

Dr J Freel & Partners

Quality Report

High Street
Great Waking
Essex, SS3 0HX
Tel: 01702 216545
Website: www.wakingmedicalcentre.co.uk

Date of inspection visit: 2 November 2016
Date of publication: This is auto-populated when the report is published

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr J Freel & Partners	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

On 10 March 2016, we carried out a comprehensive announced inspection. We rated the practice as inadequate overall. The practice was rated as inadequate for providing safe and well led services. It was found to require improvement in providing effective services and good in delivering caring and responsive services to their patients.

As a result of the inadequate rating overall the practice was placed into special measures for six months. Enforcement action was taken against the provider and they were required to make the following improvements;

- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents, near misses and medicine errors.
- Conduct risk assessments for health and safety, legionella and the control of substances hazardous to health.
- Conduct Disclosure and Barring Service checks for clinical staff and staff acting as chaperones or conduct a formal risk assessment to address this issue.

- Conduct safety testing on electrical appliances.
- Provide staff with appropriate practice specific policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Monitor the use of prescription pads.
- Ensure there is a robust method of measuring and recording fridge temperatures to maintain the cold chain for medicines.
- Proactively seek patient feedback.

We also told the provider that improvements were required in the following areas;

- Formalise the practice strategy to ensure all staff are aware of the vision and values of the practice.
- Ensure actions taken to address complaints are recorded
- Implement an induction program for new staff
- Ensure discussions at multi-disciplinary meetings are recorded.
- Encourage the identification of patients who are carers.

Summary of findings

Practices placed into special measures receive another comprehensive inspection within six months of the publication of the report. The practice put an action plan in place to ensure the timely progression and resolution of the concerns highlighted.

On 2 November 2016 we conducted a further announced comprehensive inspection at Dr J Freel and Partners. We checked whether sufficient improvements had been made to take the practice out of special measures.

We found improvements had been made and the practice achieved an overall rating of Good. They had addressed all points raised in their earlier inspection. For example;

- The practice had revised their identification, management and sharing of learning from significant incidents. Their recording of them had increased significantly and staff told us they were confident in reporting them. Incidents were discussed and learning shared during meetings and the minutes distributed for those unable to attend.
- There were established systems and processes in place to keep patients and staff safe. The practice had conducted a comprehensive assessment of risks (including health and safety, legionella and control of substances hazardous to health). These were supported by an action plan where all issues had been addressed or were subject to an ongoing review.
- All staff undertaking chaperone responsibilities had received a Disclosure and Barring Service check and training to perform the role. Good practice was evident in the chaperones endorsement of the patient record.
- Electrical equipment had been tested. Medical equipment calibrated and fire safety assessments and equipment appropriately maintained.
- The practice had revised their policies and procedures to ensure they were service specific and reflective of current guidance and best practice.

- The practice had revised their management of medicines. Prescriptions were kept securely and their use monitored. All fridge temperatures were being actively and appropriately monitored.
- The practice sought, listened and responded to feedback from their staff and patients to improve the delivery of services.
- The practice had a formal five year plan for their service and included succession planning for clinical staff. All staff were aware of and shared their objectives to provide high quality care their patients.
- Verbal and written complaints were documented and appropriately responded to in a timely manner. Complaints were discussed with individuals and as a team and learning highlighted and disseminated. This was evident within the practice meeting minutes.
- An induction program had been designed and used for new locum GPs.
- Regular multi-disciplinary meetings and palliative care meetings were held. Patient care plans were reviewed and shared with the extended team of health and social care professionals for comment and actioning.
- The practice had improved their systems for identifying and supporting carers. They had 156 carers listed and provided them with a broad range of educational and information leaflets. Essex carers attended the service weekly to give confidential support, advice and guidance.

