

Dr Jones Sr Practice

Quality Report

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Date of inspection visit: 12 November 2015

Date of publication: 07/01/2016

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Jones Sr Practice on 12 November 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. They were analysed and areas for improvement identified.
- All staff had received safeguarding training and understood the various types of abuse that could take place.
- The practice had an effective recruitment process, staff were suitably qualified and experienced and received role specific inductions.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

- Staff were aware of relevant legislation in relation to consent including the Mental Capacity Act 2005.
- Clinical performance was monitored regularly and performance against targets was high. All staff understood their roles and were involved in achieving healthcare objectives.
- Data available to us, feedback on CQC comment cards and information received from the patients we spoke with reflected that patients were satisfied with the services provided.
- Patients resident in a local care home received regular reviews of their care and treatment and their needs were being met.
- The practice had a clear vision and had identified the objectives of the practice. This was monitored, regularly reviewed and discussed with staff.
- There was visible leadership and staff felt included and valued.

However there were areas where the provider must make improvements;

Summary of findings

- Ensure records of patient's subject of safeguarding concerns are completed in sufficient detail to identify the issues of concern and the action taken to monitor or mitigate the on-going risks to them.
- Ensure that non-clinical/reception staff are aware of Gillick competency in relation to children under the age of 16 who wish to book appointments without a parent being present.
- Ensure that staff carrying out chaperone duties receive training to equip themselves for the role.
- Improve the system of monitoring the expiry date of emergency medicines carried by GPs when away from the practice.
- GPs to record the use of chaperones in patient records.
- Monitor prescriptions not ordered nor collected by vulnerable patients to ensure that their health has not deteriorated.
- Involve nursing staff in clinical team meetings.
- Monitor updated National Institute for Health and Care Excellence (NICE) guidance and cascade to clinical members of staff.
- Record all complaints to identify themes and trends to improve services.
- Implement a system to ensure that patients requiring repeat prescriptions for blood thinning medicines are receiving appropriate monitoring of their blood levels.

There were also areas where the provider should make improvements;

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 an effective system in place for reporting and recording significant events. Lessons were shared to ensure action was taken to improve safety in the practice.
- The practice had clearly defined systems and processes in place to keep people safe and safeguarded from abuse. However safeguarding records of vulnerable patients did not contain sufficient details to identify issues and actions.
- Risks to patients were assessed and well managed. However some staff members were acting as chaperones without having received training.
- Recruitment processes were effective and relevant staff had received disclosure and barring service checks. Staff acting as chaperones had received training.
- Prescriptions were reviewed in line with guidance.
- The system for managing national patient's safety and medicines alerts reflected that they had been discussed and appropriate action had been taken.
- Medicines and vaccinations were stored effectively and kept at recommended temperatures. Some items in the GP's emergency bag were out of date.
- Infection control procedures were being followed and staff had received training.
- Staff were trained to handle medical emergencies and had received fire training.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality. Performance was regularly monitored and targets had been achieved consistently over the last two years.
- The practice did not have a formal system for keeping up to date with current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- There was no system in place to ensure that patients requiring blood thinning medicines were receiving regular blood tests.

Summary of findings

- Clinical and non-clinical audits demonstrated quality improvement and repeat audits reflected that these had been maintained.
- 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 felt supported at the practice.
- Staff worked with multidisciplinary teams to understand and provide the most appropriate care and treatment for their patients.
- The practice worked effectively with other healthcare services to meet the needs of their patients.
- Staff understood the guidance in relation to the taking and recording of consent from their patients including the Mental Capacity Act 2005. Not all staff were aware of the guidance in relation to Gillick competence.
- Data reflected that child immunisation and flu vaccination rates were consistent with local and national averages.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey of July 2015 showed that patients rated the GPs and nurses comparably with others locally and national 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 that staff treated patients with kindness and respect, and maintained confidentiality.
- Patients spoken with and CQC comment cards viewed reflected that patients were involved in the decisions about their care and treatment.
- Support was provided to the carers of patients including being signposted to external organisations that could provide additional services. Patients suffering bereavement were supported by staff working at the practice.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It reviewed the needs of its local population and tailored the services according to patient needs.

