

Creffield Medical Centre

Quality Report

15 Cavalry Road,
Colchester,
Essex,
CO2 7GH

Tel: 01206 570371

Website: creffieldmedicalcentre.nhs.uk/

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	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 Creffield Medical Centre on 02 February 2016. Overall the practice is rated as Good.

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

- Staff knew how to raise concerns and report safety incidents. Safety information was recorded, monitored, and reviewed to identify trends or recurrent themes. When safety events occurred they were investigated and any issues identified were shared with all staff members.
- Risks to patients were well managed. The system for assessing risks included those associated with; premises, equipment, medicines, and infection control.
- Patient care was planned and provided to reflect best practice and recommended current clinical guidance.
- Staff had received appropriate training for their roles and further training had been encouraged, recognised and planned.
- Information regarding how to complain was available at the practice and on the practice website.
- The practice staff members had received training regarding the safeguarding of children and vulnerable adults, and knew who to contact with any concerns.
- The practice was suitably equipped to treat patients and meet their requirements. The equipment had been checked and maintained to ensure it was safe to use.
- Patient comments were positive when we spoke with them during the inspection. Members of the virtual practice patient participation group were proactive and keen to be involved with practice development.
- The clinical staff met daily to ensure comprehensive quality peer support for the team.

Summary of findings

- The leadership structure at the practice was well-established and all the staff members we spoke with said they felt supported in their working roles by both the practice manager and the GPs.

However we found an area where the practice should improve;

- Continue to implement an effective system to identify patients who are carers and provide them with support.

We also saw an area of outstanding practice:

The practice provided space within their reception area for exercise classes aimed at their more active elderly

patients. This weekly exercise class that was organised by the Patient Participation Group (PPG) was aimed to improve people's balance and help reduce falls. The practice also supported the PPG to organise and arrange tea parties for patients identified as alone. From single people within the older people's population, to single mothers within the families, children and young people population group to meet and talk with others in similar circumstances for support, company and conversation.

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.

- Safety incidents were documented and shared with the staff members to ensure practice safety lessons were learnt from the actions that were taken. Patients involved in incidents received an explanation or an apology when appropriate.
- Infection control procedures were completed to a satisfactory standard and well documented. The practice had developed processes to keep people safe and safeguarded from abuse.
- Risks to patients were assessed on a daily basis and were well managed.
- The practice had appropriate premises and equipment to keep patients and staff safe.
- Medicines and repeat prescriptions were managed safely.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were comparable with local and national practices rates.
- Patient care was planned and provided in a way that reflected best practice and followed recommended current clinical guidance.
- Clinical audits undertaken at the practice showed the GPs used auditing to improve the practice service quality.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was a system in place to ensure that staff received supervision and appraisal.
- Staff communicated with multidisciplinary teams to understand and meet the range and complexities of people's needs.

Good



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.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients told us they often received information about their treatment; this was in a way that was easy to understand and involved patients in decisions about their care and treatment.

The practice recognised the needs of patients who were carers and provided support and information about the range of agencies and organisations available to support them.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Appointment times and availability were flexible to meet the needs of patients. Same and next day appointments were available. Home visits and telephone consultations were provided as needed. The practice offered its patients access to book online appointments with a GP via the internet.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Accessible toilets and baby changing facilities were available.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes with a responsive service for all its patients.
- Information about the practice was available to staff and patients. There was a clear leadership structure and staff felt supported by management.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the 'Duty of Candour'. The partners encouraged a culture of openness and honesty and the practice had systems in place to monitor notifiable safety incidents and ensure this information was shared appropriately with actions taken.
- The practice proactively sought feedback from staff and patients, which it acted on. There was a strong focus on continuous learning evidenced in the training records, and developments seen at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients over 75 years were informed by letter of their named GP and could change this GP if they wished. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice was responsive to the needs of older people including:

- Home visits with GPs and nurses.
- Hospital admissions avoidance was discussed at regular multidisciplinary team meetings to reduce unplanned hospital admissions for the frail elderly, and patients who were receiving palliative care. There were personalised care plans for patients at high risk of hospital admission to support the reduction of emergency referrals.
- Each emergency admission was reviewed on discharge to ensure patients and their carers had the clinical input and medicine they needed. Following admissions for a fall patients were referred to specialists who were experienced in falls prevention.
- Senior health checks and unplanned admission avoidance care plans.
- High rates of seasonal flu/shingles vaccinations. Transport was arranged through the local community voluntary sector to improve access for patients.
- Dementia screening was provided opportunistically and also on request. The practice was proactive and focused on primary prevention wherever possible.
- For the more active elderly patients exercise classes are held at the practice. The patient participation group also arranged tea parties for patients from this population group that the practice had identified may be lonely.
- Patients were coded as carer's on the practice computer records system. Carer's were provided details of local and voluntary agencies to provide support.

Good



People with long term conditions

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

Performance for the management of long term conditions was comparable with other GP practices locally and nationally. GPs and

Good



Summary of findings

nursing staff had lead roles in chronic disease management and provided a range of clinics including asthma, diabetes and chronic obstructive pulmonary disease (COPD). The practice responded to the needs of people with long-term conditions providing:

- Longer appointments and home visits were available when needed.
- The long term condition patients had a named GP and a structured annual review to check that their health and medication needs were being met. The practice long term condition management system provided appointments giving sufficient time to review all the chronic conditions that the patient had. This approach identified the clinician most qualified to review all their conditions reducing the need for multiple attendances.
- GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care. Shared care with the local Hospital was delivered for the monitoring of various disease-modifying medications where the practice arranged and reviewed blood results.
- Patients with diabetes, asthma, and COPD were recalled for review by a GP and nurse to ensure consistent care. Patients were seen and monitored according to their clinical need and sent a reminder when their review was due.
- The percentage of patients with diabetes, on the practice register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was comparable to other practices nationally.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was also comparable to other practices nationally.

Families, children and young people

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

The practice responded to the needs of families, children and young people by providing:

- Children living in disadvantaged circumstances and those who were at risk, for example, children and young people who had a high number of A&E attendances were monitored by the practice.
- Consistently higher Immunisation rates for all standard childhood immunisations in comparison to national rates.

Good



Summary of findings

- Routine child health surveillance for children at eight weeks and three and a half years were provided.
- The percentage of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months was 70% which was comparable with the national average of 75%.
- Parents told us that children and young people were treated in an age-appropriate way and were recognised as individuals when seen.
- Females aged between 25-64 years, attending cervical screening within the target period (3.5 or 5.5 year coverage) was 77% in comparison with 77% for the CCG average and 74% for the national average.
- Appointments were available outside of school hours and the premises were suitable for children and parents with babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Antenatal care for patients not able to see the community midwife was provided at the practice and postnatal reviews were performed alongside the baby check.
- Positive joint working with midwives, and liaison with the local safeguarding team (with parental consent) as appropriate.
- Attendance as appropriate was made by GPs at child protection conferences.
Liaison with local schools, and health visitors.
- Safeguarding information coded onto patients' computer medical records.
- The use of 'Gillick' competency testing for children over 16 years of age.
- Staff members were familiar with and had access to local advice/safeguarding/support services to families and health promotion services to young people and families (e.g. weight management).
- Baby changing facilities were available and a private room could be offered for breastfeeding mothers.
- Family planning clinics included contraceptive implant fitting were offered

Working age people (including those recently retired and students)

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

The needs of working age people, those recently retired and students had been recognised and the practice had adjusted their services to ensure they were accessible, adaptable, and could offer continuity of care. For example:

Good



Summary of findings

- Offering online services to book appointments, and order repeat prescriptions.
- Telephone consultations were available on a daily basis with both doctors and nurses. They aimed to accommodate requests for call-back to patients for specific time periods such as lunch breaks to fit in with work timetables for patients.
- Extended hours services above local requirements, were provided by GPs, nurses, and healthcare assistants from 8.15am to 11.15am on Saturdays.
- A full range of health promotional services such as smoking cessation, weight management and health checks, flu vaccination clinics on Saturdays.
- Family planning services, post-natal and baby checks were available as were appointments to monitor the development of babies and the health of new mothers.
- The practice tried to be as flexible and accommodating with regards to appointments where possible for this population group. Telephone consultations were available every day and were provided for patients who needed advice but were unable to get to the surgery.
- The practice had an automated surgery pod available which enabled patients to measure their blood pressure, weight, smoking status and more. The data generated by the automated pod was recorded directly into patient's electronic medical record.

People whose circumstances may make them vulnerable

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

The practice had modified their services to meet the needs of people within this population group for example:

- The practice had a register of patients living in vulnerable circumstances this included travellers and those living with a learning disability (LD). There were 32 people on the practice learning disability register.
- Longer and flexible appointments, scheduled at the start of surgery sessions to reduce waiting time were available for patients with a LD. Also specific clinics with information being given in pictorial format to aid LD patients understanding were held. Annual learning disability checks were provided.
- The practice actively includes mental health and dementia reviews within patients long term condition management program and worked with multi-disciplinary teams to case manage vulnerable people.

Good



Summary of findings

- Vulnerable patients were told how to access various support groups and voluntary organisations with comprehensive information available within the practice and on their website.
- Staff knew how to recognise signs of abuse in vulnerable adults and children, they were also aware of their responsibilities. This included information sharing, documentation of safeguarding concerns and who to contact. Practice staff knew they could ask the safeguarding lead at the practice for advice should they have any concerns.
- Home visits were offered to those patients unable to attend for routine or emergency care, including their vaccinations. The practice undertake a weekly visit to two nursing homes this is to provide an extended service to vulnerable patients who are in a care setting.
- Notifications were attached to the medical records of vulnerable patients. These ensured staff members were aware when patients rang to be seen for an appointment or a home visit that they were offered flexibility regarding time and appointment length.
- The practice had flexibility regarding missed appointments and tried to provide easy to access services for patients with poor mental health that frequently book appointments and then fail to turn up. Staff realised this population group's problems and accommodated them by seeing them.
- The practice patient group are undertaking a project to set up "tea parties" for patients who may be lonely. In addition they host a weekly session for "my social prescription" which encourages patients to pledge time to provide a service. This could range from befriending to gardening or teaching someone to knit. In return volunteers bank the time that they spend to be given back to them when they are in need of help.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice had adapted their services to meet the needs of people within this population group for example:

- 68%
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



Summary of findings

- The practice had provided people experiencing poor mental health information about how to access support groups and voluntary organisations.
- The practice followed up patients who had attended accident and emergency from this population group.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had flexibility regarding missed appointments and tried to make their services as easy to access as possible.

Patients within this population group were referred for counselling or specialist mental health input when required.

Summary of findings

What people who use the service say

The national GP patient survey results published on January 2016. The results showed the practice was performing above local and national averages. 257 survey forms were distributed and 104 were returned. This represented a 40% return rate.

- 87% of respondents found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%.
- 90% of respondents were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 92% of respondents described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 83% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards these all had positive comments about the standard of care patients received. Comments referred to caring and helpful reception staff, and patients that spoke with us on the day of inspection said the practice provided an excellent service.

We spoke with seven patients during the inspection. Patients commented very positively about the practice saying that they were very content with the treatment they received. Patients also spoke positively about the support and attitude of the GPs and nurses. They told us that staff members were compassionate, listened to their needs, and spent time to explain treatments in a way that patients could understand. Three healthcare professionals associated with the practice told us communication with the practice was excellent and all staff members were extremely helpful.

Areas for improvement

Action the service SHOULD take to improve

- Continue to implement an effective system to identify patients who are carers and provide them with support.