We also told the provider that improvements should be made in the following area;

- Improvements were required in the management of patients with poor mental health and patients with dementia receiving a face to face review.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- The practice had revised their identification, management and sharing of learning from significant incidents. Their recording of incidents had increased significantly and staff told us they were confident in reporting them. They were discussed and learning shared during meetings and the minutes distributed for those unable to attend.
- There were established systems and processes in place to keep patients and staff safe. The practice had conducted a comprehensive assessment of risks, supported by an action plan; all issues had been addressed or were subject to an on going review.
- All staff undertaking chaperone responsibilities had received a Disclosure and Barring Service check and training to perform the role. Good practice was evident in the chaperones endorsement of the patient record.
- Electrical equipment had been tested. Medical equipment calibrated and fire safety assessments and equipment appropriately maintained.
- The practice had revised their management of medicines. Prescriptions were kept securely and their use monitored. All fridge temperatures were being actively and appropriately monitored.
- The practice operated a dispensary for patients living more than one mile away. The practice was signed up to the Dispensary Services Quality Scheme. There were standard operating procedures in place, staff had received appropriate training and medicine errors and near misses were being reported and acted on.
- There was a safeguarding clinical lead, policies had been revised and all staff had received appropriate training and knew how to evidence and escalate concerns.
- The practice had arrangements in place for dealing with emergencies. In the event they were unable to access the building arrangements were in place with a neighbouring practice.

Good



Are services effective?

The practice is rated as good for providing effective services.

Requires improvement



Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were mixed in comparison to the locality and compared to the national average. Discrepancies had been identified with their coding of patient data which may be responsible for the disparities in their performance. This had been found to not be detrimental to patient care.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice identified areas for improvement and conducted clinical and administrative audits to educate staff and improve performance.
- The practice had introduced an induction programme for new staff and this was being used for locum GPs.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. Patient notes were endorsed with the outcome of the meetings.

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 some aspects of care.
- There was a broad range of educational and information leaflets available for patients about services.
- The practice had improved their identification of carers to 1.5% of their patient list. A representative from Essex Carers was available weekly at the practice to answer questions and discuss concerns with patients and their carers.
- Patients told us of the kindness and respect shown to them by all members of the practice team.
- The practice showed care and compassion to palliative care patients and their families supporting them to receive it in their preferred place.
- Results from NHS Friends and Family Test showed 93% of the patients who complete the questionnaire between June to September were extremely likely or likely to recommend the practice.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- Practice staff understood and had revised and changed services in order to meet the needs of its local population.
- Patients said they were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered additional services to their patients within the practice such as counselling and ophthalmology.
- Information on how to complain was available to patients. Verbal and written complaints were recorded, investigated and responded to appropriately and in a timely manner. Learning was identified and shared with the practice team.

Are services well-led?

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

- The practice aimed to deliver high quality care for all their patients. They had a five year plan in plan including succession planning for their clinical team.
- The practice had revised their governance systems and had established areas of responsibilities for all partners.
- Policies and procedures had been revised to ensure they were service specific and reflective of guidance and best practice.
- The practice had an active patient participation group who spoke regularly with the service individually and collectively. The practice listened and responded to their feedback.
- The practice were proud of their excellent staff retention rates. They encouraged and supported their staff to raise issues and addressed them.
- Staff were given protected time to attend meetings and training events.

Good



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 was rated as good for providing care to older people.

- The practice offered compassionate and responsive care to their older patients.
- The practice conducted home visits and flu vaccinations for those unable to travel.
- A weekly ward round was conducted at a residential/nursing home.
- A phlebotomy service was provide at the practice on Monday mornings and all day Wednesday

Good



People with long term conditions

The practice is rated as good for providing care to people with long term conditions.

- Nursing staff had lead roles in some chronic disease management (asthma checks, dementia checks, follow up spirometry for COPD and rheumatoid arthritis reviews) 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 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 multi-disciplinary package of care.
- The practice offered an educational programme and comprehensive health screening for diabetic patients, with onsite retinal screening.
- The practice provided cancer medicine injections.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a failed to attend hospital and immunisation appointments.
- The practice conducted six to eight week baby checks.

Good



Summary of findings

- The practice provided a range of sexual health services including chlamydia screening.
- Patients told us that children and young people were treated in an age-appropriate way and staff were trained in obtaining and recording consent.
- 84% of women aged 25 to 64 had a cervical screening test performed in the preceding five years (01/04/2014 to 31/03/2015), this was above the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked in partnership with community provision providing educational input to local schools promoting healthy choices and personal hygiene.

