

The Writtle Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Writtle Surgery on 18 January 2017. Overall the practice is rated as good.

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

- There was a system in place for reporting and recording significant events. Staff confirmed discussions had been held and lessons learnt. However, we found an absence of evidence to demonstrate how learning had been shared and changes embedded into practice.
- Patient safety and medicine alerts had been appropriately responded to.
- The practice was clean and tidy. However, we found medicines had not been stored in accordance with guidance and cold chain procedures followed.
- Records were not maintained of checks on emergency medicines or equipment to identify out of date or items due to expire.

- Medicine management procedures for the dispensary team were not reflective of practice and improvements were required in their management and destruction of controlled drugs.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice actively engaged with their patients and families living with dementia. The practice staff had been trained as dementia friends to assist in identifying and supporting their patients better.
- The practice had identified 54 patients who had identified themselves as a carer amounting to 0.6% of their patient list.
- The practice understood and responded to the needs of their patients. For example referring to clinicians rooms by colour for patients with poor literacy skills and redecorating their waiting area to be dementia friendly.

Summary of findings

- Information about how to complain was available and easy to understand. Complaints were responded to at the time of reporting where possible. Learning from complaints was shared with staff.
- 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice held regular staff, clinical and partner 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 practice proactively sought and valued feedback from staff and patients, which it acted on. The patient participation group was active.

We saw one area of outstanding practice:

The practice actively engaged with their patients and families living with dementia. They supported their patient participation group (PPG) to hold monthly dementia parties at the local hall; a practice nurse attended and answered questions from patients and carers. The PPG invited specialist speakers for example from respite holiday groups.

The practice staff had been trained as dementia friends to assist in identifying and supporting their patients better. They had redecorated their waiting area to be dementia friendly. They had enhanced the lighting of the waiting area and purchased lighter chairs to assist patients in differentiating between items to put them at ease. They had displayed pictures and clearer signage for patients.

Patients and their family members were offered longer appointments to discuss concerns. Carers were coded on their patient record systems and offered appropriate

vaccinations and health checks. The practice held monthly dementia clinics facilitated by the Alzheimer's and dementia support worker and provided 40 minute appointments. All patients with dementia were written to and informed of the range of services provided at the practice. The practice provided home visits for those unable to attend but who had expressed an interest. Practice nurses attended satellite sites to provide dementia care to patients.

The area where the provider must make improvements:

- Ensure medicines requiring refrigeration are stored in accordance with guidance and cold chain procedures are followed.

The areas where the provider should make improvement are:

- Evidence discussions held relating to significant incidents and how changes have been embedded into practice.
- Employing a consistent approach to ensure the timely and appropriate management of safety alerts.
- Addresses poor patient experience of trying to get through to this practice by phone.
- Maintain records of checks on emergency medicines or equipment to identify out of date or items due to expire.
- Ensure medicine management procedures for the dispensary team are reflective of practice.
- Ensure regular checks are conducted and recorded for all their controlled drugs stock against their register, including the timely and safe destruction of controlled drugs.
- Identify more patients with caring responsibilities.

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 requires improvement for providing safe services.

Requires improvement



- There was a system in place for reporting and recording significant events. Staff confirmed discussions had been held and lessons learnt. However, we found an absence of evidence to demonstrate how learning had been shared and changes embedded into practice.
- Patient safety and medicine alerts had been appropriately responded to.
- Medicine management procedures for the dispensary team were not reflective of practice and improvement was required in their management and destruction of controlled drugs.
- The practice was clean and tidy. However, we found medicines had not been stored in accordance with guidance and cold chain procedures followed.
- 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.
- Records were not maintained of checks on emergency medicines or equipment to identify out of date or items due to expire.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the 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 other health care professionals 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



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 54 patients who had identified themselves as a carer amounting to 0.6% of their patient list. Carers were invited for annual health checks and appropriate flu vaccinations.
- The practice actively engaged with their patients and families living with dementia. The practice staff had been trained as dementia friends to assist in identifying and supporting their patients better. They had redecorated their waiting area to be dementia friendly.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood and responded to the needs of their patients. For example referring to clinicians rooms by colour for patients with poor literacy skills and redecorating their waiting area to be dementia friendly.
- Patients said they were able to make appointments and received 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. Complaints were responded to at the time of reporting where possible. Learning from complaints was shared with staff.

