

Drs Emond, Copsey and Bailoor

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Emond, Copsey and Bailoor on 17 February 2016. Overall the practice is rated as requires good. The practice is rated as requires improvement for safe and good for effective, caring, responsive and well led domains.

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

- The practice ensured that when things went wrong that these were investigated and learning was shared with staff.
- There were systems for assessing risks including those associated with medicines, equipment and infection control. However risk assessments had not been carried out for health and safety, the risk of fire and legionella. Staff who handled blood products and who were at increased risk of needle stick injury did not have up to date hepatitis immunity or vaccinations.
- We found some out of date needles, syringes and blood specimen bottles in GPs rooms and there were no systems in place for checking these.
- There was a detailed business continuity plan to deal with untoward incidents that may affect the day to day running of the practice.
- Staff were recruited with all of the appropriate employment checks having been carried out to determine each person's suitability and fitness to work at the practice.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Clinical audits and reviews were carried out to monitor and improve patient care and treatment.
- Staff were supported and received role specific training to meet the needs of patients.
- Patients said they were treated with dignity and respect and they were involved in their care and decisions about their treatment. They said that staff were helpful, polite and courteous.

Summary of findings

- Information about services and how to complain was available and easy to understand. Complaints were investigated and responded to promptly and apologies given to patients when things went wrong or their experienced poor care or services.
- The practice offered a range of appointments including face to face, telephone and online consultations. Routine appointments could be booked in advance. Same day appointments were available.
- Patients said they found it easy to get through to the practice by telephone and to make an appointment with a named GP. They said that they usually got an appointment with their named GP within one week and that they could always get a same day emergency appointment if needed.
- The practice was accessible to patients with mobility difficulties and had good facilities and was well equipped to treat patients and meet their needs.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

There were areas of practice where the provider needs to make improvements.

Importantly the provider must:

- Ensure that risks to patients and staff are assessed and managed. This includes identifying and managing risks to the health and safety of patients and staff.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice used a range of published guidance to monitor and review and monitor safety. Safety alerts and information were received, reviewed and shared with staff. There were systems in place for investigating and responding to incidents when things went wrong. These were fully investigated and learning was shared with staff to minimise recurrence.

- The practice had systems in place to safeguard vulnerable adults and children.
- Staff recruitment procedures were robust and there were sufficient staff to meet the needs of patients.
- The premises were clean and there were procedures in place to minimise the spread of infections.
- There were arrangements in place for the safe management of medicines and for dealing with medical emergencies.

Some improvements were needed:

- There were no health and safety risk assessments, fire safety risk assessments or legionella risk assessment in place.
- Clinical staff did not have periodic Hepatitis vaccines / screening for immunity.
- We found some out of date needles, syringes and blood specimen bottles in GPs rooms and there were no systems in place for checking these.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Data showed that the practice performance in the treatment of long term conditions such as respiratory conditions and heart disease was similar to other GP practices locally and nationally. Where improvements were needed, such as in the management of diabetes, the practice was aware of these and had plans in place to improve performance.

The practice proactively encouraged patients to participate in national screening and vaccination programmes such as cervical screening, childhood immunisations; and adult vaccinations (including flu and shingles). The practice uptake for these was in line with or above other GP practices both locally and nationally.

Good



Summary of findings

The practice routinely referred to and used a wide range of published guidelines and relevant legislation when assessing patients' needs and delivering treatment. Clinical audits were carried out to improve patient care and treatments.

Staff had received training relevant to their roles and the needs of patients.

Are services caring?

The practice is rated as good for providing caring services.

The results from the national GP patient survey, which was published on 7 January 2016, showed that patients were satisfied with how they were treated by staff. The results:

- Patients were happy with how staff treated them with care and concern.
- Patients found reception staff to be helpful.
- Patients felt listened to and involved in making decisions about their care and treatment.

Patients who completed comment cards and those we spoke with during the inspection also told us that they were happy with staff at the practice were respectful and caring. Patients said:

- They were given time to discuss their concerns and issues with GP and nurses.
- Their treatment was explained to them in a way that they could understand and their questions in relation to treatment were answered.
- They were treated kindly with dignity and respect.

Patients' privacy was maintained during consultations and treatment and information in respect of patients was treated confidentially.

Patients who required extra support such as those who were carers, patients with learning disabilities, older people and those who were nearing end of life were identified and provided with support and information as needed.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

The results of the national GP patient survey, which was published on 7 January 2016, showed that the practice performance was significantly better than other GP practices both locally and nationally. These results showed that patients were happy with:

Good



Summary of findings

- The practice opening times.
- Ease of access to the practice by telephone.
- Availability of appointments.

