

Dr Butler & Partners

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Butler and Partners also referred to as Deal Tree Health Centre on 17 February 2016. Overall the practice is rated as requires improvements.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. These were investigated thoroughly, learning identified and shared with the practice and external services, where appropriate.
- Medicine alerts were not sufficiently actioned and patient records reviewed to ensure safe prescribing.
- Staff employed in the pharmacy did not receive sufficient support and supervision in relation to their role.
- Data showed patient outcomes were similar to or above locality and nationally averages.

- Clinical audits had been carried out and used to inform and improve patient outcomes,
- Patients told us they were treated with compassion, dignity and respect. Staff always had time to listen and explain information to patients and their families and they were involved in decisions about their care and treatment.
- The practice provided a range of services to meet their patient needs including nurse lead chronic disease management clinics, baby clinics in partnership with the health visitor and Saturday morning surgery.
- Some patients reported difficulty at times obtaining convenient appointments. However, urgent and telephone appointments were usually available on the day they were requested.
- The practice promoted an open culture and valued and invested in their staff. However, they accepted improvements were required in their management of the dispensary.
- The practice had had an active patient participation group who were committed to improving patient services.

Summary of findings

The areas where the provider must make improvements are:

- Ensure pharmacy staff receive sufficient support and training to demonstrate they have the competence, skills and experience to undertake their roles.
- Ensure medicine alerts are acted upon appropriately and that the system of reviewing repeat prescriptions is more robustly monitored.

In addition the provider should:

- Ensure the practice maintains cleaning records to demonstrate when, where and how rooms had last been cleaned. Where improvements have been identified provide an audit trail to reflect they have been actioned.
- Record written patient consent for surgical procedures.
- Ensure staff receive training on infection and prevention control.

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.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. These were investigated thoroughly, learning identified and shared with the practice and external services, where appropriate.
- Medicines alert were not sufficiently actioned and patient records reviewed to ensure safe prescribing. Repeat prescription reviews were not being monitored effectively.
- The practice was visibly clean and tidy. Infection prevention control assessments had been conducted and risks identified had been addressed. However, cleaning records failed to detail what, when and how rooms and equipment were last cleaned.
- We found appropriate recruitment checks had been undertaken prior to employment for clinical and non-clinical staff.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice operated a clinical buddy system ensuring the timely review of test results and continuity of care for patients in their colleague's absence.

Requires improvement



Are services effective?

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

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were relevant and informed improvements to patient outcomes.
- The clinical and administrative staff had the skills, knowledge and experience to deliver effective care and treatment. However some staff had not received infection control training
- The pharmacy team were not receiving sufficient training, support and supervision to demonstrate competency performing their role.
- There was evidence of appraisals and personal development plans for all staff.

Requires improvement



Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. The introduction of the care coordinator GP was considered invaluable in meeting the needs of their older and housebound patients.
- The practice encouraged their patients to attend national screening programmes. Data showed the practice had higher than the CCG and national averages for screening of cervical, breast and bowel cancer in their patients.
- Where consent for surgical procedures was required this was not routinely recorded in writing.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. With 97% of respondents to the NHS Friends and Family test were likely or extremely likely to recommend the surgery.
- Patients said they were treated with compassion, dignity and respect. Staff always had time to listen and explain information to patients and their families 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice provided a range of services to meet their patient needs including nurse lead chronic disease management clinics, baby clinics in partnership with the health visitor and Saturday morning surgeries.
- Some patients reported difficulty at times obtaining convenient appointments. However, urgent and telephone appointments were usually available on the day they were requested.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice conducted thorough complaint investigations, identified learning and shared their findings with staff and other stakeholders to inform and improve patient care.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were aware of the future plans for the practice and supportive of them. They understood their responsibilities and how they may contribute to the practice objectives.
- There was a clear leadership structure, with regular clinical and practice management meetings held. Staff were encouraged to contribute to the agenda and raise and discuss concerns.
- Staff told us they enjoyed working at the practice and felt valued and supported.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice acknowledged improvements were required in their management of the dispensary.
- The practice had had an active patient participation group who were committed to improving patient services.
- There was a strong focus on continuous learning and improvement as an established and recognised GP training practice.