Are services well-led?

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

Good



- 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice held regular staff, clinical and partner meetings.

Summary of findings

- 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 openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought and valued feedback from staff and patients, which it acted on. The patient participation group was active.

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.

Good



- The practice was responsive to the needs of older people, and offered home visits and dispensing services.
- They provided vaccination and blood pressure checks at community facilities for the convenience of their patients.
- Leg ulcer treatments and wound dressings were conducted by their trained tissue viability nurse at the practice.
- The practice worked in partnership with the care coordinator to ensure patients are contacted regularly and upon discharge from hospital.
- The practice ensured patients had appropriate care packages included helping patients to arrange home help and meals to be delivered.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The pharmacist held weekly clinics of 20-40 minute appointments, conducting medicine reviews with patients with long term conditions. They also conducted home visits for polypharmacy patients.
- Performance for diabetes related indicators were above the national average. For example, 79% of the practices patients with diabetes, on the register in whom the last IFCC-HbA1C is 64mmol/mol or less in the preceding 12 months.
- The practice offered their patients access to blood pressure monitoring devices for home use.
- All patients had a named GP and a structured annual review to check their health and medicines needs were being met. For patients with complex need they had a named GP who worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



Summary of findings

- 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 failed to attend appointments or had attended A&E.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Immunisation rates were high for all standard childhood immunisations.
- The midwife attended the practice weekly and offered bookable appointments.
- The practice offered monthly family planning clinics (including long acting reversible contraception) on a Tuesday or Wednesday morning for registered patients and patients with an Essex postcode.

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 practice held telephone consultations daily for the convenience of patients unable to attend the practice and conducted seasonal vaccination clinics on a Saturday morning.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The patient participation group operated a virtual patient group to engage with those unable to commit to attend meetings.
- Patients were able to receive travel vaccinations available on the NHS and private vaccinations including yellow fever.
- Cryotherapy was provided at the practice but it was not a funded service.

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. The nursing team attended community facilities and traveller sites to support patient vaccinations, blood test and health screening.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- 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.

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).

- The practice achieved above the national average for their management of patients with poor mental health. For example, 97% of their patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records within the last 12 months.
- The practice achieved above the national average for the percentages of their patients diagnosed with dementia receiving a face to face review within the preceding 12 months. They achieved 94% in comparison with the CCG average 86% and the national average of 84%.
- The practice performed dementia screening and conducted advance care planning for patients with dementia.
- The practice used depression screening tools and 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 services.
- The practice actively engaged with their patients and families living with dementia. They supported their patient participation group (PPG) to hold monthly dementia parties at the local hall, a practice nurse attended and answered questions from patients and carers. The PPG invited specialist speakers for example from respite holiday groups.
- The practice staff had been trained as dementia friends to assist in identifying and supporting their patients better. They had redecorated their waiting area to be dementia friendly. They had enhanced the lighting of the waiting area and purchased lighter chairs to assist patients in differentiating between items and it is intended to put them at ease. They displayed pictures and clearer signage for patients.
- Patients and their family members were offered longer appointments to discuss concerns. Carers were coded on their

Good



Summary of findings

patient record systems and offered appropriate vaccinations and health checks. The practice held monthly dementia clinics facilitated by the Alzheimer's and dementia support worker where 40 minute appointments were available. All patients with dementia had been written to and informed of the range of services provided at the practice. The practice also provided home visits for those unable to attend but who had expressed an interest.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. 216 survey forms were distributed to patients of The Writtle Surgery and 111 forms were returned. This represented a response rate of 51%. The results showed the practice was performing above local and national averages regarding patients overall experience of the service and if they would recommended the service. For example;

- 91% of respondents described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.
- 82% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 79%.

However, patients reported below national and local average experiences with only 51% of respondents finding it easy to get through to this practice by phone. The local average was 63% and the national average of

73%. Despite this, 89% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. The practice had received 44 comment cards which were all positive about the standard of care received. The patients reported receiving a consistently excellent service. Staff were polite, helpful and sensitive to their individual needs and tried their best to facilitate them.