Working age people (including those recently retired and students)

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

- The practice offered extended opening on Monday evenings.
- The needs of the working age population, those recently retired and students had been identified and the practice offered weekend appointments through the local GP Alliance (an out of hour's provision) at an alternative location.
- 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. For example, stop smoking clinics and pre university vaccinations
- Patients benefited from the convenience of minor surgery facility.

Good



People whose circumstances may make them vulnerable

The practice is rated good for people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- They invited patients with learning disability for annual reviews and followed up on non-attendance.
- Patients could request longer appointments and these were offered to patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Patients on their admission avoidance programme had priority phone access to their clinical team for advice and guidance.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities, how to contact relevant agencies in normal working hours and out of hours and escalate concerns.
- A representative from Essex Carers attended the surgery weekly to discuss and support patients and their carers.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for providing services to people experiencing poor mental health.

- The practice had identified discrepancies with their coding of depression distorting their clinical performance in this area. QOF data from 2014/2015 showed improvements were required for their management of patients with poor mental health. For example, 69% 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, compared to the local average of 77% and the national average of 88%. 83% had their alcohol consumption recorded in comparison to 83% locally and 90% nationally.
- The practice conducted dementia screening for their patients. However, improvements were required in the percentages of their patients diagnosed with dementia receiving a face to face review within the preceding 12 months. They achieved 74% in comparison with the local average of 80% and national average 84% (QOF 2014/2015).
- A counselling service attended the practice weekly delivering talking therapies. Patients could self-refer into the service.
- The practice spoke and met regularly 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.
- The practice had a system in place to follow up patients who had attended accident and emergency and failed to attend doctors and hospital appointments
- Staff received additional training to promote understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 238 survey forms were distributed and 113 were returned. This represented a 48% completion rate.

- 77% of respondents found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 91% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 86% and a national average of 85%.
- 89% of respondents described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 85% and a national average of 85%.

- 84% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 76% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards, these were overwhelmingly positive about the standard of care received by all staff. They told us all staff were polite, friendly and supporting enabling patients to access timely and compassionate care.

We spoke with five patients during the inspection all reported receiving a good standard of care from all staff.

Areas for improvement

Action the service SHOULD take to improve

- Improvements were required in the management of patients with poor mental health and patients with dementia receiving a face to face review.

Dr J Freel & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr J Freel & Partners

Dr J Freel & Partners, also known as Wakering Medical Centre is located on the main road in the village of Great Wakering in Essex. The practice is situated in a purpose built premises and has a list size of 10,425 patients from Great Wakering and the surrounding area of Southend. The practice has parking available for staff and patients and provides access for disabled patients.

The practice serves a larger than average population of people aged 45 years and over. For example, a quarter of the practice population were 65 years or over. It serves a deprived community. Male life expectancy is below the local average but in line with the national average. Female life expectancy is comparable with local and national averages.

There are five GP partners; three work full time and two work half time. There are three practice nurses who work part time and a health care assistant. There is a practice manager and a team of administrative staff including medical secretaries and receptionists. There is a practice dispensary with two full time dispensers

The practice is open between 8am and 6.30pm Monday to Friday with late opening for GP appointments till 8pm on Mondays. Appointments are staged between the GPs to provide greater patient access. Clinical appointments are available throughout their opening hours.

The dispensary is open Monday to Friday from 9 am to 1pm and 3pm to 6pm.

Weekend appointments are available from the local GP Alliance at an alternative location.

When the practice is closed patients are signposted to call 111 for out of hours care provided by IC14.

Why we carried out this inspection

We inspected this service to follow up on the findings of the comprehensive inspection conducted on 10 March 2016. We checked whether the necessary improvements had been made.