Seven patients we spoke with and the 46 patients who completed comment cards said that:

- They could easily access same day or pre-booked routine appointments with their named GP.
- They could get a routine appointment with their named GP, usually within one week.
- They could always access same day urgent appointments when needed.
- Some patients commented that they waited up to 30 minutes after their appointment time to be seen. Many said that they understood and were happy to wait as GPs always gave them time and they never felt rushed or hurried.
- Two patients commented that they would appreciate early morning or late evening appointments for those who commute to work.

Patients had access to online consultations via the practice website. Patients could complete a web form with information and / or questions about a range of symptoms and medical conditions. This information was then reviewed by a GP and patients received a call or email with advice or to book an appointment.

Patients had access to pre-booked GP and nurse appointments on Saturday mornings between 8.30am and 11.45am.

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 that the practice responded quickly to issues raised. The practice offered apologies to patients when things went wrong or the service they received failed to meet their expectations. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy to provide a responsive service for all its patients. The strategy included planning for the future. Staff were clear about the vision and their responsibilities in relation to this. Information about the practice was available to staff and patients.

There was a clear leadership structure within the practice and staff felt supported by management. The practice had a number of

Good



Summary of findings

policies and procedures to govern activity and these were regularly reviewed and updated so that they reflected current legislation and guidance. There were systems in place to monitor and improve quality and identify risk.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and met every three months with practice staff to discuss any issues and how these could be improved upon. Staff told us that they felt supported and that they could raise comments and suggestions, which were acted upon.

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.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

The practice offered proactive, personalised care to meet the needs of the older people, including:

- All patients including older people had a named GP who was responsible for managing their care and treatment.
- The practice was accessible and offered parking facilities for the disabled, a hearing loop, patient lift and toilet facilities for the disabled.
- Longer appointments, telephone consultations and home visits were provided as needed.
- Appropriate referrals were made to secondary and specialist services as needed.
- The practice provided dementia screening and made appropriate referrals as needed.
- Electronic prescribing was available so that patients could collect medicines from their local pharmacy without the need to visit the practice.
- The practice worked with other agencies to reduce the number of unplanned hospital admissions.

Good



People with long term conditions

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

Nationally reported data showed that the practice performance for the management of the majority of long term conditions including respiratory disease and heart disease were similar to other GP practices locally and nationally.

The practice offered proactive, personalised care to meet the needs of people with long term conditions including:

- Patients had a named GP who was responsible for coordinating their care and treatment.
- Dedicated nurse led clinics were held to assess and review patients with long term conditions.
- Direct access was available to vulnerable patients including those who were at risk of unplanned hospital admissions.

Good



Summary of findings

- The practice promoted NHS health checks and cancer screening; including breast, bowel and cervical screening programmes.

Families, children and young people

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

Nationally reported data showed that the practice performance for the uptake of childhood immunisations was similar to or above other GP practices locally and nationally. The practice offered proactive, personalised care to meet the needs of families, children and young people including:

- The practice offered same day appointments for children as needed. Appointments were available outside of school hours.
- Ante-natal, post-natal and baby checks were available to monitor the development of babies and the health of new mothers.
- 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 high number of A&E attendances.
- Referrals were made to appropriate counselling services where required.
- Children and young adults were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Information and a range of sexual health and family planning clinics were available.

Good



Working age people (including those recently retired and students)

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

The practice offered proactive, personalised care to meet the needs of families, children and young people including:

- Appointments could be booked in person or by telephone or online.
- GP and nurse appointments were available on Saturday mornings (These could be booked one week in advance).
- Additional emergency appointments were available from 11.45am each day.
- Online appointment booking and electronic prescribing facilities were available.

Good



Summary of findings

- Patients had access to online consultations via the practice website. Patients could complete a web form with information and / or questions about a range of symptoms and medical conditions. This information was then reviewed by a GP and patients received a call or email with advice or to book an appointment.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group including NHS health checks.

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 offered proactive, personalised care to meet the needs of people whose circumstances may make them vulnerable including:

- Staff undertook safeguarding training and the practice had a dedicated safeguarding lead.
- The practice held a register of patients living in vulnerable circumstances including patients with a terminal illness and those with a learning disability. This helped to monitor and maintain annual health checks.
- The practice proactively promoted annual health checks for patients with learning disabilities and nurses had received specific training to support these patients.
- Longer appointments were available as needed.
- Home visits were available for these reviews as needed.
- The practice carried out regular GP visits to local care homes.

Good



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).