We spoke with two patients during the inspection. Both patients said they were happy with the care they received and thought staff were approachable, committed and caring.

The practice's NHS Friends and Family Test reported positively on patient experiences of the service. We reviewed the previous three months patient feedback. The practice had received 78 completed cards. 86% were likely or extremely likely to recommend the surgery to their friends and family.

Areas for improvement

Action the service **MUST** take to improve

- Ensure medicines requiring refrigeration are stored in accordance with guidance and cold chain procedures are followed.

Action the service **SHOULD** take to improve

- Evidence discussions held relating to significant incidents and how changes have been embedded into practice.
- Employing a consistent approach to ensure the timely and appropriate management of safety alerts.
- Addresses poor patient experience of trying to get through to this practice by phone.

- Maintain records of checks on emergency medicines or equipment to identify out of date or items due to expire.
- Ensure medicine management procedures for the dispensary team are reflective of practice.
- Ensure regular checks are conducted and recorded for all their controlled drugs stock against their register, including the timely and safe destruction of controlled drugs.
- Identify more patients with caring responsibilities.

The Writtle Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Writtle Surgery

The Writtle Surgery is a dispensing practice and is situated on the outskirts of Chelmsford in the village of Writtle. The practice covers the village of Writtle and the surrounding villages of Roxwell and Good Easter, hamlets of Highwood, Cookmill Green, Chignal St. James and part of Willingale. The practice has limited parking available in their car park but patients may park on the road immediately outside.

The practice has approximately 8041 patients. The practice serves a diverse demographic. They provide services to patients with disabilities, patients in sheltered housing accommodation, students attending Writtle College (Essex University), Showman communities and those from travelling communities. Their patients have a higher life expectancy for both males and females than the local and national averages

The practice team consists of five GP partners (female and male), a salaried GP (female) and an extensive nursing team of four practice nurses and two healthcare assistants. The clinical team is supported by reception staff, secretaries, administrators and a team of four dispensers, all overseen by the practice manager. The practice also benefits from the support of a pharmacist two days a week to assist with patient medicine reviews.

The practice is open from 8am to 6.30pm Monday to Friday and occasional Saturday mornings for seasonal vaccination clinics. The practice dispenses to 20% of their patient population.

Out of hours provision is commissioned by the local CCG from and patients may attend local emergency medical services at Broomfield Hospital, Chelmsford or Princess Alexandra Hospital, Harlow.

The practice has a comprehensive website provide information on opening times, services, staff and patient group including their newsletter.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 January 2017. During our visit we:

- Spoke with a range of staff (the practice manager, reception staff, dispensary team, GPs and the nursing team) and spoke with patients who used the service.

Detailed findings

- 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 a system in place for reporting and recording significant events. We found 26 significant incidents had been reported in the last year. These included a sharps injury and a breach of confidentiality. We found all were appropriately recorded and investigated. Staff confirmed the incidents had been discussed and learning identified. For example; the practice had ordered additional resuscitation equipment to ensure they could respond to multiple casualties or events should they occur.

The practice told us significant incidents were discussed at the time of the incident and then reviewed six monthly to identify trends and share lessons learnt. We checked the practice meeting minutes for November 2016 and December 2016 and the nursing team meeting minutes from December 2016. We found significant incidents were not a standard agenda item in any of the minutes and there were no details of discussions relating to them. We found an absence of evidence to show how learning had been shared, implemented and revisited to show improvements had been made and embedded into practice.

We asked the practice how they managed Medicines and Healthcare Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us the practice manager received the alerts and shared them with the clinical team. The practice did not maintain records to demonstrate the alerts had been appropriately actioned. However, when we checked recent alerts we found patients had been appropriately monitored. The practice accepted they were not employing a consistent approach to ensure the timely and appropriate management of safety alerts.

Overview of safety systems and processes

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

- All practice staff undertook level one and two online training in safeguarding children and vulnerable adults from abuse. GPs were trained to child protection level 3.
- The practice safeguarding arrangements reflected relevant legislation and local requirements. Policies

were displayed and accessible to staff outlining who to contact for further guidance if staff had concerns about a patient's welfare. There were two clinicians who led on safeguarding, one for children and the other for vulnerable adults. The practice told us how they had amended their registration forms to include other persons in patients' lives so they could identify wider concerns. The GPs provided reports where necessary for other agencies.