Outstanding practice

The practice provided space within their reception area for exercise classes aimed at their more active elderly patients. This weekly exercise class that was organised by the Patient Participation Group (PPG) was aimed to improve people's balance and help reduce falls. The practice also supported the PPG to organise and arrange

tea parties for patients identified as alone. From single people within the older people's population, to single mothers within the families, children and young people population group to meet and talk with others in similar circumstances for support, company and conversation.

Creffield Medical Centre

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 Creffield Medical Centre

Creffield Medical Centre provides primary care services via a General Medical Services (GMS) contract to approximately 11,451 patients from a purpose built accessible premises with patient parking to the front of the building. The practice provides its services to patients from the Lexden area of Colchester. Its population is relatively average in age distribution although does include a slightly higher number of elderly than the national average. The Colchester area has relatively low numbers of ethnic minority groups in comparison with the national average.

There are six GP partners; three female and three male, two salaried GPs; one female and one male and three GP registrars (GPs in training); two male and one female and four practice nurses. The nursing team comprises of two nurse practitioners; one with advanced qualifications, and one a specialist in long term conditions, six practice nurses; each with a lead in a clinical area of speciality, three health care assistants and a phlebotomist. There is a practice manager, an assistant practice manager, a buildings manager, and 12 other administrative members of staff with various roles ranging from prescription clerk, receptionists, administrators, medical secretaries and two apprentices, all forming part of the non-clinical team.

The practice opening hours and clinical sessions are; Mondays to Fridays 8am to 6.30pm and

Saturdays 8.15am to 11.15am.

The practice has opted out of providing GP out of hour's services. Patients requiring a GP outside of normal practice working hours were advised to contact the 111 non-emergency services. Patients requiring emergency treatment are able to contact the out of hour's service which is provided by Care UK.

Why we carried out this inspection

We inspected Creffield Medical Centre as part of our new comprehensive inspection programme.

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

How we carried out this inspection

Before visiting Creffield Medical Centre, 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 02 February 2016. During our visit we:

- Spoke with a range of staff, GPs, the practice manager, nurses, administrative and also with patients who used the service. We also spoke with healthcare professionals associated with the practice.

Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

Safety within the practice was monitored using information from a range of systems including the reporting and recording significant events.

- Staff members told us they would inform the practice manager if any safety incidents occurred. They also showed us the forms available on their computer desk tops to record safety incidents.
- The practice carried out thorough investigations of safety incidents and shared the learning with all staff members. The lessons learnt from incidents were also shared to make sure actions taken to improve safety in the practice reduced any re-occurrences. We reviewed safety alerts and the minutes of meetings where they were discussed. Those involved had received an explanation and/or an apology from the practice when appropriate, and were told about any actions made to improve procedures and to prevent similar events from occurring. For example; when experiencing a problem in relation to the recording of a death due to a delay receiving the information from the hospital, the practice reviewed their procedures to ensure issues of a similar nature were minimised in the future, these included relocating the scanning workstation and changes to the coding protocol. Recorded safety incidents had been reviewed on a regular basis to ensure that learning and changes were embedded within the practice.
- Alerts sent to the practice regarding medicine and patient safety were received, reviewed, and shared with the staff members. We saw the actions taken were appropriate and where patients' medicines were involved in most cases an audit or a patient review was undertaken.

Overview of safety systems and processes

The practice had procedures and processes in place to safeguard patients from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults, and the practice policy reflected the relevant current legislation and local requirements. GPs were trained to the appropriate standard. The policy was accessible to all staff members and outlined who to contact about concerns in relation to patient's welfare.

The GP lead for safeguarding along with the other GPs in the practice attended local safeguarding meetings whenever possible. When required they provided reports for other agencies. Staff were able to show their understanding and responsibility concerning safeguarding when we spoke with them.