Summary of findings

- 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. Data from the national GP survey reflected that patients were satisfied with the appointment system.
- 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. Minor complaints were not being recorded.
- The practice responded to patient feedback and introduced new services to make improvements in the patient experience.

Are services well-led?

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

- It 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 and updated at team meetings when required.
- There was a clear leadership structure but some staff did not feel supported. The practice had a number of policies and procedures to govern activity and held regular clinical and team meetings. Nursing staff did not attend clinical meetings as a matter of course.
- 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 to monitor, identify and record risks but they needed improving in some areas.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Requires improvement



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 being caring, effective and responsive and this includes this population group. The practice was rated as requires improvement for safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice liaised with community dieticians to identify patients at risk and to provide appropriate care and treatment.
- GPs were allocated care homes to attend to conduct weekly 'ward rounds' and consultations with patients.
- A document library, which gave information to patients about local services and organisations that could provide support, was available for patients.
- A monthly multidisciplinary meeting took place to discuss the care and treatment needs of patients considered to be frail to avoid unnecessary hospital admissions.
- The appointment system was flexible and included telephone consultations and home visits.
- Nurses visited patients in their own homes to provide phlebotomy and flu vaccination services.

Requires improvement



People with long term conditions

The practice is rated as good for being caring, effective and responsive and this includes this population group. The practice was rated as requires improvement for safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.

Requires improvement



Summary of findings

- Patients with palliative care needs received support from a variety of healthcare professionals. Multidisciplinary meetings took place monthly to discuss and plan the individual care and treatment needs of patients.
- Nursing staff had received specialist training to manage patients with diabetes. Performance data reflected that the management of diabetes was comparable and in some cases higher, than the national average.
- Patients could receive home visits for their health reviews or consultations where required.
- A system was in place to recall patients that required regular follow-up tests to manage their condition.

Families, children and young people

The practice is rated as good for being caring, effective and responsive and this includes this population group. The practice was rated as requires improvement for safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- All staff had received appropriate training in safeguarding children and young persons. A lead for safeguarding had been identified.
- Not all staff were aware of Gillick competence in relation to children under the age of 16 attending for treatment without a parent or guardian.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice provided cervical screening services for their patients and an effective recall and reminder system was in place.
- Child and family consultation services were available in the community for patients referred by the practice. This included conditions such as autism and attention deficit hyperactive disorder.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided opportunistic chlamydia screening services targeting 16 to 24 year olds.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as good for being caring, effective and responsive and this includes this population group. The practice was rated as requires improvement for safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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 reflects the needs for this age group.
- Early morning surgeries were available for commuters to receive GP and nurse consultations.
- The practice offered a range of health promotion and screening that reflected the needs for this age group. Health checks were available for those patients over the age of 40.
- Smoking cessation clinics were in place.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as good for being caring, effective and responsive and this includes this population group. The practice was rated as requires improvement for safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice advised 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.
- A three monthly multidisciplinary meeting took place to discuss the care and treatment needs of patients considered to be frail and may deteriorate rapidly.

Requires improvement



Summary of findings

- Carers or relatives were consulted about the care and treatment needs of patients after consent was obtained. Staff were aware of the Mental Capacity Act 2005 guidance in relation to the capacity to make decisions.
- Annual health checks took place for patients with learning disabilities and longer appointments were available.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for being caring, effective and responsive and this includes this population group. The practice was rated as requires improvement for safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- A register was in place and health reviews were carried out annually.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- Longer appointments were made available for patients with mental health issues so time could be given to their health care needs. Practice staff reminded patients when appointments were due to ensure they were not missed.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 119 responses and a response rate of 40%.