- Notices were displayed in consultation rooms and waiting areas advising patients that chaperones were available, if required. Clinical staff were trained to act as chaperones and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Two members of the reception team were also trained to undertake chaperone duties but were awaiting their DBS checks before undertaking them.
- We found the practice to be clean and tidy. The practice nurse was the infection control clinical lead and had received additional training to undertake the role. We reviewed their infection control audit dated June 2016. Risks were assessed and mitigated. The nurses maintained separate cleaning schedules and sterile environments prior to surgical interventions. All staff received training in infection prevention control and spillages kits were available at reception.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included reviews of patients on high risk medicines. We checked a sample of three patient records and found all three patients had been appropriately prescribed. They had received appropriate monitoring and review.
- The practice was prescribing in line with best practice guidelines for safe prescribing.
- The practice told us how they ensured the safe and secure management of prescriptions. They monitored their movement logging them in and out and storing them securely.

Are services safe?

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had an annual competency assessment. However, we found medicines had not been stored in accordance with guidance. The fridge temperature had exceeded the recommended levels six times within three months. The dispensary staff had not recognised the significance of this and failed to follow cold chain procedure to ensure the medicines integrity. We also found standard procedures (these are written instructions about how to safely dispense medicines) were not reflective of practice.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). We found the practice was not conducting regular checks of all their controlled drugs stock against their register.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body, health questionnaire and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had an environmental risk assessment and the practice manager was the nominated health and safety representative. Staff were provided with training and awareness of risk and safety issues.
- The practice had revised their fire risk assessment, dated October 2016 and carried out regular fire drills, six monthly. The last fire drill was held in November 2016.
- All electrical equipment had been checked in June 2016 to ensure the equipment was safe to use and working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice's legionella assessment had been conducted in 2015 and the practice conducted regular checks on their water system.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The reception and administrative team covered planned and unplanned absence, where practicable.

Arrangements to deal with emergencies and major incidents

The practice had 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 had received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- The practice had multiple emergency medicine kits and all were easily accessible to staff in a secure area of the practice. However, they accepted it may be more practicable to combine them to ensure a more timely response. We found the practice did not maintain a record of checks on their emergency medicines or equipment to identify out of date or items due to expire.
- The practice had a comprehensive business continuity plan in place for incidents such as power failure, disruption to phone lines or restricted access to the building. The plan included alternative premises and 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 patients' needs.
- The practice monitored that these guidelines were followed through audits. For example; the practice had reviewed patient records to ensure they were not being prescribed specific medicines contrary to guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had consistently performed well in QOF, achieving 94% and above over the last five years.

The most recent published results for 2015/2016 showed the practice achieved 99.2% of the total number of points available. The practice had an exception rate of 11.1%; this was below the CCG average by 0.3% but 1.3% above the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was above the national average. For example, the percentage of patients with diabetes, on the register in whom the last IFCC-HbA1C is 64mmol/mol or less in the preceding 12 months. Patients on the diabetic register who had the influenza immunisation had similar to the national average, achieving 79% in comparison with the CCG average of 72% and the national average of 78%.
- The practice achieved above the national average for their management of patients with poor mental health. For example, 97% of their patients with schizophrenia,

bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records within the last 12 months. The CCG average was 88% and the national average 89%.

- The practice achieved above the national average for the percentages of their patients diagnosed with dementia receiving a face to face review within the preceding 12 months. They achieved 94% in comparison with the CCG average 86% and the national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was above the national average achieving 90% in comparison with CCG average of 83% and the national average of 83%.

The practice operated a clinical and administrative audit programme. They used this to obtain assurance of the quality of their services and to inform and drive improvements. The programme was comprehensive and included an annual mortality audit, gluten free products, asthma inhaler usage, home visits, shared care agreement medication, learning disability checks and admission avoidance.

We reviewed three clinical audits, all related to combination medicines not recommended to be used. The practice had conducted searches of patient records and their prescribing practices bi-monthly to ensure safe and effective prescribing practice. Their findings were shared with the clinical team. Improvements were implemented and actively monitored.