- Chaperones were offered when required, there were notices in the waiting room and clinical areas that advised patients they were available. Staff who acted as a chaperone were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Confidential waste produced by the practice was appropriately handled and securely discarded.
- Appropriate standards of cleanliness and hygiene were seen at the premises. The practice lead nurse was the infection control lead and there was an infection control policy in place to support staff understanding. Infection control audits were carried out regularly and we saw evidence that actions were taken to deal with any changes identified as a result. We also saw staff had received role specific training and this was part of the new staff member's induction process.
- The results for cervical screening were checked and followed up, all the samples sent for the cervical screening programme were followed up to check they had received a result. The practice followed-up women who were referred as a result of abnormal results.
- We reviewed five personnel files both clinical and administrative 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.
- We checked and saw medicines were stored securely, in a clean and tidy manner and were only accessible to authorised staff. Medicines were purchased from approved suppliers and seen to be within their expiry date. Expired and unwanted medicines were disposed

Are services safe?

of in line with the practice medicines management policy. We also saw there was a system in place to action any medicine that has been recalled by the manufacturer.

- Medicines requiring cold storage were kept in the refrigerators which were maintained at the required temperatures and staff knew what to do in the event of failure.
- There was a safe system in place to ensure that any change of medication on discharge from hospital or following a review from other services, was reviewed by a GP and the appropriate action taken in a timely manner.
- The nurses either prescribed vaccines or administered vaccines using patient group directions (PGDs). (PGDs) are specific guidance about the administration of medicines including authorisation for nurses and healthcare assistants to administer them.
- Blank prescription forms; including those used in the printers for computer generated prescriptions, were kept securely and only accessible to authorised staff. They were tracked and recorded at the practice in accordance with national guidance for blank prescription forms for use in printers.
- The arrangements for emergency medicines, medicine management and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- The practice carried out regular medicine audits, some with the support of local medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

Monitoring risks to patients

- The buildings manager at the practice had procedures in place to monitor and manage risks to patient and staff safety. Within the main office area there was a current health and safety poster and a policy available which identified local health and safety representatives.
- Electrical equipment seen had been checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. There were a number of other risk assessments in place to monitor the safety

of the premises such as the control of substances hazardous to health, infection control, and legionella testing (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The premises and equipment at the practice were appropriate for patients and well maintained to keep patients and staff safe.
- The practice fire equipment was suitable and had been checked to ensure it was safe. Fire drills were carried out regularly to ensure staff knew how to act and keep people safe in the event of a fire.
- The practice manager planned and monitored the number of staff and the role mixes of staff needed via a rota system to meet patients' needs.

Arrangements to deal with emergencies and major incidents

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

- The practice computer system in the consultation and treatment rooms had an instant messaging system which could alert all staff members within the practice to any emergency. All staff members had received basic life support training which was updated on an annual basis.
- Emergency medicines were available in a secure area of the practice and all staff members knew where they were located. These medicines included those for the treatment of cardiac arrest, anaphylaxis, meningitis, seizures, asthma and hypoglycaemia. Processes were in place to check these medicines regularly and all the medicines were found to be in date.
- 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 also available.
- The practice had a business continuity plan in place to provide information for staff members in the event of a major incident such as power failure or building damage. The plan included staff roles and responsibilities during emergencies, with contact numbers of staff members and the contact details of the connected utility services.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. Clinical staff had access to guidelines from NICE and used this information to develop patient care and treatment to meet their various needs.

Management, monitoring and improving outcomes for people

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. The practice exception reporting was 2.9% which was lower than local CCG practices or the England national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/15 showed;

- Performance at the practice for diabetes related indicators was 76% which was below in comparison to the local CCG score of 82% and 89% for the national score.
- Performance at the practice for hypertension related indicators was 98% which was better in comparison to the local CCG score of 95% and 97% for the national score.
- Performance for mental health related indicators was 86% which was below in comparison to the local CCG score of 90% and 92% for the national score.

We asked the practice regarding the areas of clinical performance, where the practice scored lower than the local and national averages, what work they were doing to

improve patient outcomes. They told us a nurse that specialised in diabetes had left and this had affected recent figures, however with their recent recruitment they were confident this would improve.