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 November 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, practice manager and administrative staff and spoke with patients who used the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. The practice had revised their system since their last inspection in March 2016. They had spoken with all members of the practice team to improve recognition and recording of incidents. We found 35 significant incidents had been recorded since March 2016; this was a significant increase and improvement on their previous records. All had been investigated, 29 of the incidents had been resolved with six pending. All incidents were reviewed and discussed by independent clinicians. We spoke to staff who were confident in providing examples of recent significant incidents they had reported and what had happened subsequently to reduce the potential of a reoccurrence. We reviewed practice meeting minutes and saw significant incidents were a standing agenda item and had been discussed and actions allocated appropriately. Information was cascaded to staff and the meeting records shared. The practice had reviewed all reported incidents to identify themes and trends.

We asked the practice how they managed Medicines and Health Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us that they shared the alerts with their clinical team and discussed them. We checked patient records in respect of four recent safety alerts they had received. We found all had been appropriately actioned and searches were being revisited,

Overview of safety systems and processes

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

- 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. There was a lead GP for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role as well as online updates. GPs were trained to an appropriate level to manage safeguarding concerns. The practice had revised their safeguarding policy and it

was practice specific. We reviewed the whistleblowing policy; staff were aware of it and spoke confidently about raising concerns. The GPs told us how they followed up on patients who failed to attend hospital appointments and children who failed to attend immunisation appointments.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check, (DBS check). The chaperones also endorsed the patient record with their entry. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurses in partnership with the practice manager led on infection control. A lead GP oversaw the infection prevention control action plan and had implemented mitigation strategies to drive improvements and reduce risks. All staff had undertaken appropriate training in infection control.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice ensured patients were kept safe (including obtaining, prescribing, recording, handling, storing and security). The practice engaged with the local CCG medicine management teams and was participating in prescribing audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Prescriptions were securely stored and there were established and auditable system in place to record that they were issue to and monitor their use.
- The practice was a dispensing GP practice. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written

Are services safe?

instructions about how to safely dispense medicines). The practice were members of the Dispensing Doctors Association and had applied to the Dispensary Services Quality Scheme.

- The practice had not recruited any permanent staff in the last eight months. However, they were using two locum GPs. We checked their recruitment files and found recruitment checks including proof of identification, references, qualifications; registration with the appropriate professional body had been undertaken prior to employment. Appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were identified, assessed and well managed.

- Procedures were in place for monitoring and managing risks to patient and staff safety. The practice's health and safety policy had been revised following their last inspection in March 2016. The policy emphasised the responsibilities of all staff to report concerns. Designated leads within the practice were identified and health and safety was listed as a standard agenda item for meetings. Environmental risk assessments including risks associated with the control of substances hazardous to health had been conducted.
- The practice had commissioned an independent fire safety expert to undertake a review of their provision in May 2016. The review found actions were required relating to electrical installation, evacuation routes, fire detection and warning systems. All had been addressed and completed. All staff had received fire safety training and awareness of the fire safety equipment. The equipment was checked in December 2015 and audited by the practice. The practice last conducted an evacuation in July 2016 and conducted a fire drill weekly and emergency lighting checks were performed monthly.
- The practice had conducted the five year electrical check as required under health and safety regulations for landlords and annual portable appliance testing was now also in place.

- Clinical equipment had been checked (calibrated) to ensure it was working properly. We saw signs were appropriately displayed on equipment to show they had been tested.
- The practice had commissioned an independent legionella assessment in April 2016. Risks were identified and an action plan was in place, all actions had been completed. Regular water testing was conducted by staff to mitigate ongoing risks. (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 staff told us they would cover for one another during times of absence.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training updated in November 2016 and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen, with adult and children's masks. A first aid kit and accident book were available.
- The practice held all emergency medicines recommended by the Clinical Commissioning Group. They were easily accessible to staff in a secure area of the practice and all staff knew of their location. We found all were in date and the emergency equipment was working.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

The practice had a designated NICE lead who shared information with staff. Changes in guidance were discussed at team meetings 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.