- 76% found it easy to get through to this surgery by phone compared with a Clinical Commissioning Group average of 75% and a national average of 73%.
- 85% found the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%.
- 76% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 60% and a national average of 60%.
- 84% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 91% said the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 70% described their experience of making an appointment as good compared with a CCG average of 70% and a national average of 73%.
- 59% said they usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 49% felt they didn't normally have to wait too long to be seen compared with a CCG average of 57% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards and the majority of them contained positive feedback about the services provided at the practice. In particular patients were complimentary about the GPs, nurses and reception staff and the quality of care provided. There were a few negative comments about the availability of appointments and the time patients were kept waiting after their allocated time. However the general theme of the comments made by patients indicated that patients were satisfied overall with the services provided.

Representatives of the patient participation group told us that they worked with the practice to identify areas for improvement. They told us that the practice manager and assistant practice manager attended the meetings and that these were held every two months to improve the experience of patients at the practice. They told us that the practice listened to their ideas and adopted them where relevant.

The six patients spoken with on the day of the inspection commented positively about the services the practice provided and the professionalism of the staff.

We also spoke with a manager from a local care home whose residents received services from the practice. We were told that the services provided by the practice met their resident's needs and that the practice was responsive and attended when requested.

Areas for improvement

Action the service **MUST** take to improve

- Ensure records of patient's subject of safeguarding concerns are completed in sufficient detail to identify the issues of concern and the action taken to monitor or mitigate the on-going risks to them.
- Ensure that non-clinical/reception staff are aware of Gillick competency in relation to children under the age of 16 who wish to book appointments without a parent being present.
- Ensure that staff carrying out chaperone duties receive training to equip themselves for the role.

- Improve the system of monitoring the expiry of emergency medicines carried by GPs when away from the practice.

Action the service **SHOULD** take to improve

- GPs to record the use of chaperones in patient records.
- Monitor prescriptions not ordered nor collected by vulnerable patients to ensure that their health has not deteriorated.
- Involve nursing staff in clinical team meetings.

Summary of findings

- Monitor updated National Institute for Health and Care Excellence (NICE) guidance and cascade to clinical members of staff.
- Record all complaints to identify themes and trends to improve services.
- Implement a system to ensure that patients requiring repeat prescriptions for blood thinning medicines are receiving appropriate monitoring of their blood levels.

Dr Jones Sr 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 advisor, a practice manager specialist advisor and a nurse specialist advisor.

Background to Dr Jones Sr Practice

Dr Jones Sr Practice is located in East Tilbury, Essex. The practice has a general medical services (GMS) contract with the NHS. There are approximately 4897 patients registered at the practice.

The practice is registered with the Care Quality Commission as a partnership and there are two partners. The GPs are supported by a full-time salaried GP and a permanent locum GP. There are two nurses working at the practice and one of them undertakes consultations for patients with minor illnesses and is qualified to prescribe medicines. There is a practice manager and an assistant practice manager, and five administration members of staff who cover reception and clerical duties.

The practice is open from Monday to Friday between the hours of 7.30am and 5.30pm. The GP surgeries are available on Mondays, Tuesdays and Thursdays between 9am and 11.30am and 2.30pm and 4.30pm and on Wednesdays and Fridays between 7.30am and 8am for early appointments, then 9am to 11.30am and 2.30 to 4.30pm.

The practice has opted out of providing 'out of hours' services which is now provided by the South East Essex Doctors Service. Patients can also contact the non-emergency 111 service to obtain medical advice if necessary.

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

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people

Detailed findings

- 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)

Before inspecting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 November 2015. During our inspection we spoke with three GPs, the practice manager and assistant practice manager, one nurse, and three members of the reception and administration team.

We also spoke with two representatives of the patient participation group and six patients who used the service. We observed how patients were treated when they attended the practice and reviewed a range of documents and policies. We looked at 40 comment cards where patients shared their views and experiences of the service.

After the inspection we spoke with a manager at one care home that received services from the practice. They told us they were satisfied with the services provided by the practice and that the care and treatment patients received was effective.

Are services safe?