Clinical audits demonstrated quality improvement.

- There had been nine clinical audits completed in the last two years, two of these were completed audits, where the improvements made were implemented and monitored. Where areas for improvements were identified the practice had acted promptly to address these.
- There were also seven audits the practice had run in the last year to ensure they maintained and improved patient outcomes.
- We also saw that the practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Audit findings were followed up and we saw two re-audits performed to ensure the practice had improved patient outcomes. For example, unless otherwise indicated NICE guidelines state urinary tract infections UTIs in women and recurrent UTIs in older patients should be treated with a three day course of specific antibiotics. If a course greater than three days was prescribed an adequate reason should be documented with the reason. A suggested change from the audit was; all prescriptions for UTI antibiotics should always be documented in the patient's consultation record. The initial audit found some had no prescription recorded, which made a treatment course difficult to follow for clinicians. With the new process implemented patient's treatment courses were followed up more effectively.

Effective staffing

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

- The practice had an induction process for new staff. We spoke with a recently appointed staff member who told us the practice induction programme had given them confidence and prepared them for their new role. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice was able to show they provided role-specific training and updates for staff members. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence and regular audits to confirm this. Staff who administered vaccinations could demonstrate their training and understanding of immunisation programmes, for example by access to on-line resources and discussions during practice and team meetings.
- We saw appraisals were used by management to identify staff training needs. We were told how staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff members we spoke with had received an appraisal within the last 12 months and the practice manager showed us how these were scheduled.
- Training received included: safeguarding, basic life support skills and confidentiality. Staff were able to access 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 clinical staff members in a timely and accessible manner through the practice's patient record system and their intranet system.

- This included care risk assessments, care plans, medical records, investigative processes; communications, patient discharge notifications, and test results.
- The practice had developed a comprehensive library of patient information such as NHS patient information leaflets. This library could be accessed in a quiet area set aside in the spacious reception area so that patients could have privacy when accessing the information.
- When the clinicians referred patients to complimentary and secondary care services the practice shared relevant information in a confidential and timely manner.
- Staff communicated with multidisciplinary teams to meet the range and their various patient needs. For example we reviewed meeting minutes that showed all staff members were involved in patient care and had access to the information being discussed.

Staff worked together and with health and social care services to understand, meet, assess, and plan on-going care and treatment for their patients. This included when patients were referred to other services, or discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were discussed, reviewed, and updated.

Consent to care and treatment

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

- < > members knew the relevant practice consent and decision-making processes and had an understanding of the legislation and guidance; this included the Mental Capacity Act 2005. Staff members carried out assessments of capacity to consent in line with relevant guidance prior to providing care and treatment for children and young people.
- When mental capacity to consent to care or treatment was unclear clinicians assessed the patient's capacity and, recorded the outcome of the assessment within the patient's consultation record.

Supporting patients to live healthier lives

The practice held registers of patients who may need additional support.

- These included patients known to be in the last 12 months of their lives, carers, those at risk of developing a long-term condition or those requiring advice regarding their diet, smoking and/or alcohol cessation. We saw evidence that patients were signposted or referred to the appropriate and relevant services.

The practice's uptake for the cervical screening programme was 80% which was in line with the national average of 81%. There was a procedure in place to send reminder letters and contact the patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend other national screening programmes for example bowel and breast cancer screening was mostly above the average or inline compared with other CCG practices and national practice average data.

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

Childhood immunisation rates for the vaccinations given were higher compared to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 99% to 97% and five year olds from 99% to 92%.

Flu vaccination rates for the over 65s were 81%, which was above the national average of 73.24%, and at risk groups 61% which was above the national average of 52%.

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 years. 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

During the inspection we observed members of the reception staff to be courteous and very helpful to patients, this included treated them with dignity and respect.