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 results from 2014/2015 showed the practice achieved 95% of the total number of points available, with 7% exception reporting. (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 were comparable or below the local and 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 achieved 82% above the local (75%) and national average (78%). Patients on the diabetic register who had the influenza immunisation had similar to the local average achieving 86% in comparison with the local average of 93% and national average of 94%.
- The practice performed below local and national averages for their management of patients with poor mental health. For example, 69% 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, compared to the local average of 77% and the national average of 88%. 83% had their alcohol consumption recorded in comparison to 83% locally and 90% nationally.
- The practice had slightly lower 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 74% in comparison with the local average of 80% and national average 84%.
- 80% of patients with hypertension were having regular blood pressure tests. This was comparable to local averages 79% but a little below the national average 84%.

The QOF results from 2015/2016 showed the practice achieved 82% of the total points available and this was 9% below the CCG average and 13.4% below the national average. Their exception reporting had reduced to 6% and was below the local and national average.

The practice had found some discrepancies in the coding of some patient data such as those patients with depression or heart failure. We were told that these may have distorted the practices clinical performance in respect of QOF. We checked patient records and found no detriment to the care received by patients.

The practice continued to have lower than the local and national averages for their performance in mental health. They achieved 70%, of the points available; this was 17% below the local average and 23% the national average. Improvements were still required in their management of patients with dementia achieving 63% of the points available. This was below the local average by 28% and the national average by 34%.

However, they had strong performance in long-term conditions and the management of vulnerable groups. For example;

- The practice had achieved 97% of the points available for their management of Asthma patients. This was above the local average by 1.4% but below the national average by 0.4%.
- The practice had 100% achievement in their management of chronic kidney failure and for epilepsy, learning disabilities and palliative care.

Clinical audits demonstrated quality improvement

Are services effective?

(for example, treatment is effective)

The practice operated a clinical audit programme. This was founded on areas they had collectively as a clinical team identified for improvement. We reviewed their audit schedule and saw it included clinical and administrative processes. For example; management of high risk medicines, cervical screening results, preferred place of care for those patients nearing the end of their life, two week cancer referral rates, patients who failed to attend appointments and fridge temperatures. All members of the clinical team were assigned responsibilities for audits. On completion of them they presented their findings to the clinical team, highlighting learning and checking their recommendations had been embedded into practice.

The practice had conducted a number of audits on medicine management. For example;

- An audit had been conducted on the monitoring of patients on high risk medicines. All other patients within the sample were found to be receiving appropriate monitoring. However, where patients may have benefited from additional services and checks these had been arranged and the results reviewed. They also revisited the Read coding of the patient notes and ensuring these accurately reflected the actions taken. The audit was revisited and showed improvements in the recording of clinical actions taken.
- A dispensing audit had been conducted to evaluate patient experiences of the service in June 2016. The audit identified improvements could be made in how they managed confidentiality and disparities in medicine prescribing. The audit was revisited and showed improvement in the experiences of service users.

The practice participated in national and local benchmarking. They were active within their clinical commissioning group and undertook clinical peer reviews of referrals.

The practice had below the national average for accident and emergency admissions for ambulatory care sensitive conditions achieving 13.29 per 1,000 of the population as opposed to 14.6 per 1,000 of the population. 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.

We checked on the practices management of patient blood and test results and out of hour's information and found this was timely and appropriate. Where locum GPs were used any test commissioned by them were assigned to a permanent member of the clinical team to ensure ownership and actioning of all issues. As an additional safeguard the on call GP would oversee all outstanding actions on the day.

Effective staffing

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

- The practice had introduced a formal induction programme for their new staff and specifically locum GPs. This includes core areas covered including escalation of safeguarding concerns, health and safety and identifying clinical leads.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals, clinical supervision, CCG time to learn sessions and facilitation and support for revalidating GPs and practice nurses. All staff had received an appraisal within the last 12 months.
- The practice had defined mandatory and recommended training programmes for staff. Staff received training that included: safeguarding, health and safety, infection prevention control, Mental Capacity Act, Deprivation of

Are services effective?

(for example, treatment is effective)

Liberty, fire procedures, equality and diversity, basic life support and information governance awareness. Staff had access to and made use of on line 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services, 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. We saw evidence that multi-disciplinary and palliative care team meetings took place every two months. A broad team of specialists were invited to attend the meetings including palliative care specialists, social workers and the district nursing team. Care plans were reviewed and shared with the extended team for comment. These were minuted and the decisions and actions placed on the patient records for the information of all parties.