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

- Care and treatment of older people reflected current evidence-based practice. The GP Care Coordinator led on the care of over 75 year old patients. Home visits took place for at risk patients, conducting mental capacity assessments, deprivation of liberty concerns and end of life care plans.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as good for caring, responsive and well-led and requires improvement for safe and effective. 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. Performance for diabetes related indicators was better than the national average.
- Nursing staff provided advice and guidance for patients with long term conditions promoting and support their management of conditions through regular reviews and telephone support.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as good for caring, responsive and well-led and requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Children at risk and vulnerable patients were reviewed and discussed during practice and clinical meetings.
- Immunisation rates for the standard childhood immunisations were above the national average.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for families, children and young people.
- The practice conducted antenatal and postnatal checks. They provided patients with a range of contraceptive advice and services.
- Cervical and breast screening rates for patients were above the national average.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as good for caring, responsive and well-led and requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The age profile of patients at the practice is mainly those of working age, students and the recently retired but the services available reflected the needs of this group. They offered telephone consultations, WebGP and Saturday morning surgery with GP and practice nurse appointments.
- Appointment could be booked online and patients had access to online repeat prescriptions dispensed from a pharmacy of their choice and access to their summary care records.
- Health promotion advice was offered and health checks for 40-75year olds.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was

Requires improvement



Summary of findings

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

- There were arrangements to allow people to register temporarily/immediately to be seen at the practice and guidance provided to staff.
- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. They 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 requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as good for caring, responsive and well-led and requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Performance for mental health and dementia related indicators was better than the national average.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health including carrying out advance care planning for patients with dementia.
- The GP Care Coordinator led on services provided to patients with dementia, conducting mental capacity assessments, deprivation of liberty concerns and end of life care plans.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and onsite counselling was available weekly.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. 237 survey forms were distributed and 114 were returned. This represented a response rate of 48%.

- 71% of respondents found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 79% of respondents were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 68% of respondents described their experience of making an appointment as good (CCG average 71%, national average 73%).
- 85% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 76%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We reviewed 14 comment cards which were all positive about the standard of care received although some patients reported difficulties making a convenient appointment. Patients told us the practice staff went the 'extra mile' in giving patients time and exploring all options available to them.

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

98% of the 335 practice patients who had completed the NHS Friends and Family Test in 2015 recommended the practice. The NHS Friends and Family Test (FFT) provides patients with an opportunity to provide anonymous feedback on the service.

Areas for improvement

Action the service **MUST** take to improve

- Ensure pharmacy staff receive sufficient support and training to demonstrate they have the competence, skills and experience to undertake their roles.
- Ensure medicine alerts are acted upon appropriately and that the system of reviewing repeat prescriptions is more robustly monitored.

Action the service **SHOULD** take to improve

- Ensure the practice maintains cleaning records to demonstrate when, where and how rooms had last been cleaned. Where improvements have been identified provide an audit trail to reflect they have been actioned.
- Record written patient consent for surgical procedures.
- Ensure staff receive training on infection and prevention control.

Dr Butler & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Butler & Partners

Dr Butlers and Partners are also known as Deal Tree Health Centre (previously known as Doddinghurst Surgery). The practice is housed in new, modern, purpose-built GP surgery located in a semi-rural position with extensive onsite parking. Deal Tree Health Centre is a dispensing practice employing qualified dispensers as well as being a training practice employing GP Registrars.

The practice has four GP partners, two salaried GPs and two Registrars (two female and six male doctors). GP registrars are fully qualified and registered doctors. They were supported by four practice nurses, dispensary staff and an administrative team overseen by the practice manager.

They have approximately 9248 registered patients. Their patient population is more highly represented amongst the over 65 year olds and over 75 year olds with lower than the local and national averages for patients four years and younger. Their patient population has low deprivation levels amongst both children and older people and low levels of unemployment. The patient life expectancy is above the CCG and national averages for both male and female.

The practice and the pharmacy are open between 8.30am to 1pm and 2pm to 6.30 Monday to Thursday. On Friday the practice is open 8.30am to 1pm and 2pm to 6pm. Appointments are from 9am to 12.30 and 2pm to 6.30pm (6pm on a Friday). Extended surgery hours are offered on a Saturday morning, when the surgery is open from 8.45am to 11am, appointments are available from 9am. The pharmacy is also open on a Saturday morning at the same times. Saturday appointments are prebookable.

