that effective procedures were not in place to ensure processes for reporting, recording, acting on and monitoring complaints, in order to ensure they are fully investigated and complainants are responded to and ensure reflective and shared learning.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	