Our findings

Safe track record and learning

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

- Staff were aware of the procedure to follow and were encouraged to report incidents. We discussed the procedures with the practice manager and GPs and found that significant events were analysed for learning opportunities and action taken to prevent a reoccurrence. Where relevant, patients affected by safety incidents received an explanation and apology. This demonstrated a duty of candour by the practice.
- We looked at four significant events that had been recorded since February 2015 and found that they had been recorded, analysed and investigated. The investigations that had taken place included a clinical input and the identification of learning that was then shared with relevant staff working at the practice. The conclusions included changes in procedures where relevant. One example was a change in procedure for patients requesting flu and other vaccinations.
- We found that the system for dealing with medicine and national patient safety alerts was effective. The alerts were being discussed at clinical meetings and a system was in place to ensure that they had been dealt with appropriately and medicines reviewed for those patients affected by them.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- All staff working at the practice had received safeguarding training and those spoken with understood the different types of abuse that could take place. Arrangements were in place to safeguard adults and children 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 GP responsible for safeguarding concerns and they had received the required level of training. We did find however that the records of some patients subject of

safeguarding concerns had not been completed in sufficient detail to identify the issues of concern and the action taken to monitor or mitigate the on-going risks to them.

- A notice was displayed in the waiting room, advising patients of the availability of chaperones. Most staff who acted as chaperones had received training for the role, except for two members of staff who were booked on a course in the next week. One of those staff members was spoken with on the day of the inspection and they told us they were carrying out chaperone duties and had received some awareness training only. They were aware of where to stand during an examination.
- All staff used as a chaperone had received a disclosure and barring check (DBS). (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). Chaperones made independent notes on the patient record of the examination. Not all GPs were recording the use of a chaperone.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. There was an infection control policy in place and staff had received role specific training. Clinical waste was handled and collected in line with guidance and a sharps policy was available for staff to refer to in the event of a needle stick injury. An infection control audit had taken place in July 2015 and this reflected that systems were effective.
- Patient's medicines were managed safely and in line with relevant guidance. This included patients on high risk medicines. The system in place ensured that patients received a clinical review of their medicines and where required, blood tests or a face to review took place.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were stored securely. Data available to us reflected that the practice prescribing patterns were comparable with other practices in the local CCG. Fridge temperatures were being monitored and expiry dates of medicines and vaccinations were being recorded and checked.

Are services safe?

- The practice had a recruitment policy that described the process to follow and this was reviewed annually. The policy included the requirement for new employees to provide proof of identity, references, qualifications, registration with the appropriate professional body and appropriate checks through the Disclosure and Barring Service. Staff were required to undertake an interview prior to being employed at the practice. There were separate procedures for the employment of clinical and non-clinical staff and there were role specific induction processes in place.
- Staff spoken with were aware of whistle blowing procedures and who they could contact outside of the practice if there was a need to do so.

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, 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 also 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff covered for each other during times of absence and when required, locum GPs and nurses were employed at the practice.

Arrangements to deal with emergencies and major incidents

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

- All staff working at the practice had received training to handle medical emergencies and this was being monitored to ensure staff were up to date with this training. Emergency medicines, a defibrillator and oxygen were readily available. This included adult and child masks. All medicines were in date and checked regularly.
- The GPs carried emergency medicines when they provided services outside of the practice, such as a home visit to a patient. We checked the content of one of the bags used for this purpose and found that three ampoules of a particular medicine had recently expired in the last few months. This had not been noticed during their routine checks.
- The practice had appropriate equipment to handle a fire, including extinguishers and a fire alarm which was tested regularly. Staff had received training and a practice fire risk assessment had been undertaken.
- 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 did not have a formal system for keeping up to date with current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

The practice told us they would introduce a system to follow the latest guidance and use team meetings and learning time to ensure that it was shared with clinical staff.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice also monitored patient outcomes for health conditions that fell outside of the QOF.

Results for the year 2013 to 2014 were 99.09% of the total number of points available for QOF achievement. Results for the year 2014 to 2015 were 98.28% of the total number of points available. This reflected a consistent approach to delivering their performance objectives. This practice was not an outlier for any QOF (or other national) clinical targets. We found that staff at the practice worked as a team to achieve their objectives and progress was discussed monthly at team meetings and informally.