The practice does not provide out of hour's services. Patients are advised to call the national 111 service who will advise patients of the service they require. Currently their out of hour's service is provided by IC24 and commissioned by Basildon and Brentwood CCG.

The practice provides a range of services including, minor surgery, nurse run clinics (asthma, diabetes, heart disease and hypertension), contraception services, child health surveillance travel vaccinations, antenatal and postnatal care.

The practice has a comprehensive website detailing opening and appointment times. There is health information including signposting to support and specialist services.

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

Detailed findings

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 17 February 2016. During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. There had been four significant incidents recorded since April 2015 relating to clinical practice and medicine management. We found they had been investigated and reflected upon and lessons learnt and shared internally and externally within partner services. For example, where a dispensing error had been identified by a hospital pharmacist the practice had shared their findings with the pharmacist to enable them to improve future patient care.

The practice told us how they managed Medicines and Health Regulatory products Agency (MHRA) alerts and patient safety alerts. These were received by the practice manager. They were then shared with the practice team by email. We were told searches were conducted of the patient records where appropriate to identify patients who may be adversely affected and their clinical needs reviewed. For example, a medicines alert was received in January 2016 relating to blood glucose monitoring system. The practice searched their patient record system and identified one patient who may have been affected. They contacted the patient and reordered their sensory test strips. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice.

However, we found this response was not consistently employed for actioning all alerts. For example; We reviewed the action taken by the practice in response to an MHRA alert received in 2012 relating to an interaction between medicines used to treat blood pressure and cholesterol. We searched patient records and found 16 patients remaining on the medicines on dosages higher than recommended. We reviewed all 16 patient records and found nine of the patients had been on the combination of medicines prior to the issuing of the alert. Two of the patients were new patients to the practice but the practice had continued to reauthorise it as a repeat medicine and four patients had been commenced on the combination of medicine since the MHRA alert. The MHRA identified patients remaining on the combination of medicines were at increased risk of damage to their muscle tissue.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The clinical team (GPs and practice nurses) were trained in safeguarding to an appropriate level.
- A notice in the waiting room advised patients that chaperones were available, if required. All practice nurses acted as chaperones and were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. The premises were visibly clean and tidy. The practice nurse was the infection control clinical lead and had received additional training to undertake the role. There was an infection control protocol in place but not all staff had received awareness training. An annual infection control audit was undertaken in November 2015 and action points were identified such as more thorough cleaning required of patient waiting room chairs. The practice nurse told us this had been conducted but the records not updated to reflect this. The practice had generic cleaning schedules with weekly and monthly tasks. The cleaning records showed attendance by the cleaning team on the days but could not demonstrate how and when individual equipment and rooms were last cleaned. A deep clean of the premises was conducted every 12-25 months, the last of which was conducted in February 2016.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice

Are services safe?

kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

- We were told that whenever a repeat medicine reached its reauthorisation date that it was reviewed by the patient's usual doctor prior to issuing a prescription. However, we found evidence that the medication review systems were not robust. For example, out of 928 patients who had received a prescription for a medicine acting on blood pressure and heart failure, 130 patients had not had a potassium level recorded within their patient notes within the past 15 months (14%). This was contrary to recommended practice and all the patient records had warning flags indicating this had not been conducted but no action had been taken.
- The dispensary had standard operating procedures in place but these had not been reviewed annually by the Accountable Officer. There was no evidence of dispensary audits having been conducted to ensure safe practice. We checked the practice management of controlled medicines and found they had inappropriately disposed of without appropriate authority.
- We reviewed four personnel files for clinical and non-clinical staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure histology results were followed up.

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 including addressing

control of substances hazardous to health, accident reporting procedures and lift safety. The practice had an up to date fire risk assessment conducted in September 2015, they had nominated fire marshals, fire equipment had been checked in August 2015 and they carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use in December 2015. Clinical equipment was checked to ensure it was working properly in August 2015. 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, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice operated a clinical buddy system ensuring the timely review of test results and continuity of care for patients in their colleague's absence.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training in 2016.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were not stored in a single place but easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure, water system or building damage, reviewed in November 2015. The plan included emergency contact numbers for staff and a nominated practice nearby to relocate to if unable to occupy their premises.