- Patients' privacy and dignity during examinations, investigations and treatments was maintained by the provision and use of disposable curtains that were changed regularly.
- Patients told us they were treated well with consideration, dignity and respect and involved in the decisions about their care and treatment. All the patients we spoke with on the day told us it was a very caring and family orientated practice and that all members of staff were helpful.
- Consultation and treatment room doors were closed during consultations to ensure conversations taking place inside could not be overheard.
- Staff members at the reception desk told they could recognise when patients appeared distressed or needed to speak about a sensitive issue. We were told these patients could be offered a private room to discuss their issues or problems.

The 22 Care Quality Commission comment cards collected were extremely positive about the standard of care received. Comments referred to helpful reception staff and seven patients that spoke with us on the day of inspection said they were more than satisfied with the services the practice provided. We spoke with two members of the practice patient participation group (PPG) during the inspection and they were very positive with regards to the communication and support of the staff and GPs.

Results from the national GP patient survey 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:

- 93% of respondents said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 93% of respondents said the GP gave them enough time (CCG average 86%, national average 87%).

- 99% of respondents said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 93% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 95% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 90% of respondents said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

During the inspection we spoke with seven patients that each told us they were involved in the decision making processes during their care and treatment. They also told us they felt supported by staff, listened to, and were given sufficient time during consultations to make decisions about the choices of treatment available to them. Patient feedback on the 22 comment cards we received reflected these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were better than local and national averages. For example:

- 89% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 88% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 81%).
- 87% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Staff told us there was a hearing loop for patients living with deafness and translation services were available for patients who did not have English as their first language.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations if they were a carer. The practice computer system alerted practice staff if a patient was also a carer so that carer's could be given extra consideration when being given appointments to ensure they could meet their caring responsibilities. The practice on the day of inspection had 38 patients on the practice carers register which equates to 0.3% of their population. The practice manager told us the practice was working hard towards capturing further numbers when people registered as new patients at the

practice and opportunistically during consultations. Written information was available within the practice and on the practice website to direct carers to the various avenues of support available for them. The practice also had 32 patients on their register of people living with a learning disability.

Staff told us that if families had suffered bereavement, their usual GP contacted them. The bereaved were offered an appointment at a flexible time to meet the family's needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice assessed the needs of its local population and engaged with the NHS England Area Team. GPs at the practice worked with the local area Clinical Commissioning Group (CCG) to ensure improvements to local services when they were identified. CCGs are clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

- The practice offered Saturday morning appointments from 8.15am to 11.15pm for working patients who could not attend during normal opening hours.
- The practice provided longer appointments to patients living with a learning disability.
- Home visits were available for older patients and patients for who would benefit from them.
- Appointments were available on the same day requested for children and those with serious and urgent medical conditions.
- Patients were able to receive travel vaccinations available on the NHS. Patients were booked separately for Private vaccines which were also provided at the practice.
- There were accessible facilities, a hearing loop, and translation, services available at the practice.
- Review of the practice patient participation group (PPG) survey showed a number of areas the practice could make improvements to change their patient's experience. The PPG annual report for 2014/2015 showed the actions taken in response to issues raised; for example improvements to the car parking and increased numbers of online appointments.

Access to the service

The practice opening hours and clinical sessions were; Mondays to Fridays 8am to 6.30pm and

Saturdays 8.15am to 11.15am.

The practice had opted out of providing GP out of hour's services. Patients requiring a GP outside of normal practice working hours were advised to contact the 111 non-emergency services. Patients requiring emergency treatment could contact the out of hour's service which was provided by Care UK.

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

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 87% patients said they could get through easily to the surgery by phone (national average 73%).
- 80% patients said they always or almost always see or speak to the GP they prefer (national average 76%).

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

All the patients we spoke with told us they were able to obtain an appointment when they needed one, and knew how to contact the surgery through a variety of routes.

Listening and learning from concerns and complaints

The practice had an effective system to manage complaints and concerns.