- Patients had access to a named GP to help provide continuity of care.
- The practice carried out dementia screening and carried out face-to-face reviews.
- Patients with mental health conditions were reviewed and had an annual assessment of their physical health needs.
- Longer appointments and home visits were provided as required.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing in line with local and national averages. There were 114 responses from 263 surveys sent out which represented 43% of the patients who were selected to participate in the survey.

The survey showed that patient satisfaction was as follows:

- 87% found the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 95% found it easy to get through to this surgery by phone compared with a CCG average of 72% and a national average of 73%.
- 91% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 85%.
- 94% said the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 82% described their experience of making an appointment as good compared with a CCG average of 71% and compared with the national average of 73%.
- 61% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average and national average of 65%.

- 62% felt they did not normally have to wait too long to be seen compared with a CCG average of 59% and a national average of 58%.
- 90% of patients would recommend the practice to someone new compared with a CCG average of 74% 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 46 comment cards all of which were positive about the standard of care received, access to appointments and staff helpfulness and attitude. Patients commented:

- They received excellent care and treatment.
- GPs and nurses listened to them and explained their treatments in detail.
- They could always get an appointment that suited them.
- Staff were helpful and professional.

We also spoke with seven patients on the day of the inspection. Patients commented positively about the practice saying that they were very happy with the treatment that they received. Patients said that:

- They were happy with the surgery opening times and access to appointments.
- GPs offered prompt treatment in emergencies.

They could always get a routine appointment within one week and same day appointments for emergencies.

Areas for improvement

Action the service MUST take to improve

- Ensure that risks to patients and staff are assessed and managed. This includes identifying and managing risks to the health and safety of patients and staff.

Drs Emond, Copsey and Bailoor

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Drs Emond, Copsey and Bailoor

Drs Emond, Copsey and Bailoor is located in a purpose built medical centre in a predominantly residential area of Ingatestone, Essex. The practice provides services for 6472 patients.

The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England and Southend Clinical Commissioning Group. A GMS contract is one between GPs and NHS England and the practice where elements of the contract such as opening times are standardised.

The practice population is similar to the national average for younger people and children under four years, and for those of working age and those recently retired, and higher for older people aged over 65 years. Economic deprivation levels affecting children, older people are significantly lower than the practice average across England. Life expectancy for men and women is higher than the national average. The practice patient list is similar to the national

average for long standing health conditions. It has a similar to the national average for working aged people in employment or full time education and lower numbers of working age people that are unemployed.

The practice is managed by four GP partners who hold financial and managerial responsibility. One of the GP partners is the Registered Manager. A Registered Manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run. In total two male and two female GPs work at the practice.

The practice also employs three practice nurses, a practice manager, one administrator and a team of receptionists.

The practice is open between 8am and 6pm on weekdays. GP and nurse appointments are available in the morning between 9am and 11.30am. Afternoon appointments are available between 3.45pm and 6pm daily. In addition up to 24 emergency appointments are available after morning surgery. Telephone triage and consultations are available throughout the day.

Pre-booked GP and nurse appointments are available between 8.30am and 11.45am on Saturdays.

Patients had access to online consultations via the practice website. Patients could complete a web form with information and / or questions about a range of symptoms and medical conditions. This information was then reviewed by a GP and patients received a call or email with advice or to book an appointment.

Detailed findings

The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by IC24 and patients who contact the surgery outside of opening hours are provided with information on how to contact the service.

Why we carried out this inspection

We inspected Drs Emond, Copsey and Bailoor as part of our 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. This inspection was planned to check whether the provider was 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.

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.

How we carried out this inspection

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

- Is it safe?

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 February 2016. During our visit we spoke with a range of staff including the GPs, nurses, practice management and reception / administrative staff. We also spoke with seven patients who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We reviewed a number of documents including patient records and policies and procedures in relation to the management of the practice.

Are services safe?

Our findings

Safe track record and learning

The practice received, reviewed and used published guidance and information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance to monitor and improve patient safety. There were systems in place for the receipt and sharing of safety alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts have safety and risk information regarding medication and equipment. They often result in the review of patients prescribed medicines and/or the withdrawal of medicine from use where potential side effects or risks are indicated. We saw that alerts were shared with relevant staff via the practice electronic system. These were reviewed and acted upon appropriately. We saw that patients' medicines were reviewed and changed where indicated. Alerts were kept and accessible to staff to refer to as needed.

The practice investigated and learned from when things went wrong. Safety incidents and near misses were investigated through a process of reporting, investigating and reviewing significant safety events. Staff we spoke with were aware of the process for reporting safety incidents and their responsibilities to do so.