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 peoples' needs. Clinical staff were encouraged to bring national and local guidelines for discussion at clinical meetings held on a Monday. On the first Tuesday of the month clinical staff attended the Basildon and Brentwood CCG clinical meetings where guidance was discussed. The practice also used national clinical templates to ensure consistency with assessments.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, with 6.4% exception reporting which was 0.5% below the CCG average and 2.8% below the national average. The practice told us they were reluctant to exception report and this was demonstrated by their low rates. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/2015 showed;

- Performance for diabetes related indicators was better than 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. The practice achieved 83% as opposed to the national average of 78%. Patients on the diabetic register who had the influenza immunisation also had a higher than national average, achieving 99% in comparison with the national average 94%.
- The practice achieved above the national average for their management of patients with poor mental health. For example, 96% of their patients with schizophrenia,

bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records within the last 12 months and 100% had their alcohol consumption recorded.

- The practice had higher than the national average for the percentages of their patients diagnosed with dementia receiving a face to face review within the preceding 12 months. They achieved 90% In comparison with the national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average achieving 83% in comparison with 84% nationally.

The practice worked with Basildon and Brentwood CCG Medicine Management Team and last met with them to discuss their prescribing patterns in October 2015. The practice was a low outlier for the number of ibuprofen and naproxen items prescribed as a percentage of all Non-Steroidal Anti-Inflammatory drugs items prescribed. To enhance their understanding of the data they conducted a clinical audit of their prescribing practices. We reviewed their audit which concluded that individual patients were being appropriately reviewed and their medication changed in line with current guidelines.

Clinical audits demonstrated quality improvement. The practice had conducted six audits within the past 12 months, relating to Vitamin D Levels, long acting reversible contraception, oral supplements in adult patients, formula prescribing in children, referrals for ears, nose and throat, plastic surgery and general medicine and consent for joint injection procedures. We reviewed two of the audits. The audit addressing long acting reversible contraception looked at patients fitted with contraceptive devices between April 2014 and March 2015. This related to 25 patients and showed a high retention of the devices. The practice believed this was attributable to nurse counselling provided to the patient prior to the intervention. There were no recorded complications.

The practices audited their requests for patient's vitamin D levels for their vulnerable patients. They reviewed a sample number of at risk patient records. They found none had received a Vitamin D check. All the patients were subsequently re-invited for the check. Out of those patients

Are services effective?

(for example, treatment is effective)

who responded, 75% had a vitamin D deficiency. The audits findings were discussed amongst the clinical team and they reviewed the implications for their prescribing of supplements for at risk groups.

The practice had low accident and emergency admissions compared to the national average. Achieving 11 compared to 15 per 1000 population for Ambulatory Care Sensitive. Ambulatory care sensitive conditions are those which it is possible to prevent acute exacerbations and reduce the need for hospital admission through active management, such as vaccination; better self-management, disease management or case management; or lifestyle interventions. Examples include congestive heart failure, diabetes, asthma, angina, epilepsy and hypertension.

Effective staffing

Not all staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, fire safety, health and safety and governance, clinical leadership and confidentiality.
- The practice could demonstrate their practice nurses had role-specific training and updating for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- We reviewed the personnel and training records for the pharmacy staff. We found incomplete records and the practice was unable to demonstrate staff had received appropriate training and competency assessments. For example, we found that none of the staff had received update training as a dispenser since their appointment.
- The learning needs of practice staff were identified through a system of appraisals, national benchmarking data (for example, outpatient referrals), internal monitoring audits, appropriate referral rates, 360 degree feedback, 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

during sessions, one-to-one meetings, appraisals, structured regular tutorials, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. We checked the management of blood results and found this were reviewed and actioned in a timely and appropriately manner. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice led with the CCG on the introduction of the role of a care coordination GP. The GP visits the over 75year old patients who are unable to attend the practice or experience difficulties doing so. This was complemented by the practice nurses who followed up on patients on their care plan register within three working days of their discharge from hospital.