Effective staffing

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

- The practice had a comprehensive induction programme for both their clinical and administrative staff. This covered such topics as clinical systems, safeguarding responsibilities and escalation procedures, 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, their dispensary team conducted annual competency assessments; their nursing team received appropriate clinical updates for administering vaccines,

Are services effective?

(for example, treatment is effective)

taking samples for the cervical screening programme. A member of the nursing team had also completed a tissue viability course to enable the practice to provide more complex treatments.

- 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, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and health and safety. Staff had access to and made use of e-learning training modules, in-house training and additional external training.

Coordinating patient care and information sharing

We checked a sample of patient records to ensure information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. We found, where appropriate patient files contained risk assessments, care plans, medical records and investigation and test results.

Since changing their patient record systems the practice were able to share information more easily and task other health and social care professionals in a timely way, for example when referring patients to other services.

Information was shared with other health and social care professionals when jointly assessing and planning care and treatment for patients. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

The practice held monthly integrated care team meetings and bimonthly palliative care meetings. We reviewed the meeting minutes for the frailty and integrated care meetings. We found they were well attended with representation from social work, community services, mental health, community nursing and the surgery. Individual patient care was reviewed and actions assigned with dates for completion stated.

The practice regularly audited their home visits to ensure the accuracy of information recorded and standard of care provided to their patients.

Consent to care and treatment

We spoke with members of the practice clinical team and check clinical records for patients receiving minor surgery, joint injections, cryotherapy and contraception implants. We found staff understood and 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. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice encouraged their patients to attend national screening programmes. Data from the National Cancer Intelligence Network showed the practice had above the local and national averages for screening their patients. For example;

- The practice's uptake for the cervical screening programme for women aged 25- 64years old who had screening tests performed in the preceding 5 years was 84%, which was comparable with the CCG average of 83% and the national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening test.

The practice also had higher than local and national average for their referral of new cancer diagnosis on the two week wait referral pathway. The practice referral rate was 57% in comparison to the CCG average of 54% and the national average of 49%.

Childhood immunisation rates for the vaccinations given were above the standard 90%. For example;

- The practice achieved 99% for the percentage of children aged one year with full course of recommended vaccines.

Are services effective?

(for example, treatment is effective)

- The practice had achieved between 94% and 96% of appropriate vaccinations for children aged two years of age.

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

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We found 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. The consultation rooms were away from the main waiting areas to mitigate the risk of patients being 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.
- Staff showed understanding and compassion to meet patient needs. Consultation rooms were referred to by colours for patients with poor literacy skills.

All of the 44 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 a member of the patient participation group (PPG). They also told us they were happy with the care provided by the practice. They told us the practice were committed and engaged well with the group regarding the delivery and planning of services.

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

- 92% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 87% of respondents said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 98% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 85% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 93% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 86% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practices NHS Friends and Family results were positive regarding their experiences of the service. We reviewed the previous three months patient feedback. The practice had received 78 completed cards. 86% of the patients who completed the cards were likely or extremely likely to recommend the surgery to their friends and family.

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, published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above or in line with local and national averages. For example:

- 88% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 80% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 88% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. The practice served a

Are services caring?

predominately white British population. However, 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.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 54 patients who had identified themselves as a carer amounting to 0.6% of their patient list. Carers were invited for annual health checks and appropriate flu vaccinations. The practice recognised that carers may be unrepresented as a patient group and therefore had conducted their own audit. The practice had also spoken to staff to increase awareness of carers and was working with their PPG to raise awareness with patients of the benefits and services carers may access. Written information was available to direct carers to the various avenues of support available to them.

The practice actively engaged with their patients and families living with dementia. They supported their PPG to hold monthly dementia parties at the local hall; a practice nurse attended and answered questions from patients and carers. The PPG also invited specialist speakers for example from respite holiday groups.