Consent to care and treatment

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

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

- The practice understood their responsibilities for patients under Deprivation of Liberty Safeguards.
- We checked a sample of patient records and saw that patient consent forms had been appropriately completed for minor 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 and smoking cessation. Patients were then signposted to the relevant service such as for alcohol cessation.

The practice provided facilities for external organisations offering additional services such as ophthalmology and counselling to patients.

The practice reported a higher prevalence of new cancer diagnosis 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 comparable local and national rates of screening for their patients. For example,

- The practice's uptake for the cervical screening programme for 25- 64year old women in the preceding five years was 84%, which was comparable with the local average of 87% and the national average 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test.
- The practice screened 71% of their female patients aged 50-70 years of age for breast cancer in the last 36months. This was comparable to the local average of 73% and national average of 72%.
- The practice screened 61% of their patients aged 60-69 years of age for bowel cancer in the last 30 months. This was comparable with local averages of 61% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% and five year olds from 95% to 99%.

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

Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74 which were carried out by the practice nurses. 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.
- There was a designated area for children to play in the waiting room.

We received 43 completed patient comment cards. They were overwhelmingly positive about the service and the staff. Patients said they felt the practice offered an excellent service and staff gave them time, were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey, published in July 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, and had improved on the previous survey results from January 2016. For example:

- 91% said the GP was good at listening to them compared to the local average of 86% and national average of 89%. There had been a 7% increase in satisfaction from 84%.
- 91% said the GP gave them enough time compared to the local average of 85% and the national average of 87%. Previously 83% had stated they had enough time. There had been an 8% increase in satisfaction scores.
- 97% said they had confidence and trust in the last GP they saw compared to the local average of 95% and the national average of 95%. Patients reported a 5% improvement in satisfaction ratings.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the local

average of 81% and the national average of 85%.

Previously 85% had stated they were treated with care a concern. The practice had increased patient satisfaction scores by 4%.

- The practice had maintained 100% patient confidence and trust in the last nurse they saw compared to the local average of 98% and the national average of 97%.
- There was a 1% reduction with 96% said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 93% and the national average of 91%. However, this remained above both local and national averages.
- The same percentage of patients, 86% said they found the receptionists at the practice helpful. This remained above the local average of 84% and comparable to the national average of 87%.

We reviewed the practice Family and Friends Test for June, July, August, and September 2016. The practice had received 534 of which 93% or 503 patients stated they were extremely likely or likely to recommend the practice.

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 mostly positive and aligned with these views.

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

- 88% of respondents as opposed to previously 82% said the last GP they saw was good at explaining tests and treatments. This was above the local average of 83% and national average of 86%.
- There had been a 1% increase, to 77% of respondents who said the last GP they saw was good at involving them in decisions about their care. This was comparable to the local average of 79% and the national average of 82%.

Are services caring?

- There had been a 2% reduction in patient satisfaction. 87% of respondents asked said the last nurse they saw was good at involving them in decisions about their care. This was the same as local averages and above the national average of 85%.

Staff told us that translation services were available if required for patients who did not have English as a first language.

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 local and national support groups and organisations.

Written information was available in the waiting to direct carers to the various avenues of support available to them. The GPs and nursing team identified patients with caring

responsibilities. Essex Carers also attended the surgery between 9am and 11am every Thursday to speak with patients and their carers in confidence. The practice had identified 156 patient carers, approximately 1.5% of its patient list. This was a 50% increase in carers since their earlier inspection. The practice is conducting further work on identifying carers especially in partnership with their social worker for over 65 year olds. Their patient demographic shows only a third of their patients are currently over 65years.

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 or advice was given on how to find a support service.