Multidisciplinary meeting were held every two to three months. We reviewed the multidisciplinary meeting record for January 2016. These were well attended by members of the community integrated team (including district nurses, social workers, occupational therapists, palliative care nurses) and the community matron and care coordination GP for housebound patients. We found care plans were routinely reviewed and updated.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent was monitored through record audits. For example, we reviewed the practice audit for recording of consent for joint injection procedures. The audit showed that all patients who had undergone the procedure had consent recorded. As a result of the audit a formal read coding system for consent was introduced. The practice were also intending to introduce written patient consent for surgical procedures.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol. Patients were then signposted to the relevant service.

The practice reported a higher prevalence of cancer within their patient population than the local and national averages. They encouraged their patients to attend

national screening programmes. Data from the National Cancer Intelligence Network showed the practice had higher than the CCG and national averages for screening their patients. For example;

- The practice's uptake for the cervical screening programme was 88%, which was above the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- 78% of the female patient 50-70 years of age had been screened for breast cancer within 6 months of their invitation. This was higher than the local average of 71% and the national average of 73%.
- 63% of their patient's 60-69 years of age had been screened for bowel cancer within six months of their invitation. This was higher than the local average of 54% and the national average of 55%.

Childhood immunisation rates for the vaccinations given were above the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 100% and five year olds from 96% to 99%. The practice monitored attendance and followed up with the family and health visitor where a child failed to attend.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were consistently helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group and seven other patients on the day of our inspection. They also told us they received consistently good care by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 90% of respondents said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 93% of respondents said the GP gave them enough time (CCG average 84%, national average 87%).
- 99% of respondents said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)
- 90% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).

- 99% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 86% of respondents said they found the receptionists at the practice helpful (CCG average 85%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 91% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 92% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%)
- 95% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. We found the practice website could also be translated into a number of language. Fact sheets were available in a variety of languages explaining the role of UK health services.

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.

The practice actively identified carers and recorded it on their record system to alert the clinical team to this. In June 2015 the practice hosted a Carers UK, Action for Family Carers event at their practice. This was conducted as a drop

Are services caring?

in for local carers and provided advice as well as support. The practice had a range of information available for carers and had invited them for influenza vaccinations, 33 carers had accepted.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Appointments were available Monday to Thursday until 6.30pm for working patients who could not attend during normal opening hours.
- The practice operated extended hours on a Saturday morning for pre-bookable appointments with the GP or practice nurse.
- The practice offered an online GP service for advice and guidance where treatment could be discussed and approved.
- The practice offered online appointment booking and electronic prescribing for patients who had nominated a pharmacy for their medicines to be dispensed from.
- The practice was able to provide pharmaceutical services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy premises.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these including the administration of influenza vaccinations, diabetic checks and annual health reviews.
- The practice nurses provided a range of services locally such as ear irrigation, leg ulcer dressings and audiograms for the convenience of patients unable to travel far from their homes.
- Same day appointments were available for children and those with serious medical conditions and telephone call backs.
- Child health development checks were conducted by the GPs and child immunisations provided by the practice nurses alongside the health visitors weekly clinic on a Tuesday morning.
- There was a separate waiting area for children attending the practice for immunisations with access to child changing facilities.
- 24 hour blood pressure monitoring, ECGs and spirometry/lung function tests were conducted at the practice.

- Counsellors attended weekly providing talking therapies.
- Patients were able to receive travel vaccinations available on the NHS.
- There was step free access to the practice and a wheelchair available to use for the convenience of patients whilst attending the surgery.
- The practice registered temporary patients and those requiring immediate assistance.
- The practice conducted well women checks and free emergency contraception was available.
- Patients had access to translation services and a hearing loop.

Access to the service

The practice and the pharmacy were open between 8.30am to 1pm and 2pm to 6.30 Monday to Thursday. On Friday the practice was open 8.30am to 1pm and 2pm to 6pm. Appointments were available from 9am to 12.30 and 2pm to 6.30pm (6pm on a Friday). Extended surgery hours were offered on a Saturday morning, when the surgery was open from 8.45am to 11am, appointments were available from 9am. During the period 1pm to 2pm the practice was not open, but a notice was displayed for the information of patients that emergency care could be accessed. 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. Saturday clinical appointments were pre-bookable.