Performance for diabetes related indicators was comparable to other practices nationally. Examples were as follows;

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 88% as compared with 82% nationally.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 94% compared with 88% nationally.

Other examples of performance data were as follows;

- The percentage of reviews of patients with dementia was 76% compared with 84% nationally.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months is 150/90mmHg or less was 86% as compared with 83% nationally.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 83% as compared with 86% nationally.

Registers were in place for patients with dementia, learning disabilities and for patients suffering poor mental health. The completion of care plans for the year ending March 2015 had been consistent but for the current year, apart from patients on the frailty register and those at risk of hospital admission, had not yet been completed. The practice was aware that they were overdue and told us they would receive attention in the near future.

The practice undertook health reviews on their patients with learning disabilities. For the year ending March 2015 they had completed 19 out of 22 health reviews.

The practice monitored their A & E admissions and discharge letters to identify patients that were frail or with palliative care needs. This enabled them to take steps to provide care and treatment to avoid an unplanned admission. Data available for the year 2013 to 2014 reflected that the practice was comparable to other practices nationally for A & E emergency admissions and for emergency cancer admissions.

The practice issued repeat prescriptions for patients requiring blood thinning medicines. We were told that patients on this type of medicine received regular blood tests at a local hospital and that where there were any concerns about the use of this medicine they would be contacted by that hospital. However the practice was not monitoring patients to ensure that their blood levels were within the recommended ranges before issuing a prescription. Since our inspection the practice has sent us a system that they will implement and it was fit for purpose.

The practice had a system in place to monitor repeat prescriptions. The practice was not monitoring prescriptions not ordered nor collected by vulnerable patients, to ensure that their health had not deteriorated.

Are services effective?

(for example, treatment is effective)

The practice carried out clinical and non-clinical audits out to monitor and assess the services they provided. Some of these audits had been repeated to assess whether improvements had been maintained. Examples of audits included joint injections, the monitoring of patients on specific high risk medicines, the care and treatment of patients with palliative care needs and the monitoring of patients that did not attend for their appointment.

An example we were sent after the inspection reflected that one audit had identified that a small number of patients were being prescribed controlled drugs on repeat prescriptions. The audit identified those patients and then systems were put in place to prevent this from occurring again. The repeat audit identified that no patients were prescribed controlled drugs on a repeat basis.

Effective staffing

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

- The practice had an induction policy and role specific programme for newly appointed members of staff that covered such topics as confidentiality, data protection, safeguarding and health and safety. We looked at the staff file of one of the most recently employed member of staff and found that the induction had taken place and had been recorded. The member of staff concerned told us that it had provided them with support and relevant information prior to being permitted to work unsupervised.
- An effective appraisal system was in place and all staff had received an appraisal in the last 12 months. Staff were provided with a form that they could complete to identify their achievements and training needs. We found that staff training and development was supported and encouraged. We saw examples of training requested that had been provided.
- Clinical staff were encouraged to undertake their continuous professional development to maintain their skills and qualifications. Course completion certificates were available to view and these reflected that clinical staff had received training that met the needs of patients. All staff eligible for an appraisal had received one 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. The practice told us they were working on improving the monitoring of training to ensure that refresher courses were undertaken when due.

- Nurses were not formally supervised but we were told that GPs met with them informally to discuss clinical issues. Nursing staff spoken with felt supported at the practice.

Coordinating patient care and information sharing

The practice shared information in a timely way with other services such as specialists, hospitals and the out of hour's service.

- The practice made use of the summary care record so that other healthcare professionals had relevant information about a patient when undertaking a consultation. Patients were supported to make choices of specialists. There was no back-log of referrals on the day of our inspection.
- Hospital discharge letters and test results were monitored by the GPs at the practice to ensure patients received the most appropriate follow-up care and treatment. After they were received they were reviewed by one of the GPs and the patient record updated accordingly.
- The practice held multidisciplinary team meetings with other healthcare professionals to review the most appropriate care and treatment for their patients with palliative care needs. Patient records were updated accordingly.
- The practice liaised with the out of hour's service to inform them of patients that may require support due to deteriorating ill health. GPs reviewed the consultation records if a patient used the service and then updated patient records or provided follow-up treatment.