The practice also supported their patients in their fund raising activities for nominated charities such as Marie Curie, Cancer Charity.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice knew their patients and considered how they delivered services to meet their needs. For example;

- The practice offered extended hours GP services on a Monday evening.
- Online appointments and on line repeat prescriptions.
- Patients were offered and could request double appointments to discuss multiple issues or for health reviews.
- GPs provided a double appointment to respond to individual patients needs such as following a bereavement or diagnosis consultation.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients identified on the admission avoidance programme had a priority access phone and appointment service.
- The practice held chronic disease management clinics for asthma checks, dementia checks, follow up spirometry for chronic pulmonary heart disease and rheumatoid arthritis reviews.
- Phlebotomy services were provided at the practice for all patients on the practice list on a Monday morning and all day Wednesday.
- Counselling services were provided by an external organisation, Therapy for you offering talking therapy. Patients could be referred or self-refer into the service.
- Ophthalmology services were available once a month within the practice, this was provided by an external health care professional.
- Dispensing services were provided for patients living more than one mile away from the practice.
- Patients were able to receive travel vaccinations available on the NHS.
- There were facilities for disabled patients including a lift to access the first floor, a hearing loop and translation services were available if required.
- Minor surgery was offered at the surgery such as the removal of skin tags and muscle injections.
- The practice offered a 24 hour blood pressure monitoring service.

- Patients had access to a social worker specialising in the delivery of services for over 65year olds.
- Patients had access to out of hours GP and nurse clinics (GP Alliance) booked through the practice for Saturdays and Sundays.
- The GPs conducted weekly ward rounds at a residential/ nursing home to identify and respond to care needs of vulnerable patients.
- Cancer medicines could be administered at the practice.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 12pm daily, from 2.30pm to 6pm Monday to Thursday and from 1pm to 3pm on Friday. Weekend appointments were available through GP Alliance (an out of hours GP provision) at an alternative location. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey, published in July 2016, showed that patients' satisfaction was comparable with local and national averages regarding how they could access care and treatment. In many areas the practice had seen improvements in the levels of satisfaction amongst their patients surveyed in January 2016. For example;

- 77% respondents as opposed to previously 75% of respondents were satisfied with the practice's opening hours compared to the local average of 75% and national average of 76%.
- 77% respondents said they could get through easily to the surgery by phone. This was the same as previously, above the local average of 69% and the national average of 73%.
- There had been a 3% improvement with 58% of respondents asked saying they always or almost always see or speak to the GP they prefer. This was comparable to the local average of 66% and the national average of 59%.

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

We asked the practice if they monitored the number of patients who failed to attend appointments. They told us that in October 2016 they had 228 missed appointments.

Are services responsive to people's needs?

(for example, to feedback?)

The practice were revising their strategy to reduce the prevalence of non-attendance by a small number of patients. Currently the practice sent a reminder text at the time of booking, the day before and a follow up text if they fail to attend.

Listening and learning from concerns and complaints

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

- The practice manager was the designated non clinical lead and a GP was appointed as the clinical lead. They jointly revised and handled all complaints in the practice.
- We saw that information regarding making a complaint was available on a poster in the waiting area.

Information was available on the practice website and in the patient leaflet. These contained reference to advocacy services and right to appeal if a patient was dissatisfied with the outcome of their complaint.

The practice had received 21 complaints, verbal and written since their last inspection in March 2016. These related to conduct of staff during consultations, prescription error, appointment availability, test results. We looked at three complaints received over the eight months. All were acknowledged in a timely way, investigated and responded to providing an explanation. We tracked the complaints through and saw that the outcome and learning from them were discussed during meetings including time to learn sessions. We saw a number of changes had occurred as a consequence, such as changing systems of communication with out of hour's provision. The practice had reviewed all the complaints to identify trends and themes, of which there were none.

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 aimed to deliver high quality of care for all their patient population. The practice had a formal five year plan. This had been shared and discussed with staff.

The practice were active within the wider health landscape working with Commissioners, Local Medical Committee, local authorities, community health, social and education provisions and representing the Clinical Commissioning Group. Through their involvement with their partner organisations they had identified future challenges to the delivery of services. For example, the potential growth in their patient numbers due to a local housing development, growing patient demand and expectations, change in legal entities with GP federations, GP hubs and changes to their contracts with NHS England. Their practice examined many of these factors and addressed succession planning for their clinical team.