The pharmacy was also open on a Saturday morning at the same times as the practice. The pharmacy opening times were not displayed by the pharmacy or outside of the practice.

Results from the national GP patient survey, published in January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable or above the local and national averages.

- 78% of respondents were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 71% of respondents said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 70% of respondents said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 59%).

Are services responsive to people's needs?

(for example, to feedback?)

People told us on the day of the inspection that they were able to get appointments when they needed them.

98% of the 335 practice patients who had completed the NHS Friends and Family survey in 2015 recommended the practice. The NHS Friends and Family Test (FFT) provides patients with an opportunity to provide anonymous feedback on the service.

Listening and learning from concerns and complaints

The practice maintained a record of all comments and 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 available to help patients understand the complaints system. They had recently revised their patient complaint leaflet and posters displayed within their reception area.

We looked at four complaints received in the last 12 months. These related to referrals, communication with patients relating to their diagnosis and treatment and the early closure of the surgery. We found they had been acknowledged in a timely and appropriate manner. The practice had conducted a thorough investigation within days of the allegation being made and clinical complaints were reviewed and responded to by a GP partner. Lessons learnt were identified and discussed with relevant staff and action was taken to improve the quality of care. The practice conducted an annual review of all compliments, complaints and significant incidents to identify trends and embed learning. The last review was held in March 2015.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver family medicine of the highest standards for the benefit of their patients. The practice had a mission statement but it was not displayed.

The GP Partners told us of their plans for the practice and how they intended to respond to growing patient numbers and expectations. They had not formalised this within a business plan but regular discussions were held amongst the GP partners during their weekly governance meeting.

The practice was an active member of Basildon and Brentwood CCG and had established relations with neighbouring practices. They had a good understanding of the complexity and evolving health economy and the benefits and potential challenges this may present them with. The staff told us the partners had spoken about their aspirations for the practice and they were enthusiastic and supportive of their objectives.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. They had job descriptions, person specifications, knowledge and skills and staff handbooks.
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained with regularly reviews of their clinical performance indicators.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

The practice accepted that improvements were required in relation to the management of medicines including their dispensary. They produced an action plan in response to our findings to ensure safe prescribing practices and improved patient outcomes and sent this to us within 24 hours of the inspection (18 February 2016).

Leadership and culture

The partners in the practice were enthusiastic and had the commitment, experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

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

- Staff told us the practice held regular team meetings. They were encouraged to contribute to the practice meeting agenda and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG), comments submitted in their suggestion box, NHS Friends and Family Test feedback, through surveys and comments and complaints. There was an active PPG (including virtual members) which met regularly five to six times a year. We reviewed PPG meeting minutes from 15 September 2015 and 3 November 2015 they were comprehensive examining clinical and administrative issues. They detailed persons in attendance.
- The practice in partnership with their PPG had highlighted areas for improvement, namely; GP access, online services and the patient environment within their waiting area. Progress had been made on

Are services well-led?

Good 

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

recommendations from previous years with the introduction of a private room so patients could speak in confidence with staff and updates to their patient telephone system. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

- The practice made time for their staff and valued them. They gathered feedback from staff through annual appraisals, protected clinical time, face to face discussions with staff and informal meetings and discussions. Staff told us they felt supported when providing feedback and discussing any concerns or issues with colleagues and management Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice was a training practice aligned to the Eastern Deanery. Three out of the four GP Partners were GP trainers. The practice was committed to lifelong learning for their practice team and supported them with study time and funding to achieve this. The practice participated in the GP training selection centre assessments, conducted mock consultation scenarios for their trainee GPs and wished to attract a physician associate and medical students to the practice to undertake training in 2017, from Barts and The London School of Medicine and Dentistry to complement their growing clinical team.

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 practice pharmacy team were unable to demonstrate they had the competence, skills and experience to undertake their roles.
Maternity and midwifery services	MHRA alerts had not been appropriately actioned and patient records reviewed to ensure safe prescribing practices.
Surgical procedures	Ensure medicines reviews are conducted in accordance with national guidance.
Treatment of disease, disorder or injury	This was in breach of regulation 12(1) (2) (c) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.