- Their complaints policy was in line with recognised guidelines for GPs in England.
- There was a named designated staff member within the practice to manage all complaints.
- We saw that information was available to help patients understand the complaints system For example; notices displayed a complaints leaflet available and information on the practice website.

We looked at 11 complaints received in the last 12 months and found these had been dealt with in a timely manner, with the honesty and clarity described in their policy. Lessons that were learnt from the concerns or complaints had been acted upon and actions had been undertaken from the findings to improve patient care. We noted that findings and actions from complaints learning were shared with all staff members to ensure practice wide learning. For example, when a patient experienced pain during a procedure, the nurse reflected and modified the way she communicated with patients during future procedures. The nurse was also observed by the Senior GP partner to ensure her technique was correct.

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 mission statement captured the concept to respect their patients and work with them to involve them in their care.

- The GP partner's philosophy was to provide a comprehensive, responsive service for their patients, with the awareness that certain groups of people have additional needs.
- The practice had a robust strategy and supporting business plan which all staff members had access to on their computer desktops.

Governance arrangements

There were practice specific policies and procedures which supported the delivery of their governance framework and safe quality care. The governance arrangements outlined the staff responsibilities, structures and procedures in place to ensure:

- The staff management and clinical structures were understood by all staff members who knew both their own and their colleague's roles and responsibilities.
- Practice specific policies were reviewed and regularly updated to ensure they met current guidelines and legislation. Staff told us the practice policies were easy to access and understand.
- The practice management team had a comprehensive understanding of their performance and reviewed 'Friends and Family', 'NHS Choices' and 'National Patient GP Survey' information to appreciate their performance.
- The practice used internal audits to monitor both clinical and non-clinical quality and to make improvements.
- Risks were well managed, and actions were taken to improve patient care were well documented and followed up.

Leadership and culture

The partners in the practice had local experience, capacity and capability to lead the practice and ensure high quality care was provided. The senior GP had just finished a three year appointment as the secretary of the 'Local Medical

Society'. Another of the GP partners was the medical officer for the North East Essex clinical commissioning group. A further GP partner at the practice was a senior clinical tutor at Cambridge University. One of the other GP partners was the medical director for 'GP Primary Choice' which is the local GP provider company (GPPC). Additionally another GP partner was a member of the local CCG evaluation panel to monitor requests for services outside the scope of the local service restriction policy. The practice manager was operations director for the GPPC and was joint chair of the North East Essex practice managers group.

The practice team promoted safe, high quality and compassionate care. The GP partners were visible in the practice and staff members told us they took time to listen to them and supported their views on any development suggestions they made.

The GPs encouraged a culture of openness and honesty and were aware of and complied with the requirements of the 'Duty of Candor'. The practice had arrangements and knew how to deal with notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- Actions were taken to improve practice processes and prevent future incidents. Those people involved received an honest explanation with an apology when it was appropriate.

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

- Staff members told us they were involved in the regular practice team meetings.
- Staff told us they appreciated the open culture within the practice and were given the opportunity to raise any issues at team meetings and felt confident in doing so and supported when they did.
- Staff members told us they felt respected, valued and supported, particularly by the management and GPs in the practice. Within the minutes of staff meetings we saw that staff members were involved in discussions about how to run and develop the practice. The management and GPs encouraged staff members in attendance to identify opportunities at the practice to improve the service they delivered.

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients, the public and staff. They used the feedback gathered from their patient participation group when the practice wanted their patient's opinion or suggestions.

- The practice had gathered feedback from patients through the GP appraisal system.
- The practice had gathered feedback from staff through staff meetings, appraisals and ad-hoc discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve the running of the practice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. They worked well with their Patient Participation Group (PPG), and provided space within their spacious reception and waiting area for exercise classes aimed at the more active elderly patients. This weekly exercise class organised by the PPG aimed to improve people's balance and help reduce falls. The practice also supported the PPG to organise and arrange tea parties for patients identified as alone. From single people in the older people's population, to single mothers in the families, children and young people population group to meet and talk with others in similar circumstances for support and conversation.