Governance arrangements

The practice had revised their accountability systems following their March 2016 inspection. They had produced a comprehensive action plan addressing all areas of risk. This had been shared with their practice team and the Care Quality Commission to assist them to maintain focus and achieve compliance.

The practice had established governance systems with clinicians leading on areas of responsibility. Staff knew, understood and were confident undertaking their roles and responsibilities. The practice had;

- Revised their policies and procedures seeking external guidance to ensure they were practice specific and compliant with changes in policies and best practice.
- They had a risk strategy and individual risks were assessed, mitigated and reviewed.
- Staff were confident in identifying, reporting, and identifying and sharing learning from significant incidents.
- Complaints were discussed with staff directly and during practice meetings where learning was discussed and shared.
- The practice had an established clinical audit programme used to monitor quality and to make improvements.

We reviewed practice meeting minutes from 16 August 2016 and 10 October 2016 and partner meeting minutes. There were defined agendas including the agreeing of previous meeting minutes and reviewing of previously set actions action logs. The meetings involved reviews of significant events, accidents, medicine management, safeguarding, staff and patient feedback, training and development for staff and personnel management.

Leadership and culture

The partners in the practice prioritised quality and compassionate care. The partners ensured staff had protected time to meet and discuss concerns. They held additional meetings to discuss the outcome of the last inspection and explain to staff the implications, their commitment to resolving the issues and reassure staff they would all be supported in undertaking their roles. A business manager had been appointed to support the practice manager in achieving compliance and overseeing finance. These arrangements had strengthened their governance systems and were now embedded into their daily practice.

The partners were visible in the practice and staff told us they were approachable. Staff were invited and supported to contribute to meetings. Their discussions, actions raised reviewed; progressed and closed we shared with the practice team through the distribution of meeting minutes.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. They had revised their identification, management and shared learning from significant incidents. Staff spoke with confidence in the systems in place for knowing about notifiable serious safety incidents.

The practice held regular social events (Christmas meal and marquee dinner dance evening) for staff and their partners to attend. These were regarded as important to all members of the practice team and an opportunity to acknowledge contributions and feel valued.

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

The practice captured feedback from patients, the public and staff. The practice reviewed patient opinions through

Are services well-led?

Good 

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

their NHS Friends and Family Test, NHS national patient survey, appraisal feedback, suggestion boxes, patient participation group, and social media sharing of information.

We reviewed the meeting minutes from 16 August 2016. We saw feedback from staff, the nursing team and a review of patient experiences as part of the NHS Friends and Family Test were set agenda items. Each were discussed and actions assigned as appropriate to professionalise the delivery of care to patients.

The practice had a patient participation group with defined terms of reference and scope. We spoke to five members who stated they spoke regularly with the practice either individually or six weekly as a group. They considered themselves to be critical but supportive friends of the service. Some members of the group provided practical assistance to the practice to identify and address health and safety considerations for patients. They told us of their disappointment with the outcome of the earlier inspection but praised the openness and commitment of the practice team in addressing and resolving the issues.

The practice partners and practice management team told us they valued their staff and were proud of their excellent retention rates. Staff told us members of the practice team were kind and supportive to them. They felt able to

approach colleagues within the clinical and administrative teams to ask for guidance or support. They spoke daily with the practice manager and told us that during their appraisal they were encouraged and supported to give feedback and discuss any concerns or issues. They told us staff took the time to answer any questions they raised speaking with them directly.

Continuous improvement

The practice were had been nominated for an innovation award relating to the identification and management of diabetic patients. Two of the practice GP's had also been nominated for clinical leadership in local Clinical Commissioning Group awards. These were for promoting the care coordinator project with colleagues and being kind, considerate and dedicated to their patients, making time for them.

The practice were seeking to appoint a GP trainer to return to their previous training practice status and had spoken with the Eastern Deanery regarding achieving this.

The practice were also identifying lead areas such as a Children's champion who would attend training on promoting and safeguarding children's needs, For example; Gillick competence and signposting support an care services in the secondary and tertiary sectors.