Consent to care and treatment

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

- GPs and nurses understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Where required consent was recorded in writing.
- When providing care and treatment for children and young people, GPs and nurses carried out assessments

Are services effective?

(for example, treatment is effective)

of capacity to consent in line with relevant guidance. However not all reception staff were aware of Gillick competency in relation to children under the age of 16 requesting a consultation with a GP or nurse.

- 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, where appropriate, recorded the outcome of the assessment.
- Staff providing test results identified the person they were speaking with prior to providing the result and checked to see if consent was in place if a relative or friend was calling on behalf of the patient.

Health promotion and prevention

The practice provided health promotion and prevention advice for their patients.

- The practice had a comprehensive cervical screening programme and followed up patients that did not attend when their test was due. The practice's uptake for the cervical screening programme was 82%

which was the same as the national average. An effective system was in place to recall patients for repeat tests if necessary. Inadequate sample monitoring took place to ensure training needs were identified.

- Childhood immunisation rates for the vaccinations given were comparable to the Clinical Commissioning Group averages and in most cases were higher. Flu vaccination rates for the over 65s were 73%, and at risk groups 45%. These were both comparable to other practices nationally. Systems were in place to contact patients that did not attend for their immunisations/vaccinations. Nursing staff undertook home visits if required.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74 years. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- Nursing staff communicated with each other in an effective way to ensure health promotion and prevention objectives were achieved.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and polite when communicating with their patients. The six patients spoken with told us they were treated with dignity and respect and their confidentiality maintained.

- 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 and that conversations taking place in these rooms could not be overheard.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff could offer them a private room to discuss their needs.
- The practice had signs up stating that patients could discuss one problem at one consultation. The practice did not advertise that longer appointments could be booked if required.

Results from the national GP patient survey published in July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was comparable with other practices locally and nationally for its satisfaction scores on consultations with doctors and nurses. For example:

- 80% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 84% and national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 82% and national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.

- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

The 40 CQC comment cards we received were positive about the caring attitude of staff working at the practice. Patients expressed they were satisfied with the care they received and that all staff were friendly and helpful.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in the 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and national average of 81%.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

- Carers were identified and a register of carers was in place. Carers were signposted to external support agencies. There was no system in place to offer health checks to those persons acting as carers to ensure their needs were being met.

The practice had a system in place to support patients that suffered bereavement. Staff at the practice were notified if bereavement occurred so that they could offer condolences and support to relatives that attended the

Are services caring?

practice. Appointments with GPs were available if required.
One patient spoken with told us that the practice had provided excellent support after they had suffered bereavement of a close relative.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was aware of the priorities of the local Clinical Commissioning Group (CCG) and planned their services to improve outcomes for patients in the area.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- Nursing staff provided a range of clinics for patients including phlebotomy, cervical cytology, blood pressure testing, asthma and COPD, diabetes, wound care management, cardiovascular disease health checks, smoking cessation and well person health checks. Nurses undertook home visits when required.
- A system was in place to update patients on test results and there was a system in place to contact patients if there was an adverse result.
- There were longer appointments available for patients with a learning disability, those suffering with poor mental health, those with diabetes and patients attending for smoking cessation advice.
- Urgent appointments were readily available for children and those with serious medical conditions. Home visits and telephone consultations were available for older patients / patients who would benefit from these.
- Patients who were resident in a local care home received regular visits by the GPs to assess or follow-up on their health condition and to provide reviews of their care and treatment.
- Multidisciplinary meetings took place monthly with other healthcare professionals to review the care and treatment needs of frail patients or those with palliative care needs.
- The premises had made some reasonable adjustments for the disabled. A ramp was in place with a support rail and the main door to the practice opened automatically. Translation services were available if required.
- A range of literature was available to advise patients of external organisations that could provide support.
- Additional services were available for patients to access such as toe-nail cutting for the elderly, abdominal aortic aneurysm screening, ultra-sound and phlebotomy..