We reviewed seven significant events and found that these had been reported on using a standard template which included a description of the event, risks to the safety of patients and the actions taken to address these risks and prevent similar occurrences. We saw that significant events were discussed at regular GP and nurse meetings and learning was shared. These events were reviewed to ensure that learning and the actions taken had been embedded into staff practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe. However there were some areas where improvements were needed. We found:

- Arrangements were in place to safeguard adults and children from abuse. The practice had an identified GP lead to oversee safeguarding and they attended local safeguarding meetings whenever this was possible. Staff had undertaken role specific training and had access to

appropriate policies and procedures which reflected relevant legislation and referred to the local safeguarding team reporting systems. Staff we spoke with were able to demonstrate that they understood their roles and responsibilities for keeping patients safe. Reception staff told us that knew the patients well and that they would report anything unusual to the GPs, nurse or practice manager. GPs always provided reports where necessary for other agencies.

- The practice had procedures in place for providing chaperones during examinations and notices were displayed to advise patients that chaperones were available, if required. Chaperone duties were carried out by nursing staff who had a disclosure and barring service (DBS) check. (These 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). Staff had access to a comprehensive procedure which explained their roles and responsibilities and had undertaken chaperone training.
- All electrical equipment was checked to ensure that it was safe to use. Clinical and diagnostic equipment was checked and calibrated to ensure it was working properly.
- The practice did not have a risk assessment in place in relation to the control of substances hazardous to health (COSHH) such as cleaning materials.
- A risk assessment had not been conducted to identify risks in relation to legionella.
- No health and safety risk assessments had been carried out to identify and manage risks to patients and staff.
- There was appropriate fire safety equipment including alarms and fire extinguishers located throughout the practice. Fire exits were clearly signposted and a fire evacuation procedure was displayed in various areas. However a fire risk assessment had not been carried out and fire alarms were not tested. Following our inspection we were provided with evidence that training was booked for staff and an external fire safety audit was planned.
- The practice had suitable policies and procedures in place for infection prevention and control. We observed the premises to be visibly clean and tidy. One practice nurse was the infection control clinical lead and they took responsibility for overseeing infection control procedures within the practice. There were cleaning

Are services safe?

schedules in place and regular infection control audits had been carried out. Staff received infection control training. Clinical staff had access to personal protective equipment such as gloves and aprons. However staff had not undergone periodic screening for Hepatitis B vaccination and immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections. Following our inspection we were provided with evidence that clinical staff had received immunisation booster injections.

- The practice had arrangements for the safe management of medicines, including emergency medicines and vaccinations. Medicines were stored securely and only accessible to relevant staff. Prescription pads were securely stored and there were systems in place to monitor their use. Medicines we saw were in date and records showed that these were checked regularly.
- Medicines which required cold storage including vaccines were handled and stored in line with current guidelines. Fridge temperatures were monitored and recorded to ensure that they remained within the acceptable ranges for medicines storage.
- Nurses administered vaccines in line with current guidance and legislation.
- We found some expired needles, syringes and blood collection bottles in one GP consulting room and there were no systems in place for checking and monitoring these. All other equipment we saw was in date.
- The practice had policies and procedures for employing clinical and non-clinical staff. We reviewed six staff files including those for the three most recently employed staff. We found that the recruitment procedures were followed consistently. All of the required checks including proof of identification, employment references, evidence of qualifications and registration with the appropriate professional body had been sought. Disclosure and Barring Service (DBS) checks had

been undertaken prior to employment for all staff. Before new staff were employed they had a face to face interview to determine their suitability to work at the practice.

- New staff undertook a period of induction which was tailored to their roles and responsibilities. This included training in safeguarding and information governance (handling confidential and sensitive information) and an opportunity for new staff to familiarise themselves with the practice policies and procedures.
- Arrangements were in place for planning and monitoring the number and skill 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. Staff we spoke with told us that there were always enough staff cover available for the safe running of the practice and to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had procedures in place to assist staff to deal with a range of medical emergencies such as cardiac arrest, epileptic seizures or anaphylaxis (severe allergic reaction). All staff received annual basic life support training and those we spoke with including the receptionists were able to describe how they would act in the event of a medical emergency.

The recommended emergency medicines and equipment including oxygen and an automated external defibrillator (AED) were available and accessible to staff. Monthly and quarterly checks were carried out to ensure that equipment was working properly and that medicines were in date and available in suitable quantities.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which could affect the day to day running of the practice. The plan included staff roles and responsibilities in the event of such incidents and emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Data from 2014/15 showed;

Performance for the treatment and management of diabetes was as follows:

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 69% compared to the national average of 77%.
- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 57% compared to the national average of 78%
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 61% compared to the national average of 81%
- The percentage of patients with diabetes who had a foot examination and risk assessment within the preceding 12 months was 100% compared to the national average of 88%

These checks help to ensure that patients' diabetes is well managed and that conditions associated with diabetes such as heart disease are identified and minimised where possible.