The practice staff had been trained as dementia friends to assist in identifying and supporting their patients better. They had redecorated their waiting area to be dementia friendly. They had enhanced the lighting of the waiting area and purchased lighter chairs to assist patients in differentiating between items. It is also intended to put patients at ease. They had displayed pictures and clearer signage for patients.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent a card within three days. Staff made time to talk to the families and offered consultation in person or by phone at a convenient time. They gave 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 understood and worked with their patients and patient participation group to ensure they identified, understood and responded to the needs of its local population. The practice reported a good relationship with their NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- 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.
- Telephone consultations were available daily for the convenience of patients unable to attend the practice.
- Text reminders were sent to patients detailing the time and date of their appointment.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and private vaccinations including yellow fever.
- The practice offered minor surgery monthly clinics.
- The practice offered monthly contraception clinics (including long acting reversible contraception) on a Tuesday or Wednesday morning for registered patients and those with an Essex postcode.
- The practice provided a dispensary service.
- There were disabled facilities, a hearing loop and translation services available.
- The nurses provided outreach care to Showman and traveller communities.
- Home blood pressure monitoring machines were available for the convenience of patients.
- Cryotherapy was provided at the practice but as a non-funded service.
- Leg ulcer treatments and wound dressings were conducted by their trained tissue viability nurse.
- The practice worked with their community agent who they refer vulnerable patients to, to assist them in maintaining their independence.
- Medication reviews (COPD, Asthma, diabetes) were conducted by the pharmacist during an extended 20 minute appointment.
- Midwives visited the practice every other Wednesday and offered bookable appointments.
- Monthly sessions were held at the practice by Improving Access to Psychological Therapies.
- Patients were invited to disclose sensory needs. Deaf patients were able to arrange appointments via email for their convenience.
- Patients and their family members living with dementia were offered longer appointments to discuss concerns. Carers were coded on their patient record systems and offered appropriate vaccinations and health checks. The practice held monthly dementia clinics facilitated by the Alzheimer's and dementia support worker, these were 40 minute appointments. All patients with dementia had been written to and informed of the range of services provided at the practice. The practice provided home visits for those unable to attend but who had expressed an interest. The practice nurses attended satellite sites to provide dementia care to patients.

Access to the service

The practice was open between 8am and 6.30pm every day Monday to Friday. GP appointments were from 8.30am to 11am in the mornings and from 3pm to 5.30pm in the afternoons. The nurse's clinics ran throughout the day from 8am to 12.30pm and afternoon 2pm to 5.30pm. The practice did not offer extended hours appointments but provided seasonal vaccination clinics on a Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey, published in July 2016 showed that patient's satisfaction with how they could access the service were comparable or below local and national averages. For example;

- 69% of respondents were satisfied with the practice's opening hours compared to the CG average 72% and the national average of 76%.
- 51% of respondents said they could get through easily to the practice by phone compared to the CCG average 63% and the national average of 73%.

The practice acknowledged that improvements were still required to improve the accessibility of the service. Therefore, they had conducted a patient survey in partnership with their patient participation group. 100 patients shared their experiences of the service, 22% of the patients experienced a poor service trying to get through

Are services responsive to people's needs?

(for example, to feedback?)

the practice on the phone. However, the practice survey also showed a year on year improvements in patient experience of booking appointments with 55% finding it fairly easy in 2016 compared to 43% in 2014 and 39% in 2013. Despite the poor response 94% of respondents in the last national GP survey (2016) reported the last appointment they got to be convenient. This was above the CCG average of 93% and the national average of 92%.

We asked the practice when the next available appointments were with a GP and member of the nursing team. The next appointment available with a GP was in two weeks and for a nurse, it was the following day.

The practice monitored their patient non-attendance rates to identify trends and act on potential safeguarding concerns. The practice had 134 non-attended appointments in March 2016. This amounted to 25.3 hours of wasted clinical time. There was a small reduction in May 2016 to 113 missed appointments, but this still resulted in 21 hours of wasted clinical time. All appointments missed by children or vulnerable persons had been followed up by phone or during a subsequent consultation. The practice told us they had introduced a non-attendance policy and escalation procedures to reduce the prevalence of patients failing to attend.

The practice monitored their patient's attendance at accident and emergency (A&E) departments. Patients, who attended when the practice was open, were written to and invited them to provide feedback on the service to mitigate the need for them to do so in the future. Since introducing the questionnaire the practice had noticed a slight decline in patients attending A&E.