After the inspection we spoke with the manager of a care home who told us about their experience of the services provided by the practice. They told us that GPs attended patients in a timely manner when requested, that prescriptions were administered effectively and that GPs and nurses attended weekly to hold 'ward rounds.' They told us they were satisfied with the services provided by the practice.

We found that the practice was responding to patient feedback and were proactive in identifying improvements to their services. These included;

- Introducing an in-house ultra-sound service after being made aware that there was a high patient waiting list for the local hospital. This resulted in earlier appointments for their patients.
- Phlebotomy training for the nurses working at the practice so that more of their own patients could make use of the phlebotomy service at the practice.
- The employment of an additional GP to increase the appointment availability for their patients.

Access to the service

The practice was open from Monday to Friday between the hours of 7.30am and 5.30pm. The GP surgeries were available on Mondays, Tuesdays and Thursdays between 9am and 11.30am and 2.30pm and 4.30pm and on Wednesdays and Fridays between 7.30am and 8am for early appointments for commuters, then 9am to 11.30am and 2.30 to 4.30pm.

Urgent appointments were available for those that needed them and there was a system in place for telephone consultations and home visits.

Appointments could be pre-booked on each afternoon and on the day appointments were seen each morning. If an appointment was urgent, we were told that the GPs were willing to fit patients in and if necessary to extend the surgery times in the evenings.

The practice monitored the numbers of patients that did not attend for their consultation and were taking steps to reduce the number doing so. This included patient education of the impact of the wasted surgery time through posters displayed in the waiting room. The practice told us there were plans in place for a text message reminder system to reduce the frequency of non-attendance.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had opted out of providing 'out of hours' services which was provided by the South East Essex Doctors Service. Patients could also contact the non-emergency 111 service to obtain medical advice if necessary.

Results from the national GP patient survey published in July 2015 showed that patients were generally satisfied with how they could access care and treatment. For example:

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 76% of patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 70% of patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 59% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64% and national average of 65%.

Reception staff spoken with told us that the appointment system was effective and usually ran to time. The six

patients spoken with on the day of our inspection were satisfied with the appointment system and told us that they were able to get appointments at a time that suited them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was displayed in the reception area to help patients understand the complaints system. A form had been designed for the recording of complaints.
- Minor complaints were not being recorded and this was a missed opportunity to help the practice identify themes and trends.

We looked at three complaints that had been recorded since April 2015 and found that they had been satisfactorily handled, dealt with in a timely way and areas for improvement identified. These were discussed at team meetings so staff could share the learning from them.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a statement of purpose that outlined their aims and objectives. These included

providing individualised, effective high quality general practice services, working in partnership with patients, their families and carers and involving them in the decision making about their care and treatment.

Staff spoken with were aware of the objectives of the practice and how their roles linked to them. They were aware of the potential of an increased number of patients joining the practice and the plans in place to manage this, including structural changes to the building and the provision of more staff. This information was cascaded to them at team meetings where minutes were recorded.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had a range of policies and procedures that had been reviewed regularly. These were readily available for staff to read and they were required to sign them to reflect they had been understood. This included a staff handbook that explained the standards expected of staff.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Leads had been identified for key roles including safeguarding, infection control and information governance.
- There was a team approach to achieving performance indicators in relation to the Quality and Outcomes Framework. Staff were allocated roles to achieve objectives.
- There were arrangements in place to identify, record and manage risks. Safety incidents and complaints were being analysed to identify areas for improvement but not all complaints were being recorded.
- Standards were set and maintained with an emphasis on continuous improvement and the provision of high quality of care for patients.

- Clinical and non-clinical audits were taking place and repeated to assess whether improvements had been maintained. We found that audits were used to identify improvements and that these had been maintained over time.

Leadership, openness and transparency

Staff were provided with a handbook to help them understand how the practice operated and the standards expected of them. This included information about whistle blowing, health and safety, hygiene, data protection, complaint handling, confidentiality and information governance.

All staff were provided with a role specific job description so that they were clear about their roles and responsibilities. We viewed the job descriptions for the different staff groups at the practice and the duties they were required to perform were clear.

We found that the day to day running of the practice was managed by the practice manager and assistant practice manager but they were not always supported as well as they could be by the partner GPs. We discussed this on the day of the inspection and the GPs agreed that the communication between those in managerial roles could be improved. They acknowledged that appropriate delegation could achieve improvements and they told us they would discuss this as a team in order to streamline the work and improve performance.

We also found that systems and processes had been put in place but they had not always been followed. This included the completion of records of those patients subject of safeguarding concerns and the monitoring of the expiry dates of emergency medicines carried by the GPs.

The practice had identified leads for key roles within the practice and staff spoken with were aware of who to contact if they needed to. The lead roles included information governance, infection control, mental health, depression and safeguarding. We found that there was a culture of openness and honesty.

Staff spoken with told us that regular full team meetings were held and minutes were recorded. These were available for staff to read if they were absent from any of the meetings. Clinical meetings also took place but we

Are services well-led?

Requires improvement 

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

were told that the nursing staff were not always required to attend. The nurses spoken with on the day of the inspection told us that it would be beneficial for them to attend to keep up with clinical matters at the practice.

We looked at the minutes of team and other meetings taking place at the practice and found that they had been completed to a satisfactory standard. It was clear from the minutes that performance, leadership and learning from incidents had been discussed and shared with staff in order to make improvements to the services provided.

Overall we found that staff were committed to maintaining standards and providing safe and effective care for their patients.

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

The practice sought feedback from patients through their patient participation group, monitoring suggestions left by patients in a comments box in reception, by reviewing complaints, viewing the NHS Friends and Family survey and opportunistically when speaking with patients at reception and during consultations.

The practice had a patient feedback and action plan for the year 2015. This identified the issues that had been identified and the proposed action to take to achieve improvements. These included the availability of 'on the day' general and phlebotomy appointments, the implementation of the electronic prescribing system to reduce the need for patients to attend the surgery, online facilities for their services, the reduction of the numbers of patients not attending for their appointments.

The areas identified for improvements had an action plan and progress was being monitored. The practice told us that some improvements had already been made but we recognised that this was still work in progress.

The practice reviewed feedback from patients and staff in order to identify where they might improve. This was achieved through their patient participation group (PPG), by monitoring the results from the national GP patient survey and through the NHS Friends and Family test.

The practice had not undertaken their own patient survey for a number of years. They were aware that their patient population may increase substantially due to a nearby housing estate being built and there was an intention to carry one out in the future.

The practice had a Patient Participation Group (PPG) that met regularly with the practice to discuss improvement ideas. Meetings were attended by the practice manager and assistant practice manager. On the day of the inspection we met with two members of the PPG who told us that there was a positive relationship with the practice. They said that they had contributed ideas for improvement that had been adopted by the practice such as improvements to the appointment system and increased access for patients to the phlebotomy service. They had also been made aware of developments at the practice including the expected increase in patient numbers and structural changes to the building. They told us that the practice had a positive attitude towards the PPG and that their opinions and ideas were valued.

Results from the NHS Friends and Family test revealed that patients were either likely or very likely to recommend the practice.

The practice gathered feedback from staff through team meetings, appraisals and informally. Staff spoken with told us they were encouraged to provide their feedback to help identify where the practice might improve. They told us they felt listened to and involved in how the practice was managed. They commented that they felt part of a team. Some staff members said that the support from the GPs could be improved.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that some non-clinical staff undertaking chaperone duties had not received chaperone training. Some reception staff were not aware of Gillick competence in relation to children under 16 requiring care and treatment without an adult being present. This was in breach of regulation 12(1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that the systems in place at the practice were not effective in relation to the monitoring of expiry dates of medicines used by GPs for emergency purposes. We found that the records of patient's subject of safeguarding concerns had not been completed effectively. This was in breach of regulation 17(1)(a)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.