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.
- The practice manager was responsible for handling all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

The practice manager told us that they and their team were committed to resolve issues at the time of reporting, if practicable. The practice maintained a joint record of all significant events and complaints. These were reviewed by the practice manager and the lead GP to identify risks and respond in a timely and appropriate manner. The practice had introduced an annual review of their complaints but discussed all complaints quarterly with the partners to identify trends and learning.

The practice had received four complaints within 12 months relating to clinical care and the registration of a patient. We reviewed three of the four complaints and found all had been acknowledged, investigated and responded to in a timely and appropriate manner. Where lessons were to be learnt these had been disseminated to the team.

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 published mission statement and values. They stated they would assess each patient as an individual and work together to improve their health and wellbeing. We spoke to staff who demonstrated their understanding and application of the practice values.

The practice regularly reviewed their performance and were formalising a business plan to reflect their vision and values for the future.

Governance arrangements

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

- There was a clear and established staffing structure and staff were aware of their own roles and responsibilities and supported one another in fulfilling them.
- Practice specific policies were regularly reviewed, shared amongst the practice team, implemented and available to all staff.
- A comprehensive understanding of the performance of the practice was maintained, evident with their strong clinical performance.
- A programme of continuous clinical and administrative audit was used to monitor quality and identify areas for improvement.
- The practice was conscientious and had arrangements for identifying, recording and managing risks.
- The practice were aware of their regulatory responsibilities and notified the commission of appropriate incidents in a timely and appropriate manner.

Leadership and culture

We spoke with the senior practice partner who demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us how the partners jointly ensured they prioritised safe, high quality and compassionate care. Staff spoke highly of all the partners and 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). This included training for all staff on communicating with patients about notifiable safety incidents. 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, truthful information and a verbal and written apology
- The practice kept detailed written records of verbal interactions as well as written correspondence.

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

- The practice management understood their vision and had identified and secured funding to enable them to make improvements. The practice had secured additional funding, from an improvement grant to have clinical flooring installed throughout the practice. They had also successfully bid for the primary care sustainability and transformation fund to enhance their clinical services to vulnerable patients over 80 years of age with comorbidities.
- The practice was part of a sub locality clinical group comprising of six local surgeries. Their GPs actively engaged in the group attending meetings where local policies and care pathways were discussed.
- The GPs and practice management engaged in external events held by the CCG and they attended the bi annual shut down event for learning.
- The practice participated in local initiatives such as the A&E redirection pilot. Patients presenting at A&E with non-life threatening emergencies were redirected to a GP surgery.
- The practice had conducted a critical analysis of their practice prior to the inspection. They were honest with the inspection team about their achievements, challenges they face and areas where they believed they could improve.
- The practice worked with partner services to promote the safety of their staff and patients displaying relevant public information. For example; health visitor clinics and safety information relating to cold callers.

Are services well-led?

Good 

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

- Staff said they enjoyed working at the practice, they felt supported by the management and one another. Staff were encouraged to engage in discussions about how to run and develop the practice.
- The practice supported their staff by setting standards of conduct for their patients. They publicised their standards of conduct, which asked their patients to treat staff with respect and courtesy. For example, by keeping their appointments, notifying them of any cancellations, only using the out of hours provision for urgent conditions which cannot be accommodated by the practice and to use please and thank you.

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 spoke highly of their relationship with their patient participation group (PPG). The PPG had approximately 20 active members who met up or operated as a virtual group via email. The group met

quarterly and attend the practice annual general meeting. The Chair of the PPG told us their members spoken highly of the service they received from all of the practice team. They told us they valued the commitment of the partners, practice manager and nursing team who were receptive to their feedback and supportive of health educational events organised by them.

- The practice management team made time for their staff every day. This was through simple courtesies such as making the tea for one another and asking after their wellbeing. They met regularly as individual teams and felt involved with how the practice was run. The practice also encouraged staff to share learning through scientific and medical research to inform their assessments and treatments.
- Staff told us they felt valued and appreciated by all members of the team. The practice arranged away days for their staff and supported team meals and celebrations. For example, the practice team attended London shows and had days out wine tasting and visiting Canterbury,

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The registered person did not ensure the safe and proper management of medicines.
Maternity and midwifery services	This was in breach of regulation 12(1) the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Surgical procedures	
Treatment of disease, disorder or injury	