The practice performance for the treatment of patients with hypertension (high blood pressure) was:

- The percentage of patients whose blood pressure was managed within acceptable limits was 76% compared to the national average of 83%.

The practice had recognised that more work was needed to improve performance in managing outcomes for patients with diabetes. GPs told us that in some cases, aggressive treatment was not appropriate, particularly when treating older people. The practice also told us that they had improved their systems for recalling and following up where patients did not attend for their annual checks and tests.

The practice performance for treating patients who were identified as being at risk of a stroke (due to heart conditions) with an appropriate anticoagulant was 100% compared to the national average of 98%.

The practice performance for monitoring and treating patients with a respiratory illness was:

- The percentage of patients with asthma who had a review within the previous 12 months was 74% compared to the national average of 75%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who has an assessment of breathlessness using the Medical Research Council scale was 91% compared with the national average of 90%.

The practice performance for assessing and monitoring the physical health needs for patients with a mental health condition were similar to GP practices nationally. For example:

- 95% of patients with a mental health disorder had a record of their alcohol consumption compared to the national average of 90%.
- 73% of patients who were diagnosed with dementia had a face to face review within the previous 12 months. The national average was 84%.

The practice exception reporting was in line with GP practices nationally and locally. Exception reporting is a process whereby practices can exempt patients from QOF in instances such as where despite recalls patients fail to attend reviews or where treatments may be unsuitable for some patients. This avoids GP practices being financially penalised where they have been unable to meet the targets a set by QOF.

Are services effective?

(for example, treatment is effective)

The practice used clinical audits to monitor and make changes to patient care and treatment as part of its quality monitoring and improvement. All relevant staff were involved to improve care and treatment and people's outcomes. We looked at a sample of completed audits which had been completed within the previous 2 years.

One audit reviewed the prescribing of treatment of patients with atrial fibrillation (an irregular heart rhythm associated with some cardiac conditions). Patients with atrial fibrillation have an increased risk of stroke and these risks should be assessed and managed by treating patients with a suitable anticoagulant (a medicine to help prevent blood clots).

The audit commenced in August 2014 showed 87% of patients were receiving the appropriate treatment. GPs were tasked with assessing those patients who were not receiving treatment and taking appropriate action where this was indicated.

A second audit cycle was carried out in January 2015. This showed that 88% of patients were receiving anticoagulant medicines. The audit concluded that anticoagulants medicines were prescribed for all patients where this was indicated. Where this treatment was not prescribed; for example due to contraindications with other medicines or patients had declined, this was recorded within the patient record.

Medicine reviews were carried out every six months or more frequently where required. A community pharmacist assisted with these reviews for patients with complex medical needs and those who were prescribed combinations of medicines. The practice performance for prescribing medicines such as front line antibiotics, non-steroidal anti-inflammatory medicines and hypnotics (anti-depressant type medicines) was similar to GP practices nationally.

Effective staffing

Staff were trained and supported so that they had the skills, knowledge and experience to deliver effective care and treatment. Staff told us that they were supported to perform their roles and to meet the needs of patients.

- The practice had an induction programme for newly appointed members of staff. This included safeguarding and information governance training and helped new staff to familiarise themselves with the practice policies

and procedures. We saw that all new non-clinical members of staff undertook a period of 'shadowing' experienced staff so as to help familiarise themselves with the practice policies and procedures.

- Staff we spoke with told us that they had access to appropriate training to meet the needs of the practice and their individual roles and responsibilities.
- Staff had access to training including safeguarding vulnerable adults and children, fire safety, infection control and basic life support.
- Staff had an annual appraisal of their performance from which their training and development needs were identified and planned for.
- Nursing and GP staff had ongoing clinical supervision. Nurses working at the practice had effective current Nursing and Midwifery Council (NMC) registration. All GPs had or were preparing for their revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). We saw that the GPs and nurses undertook refresher training courses to keep their continuous professional development up to date and to ensure that their practice was in line with best practice and current guidance.

Coordinating patient care and information sharing

Staff had access to relevant information including policies, procedures and guidance and this was maintained on the computerised shared drive.

Information in relation to patient care and treatment was reviewed and acted upon in a timely way. This included reviewing hospital discharge letters, test results and making amendments to patient's treatment as indicated. Information was shared with relevant members of the practice team through a range of meetings including weekly GP meetings, bi-monthly nurse / GP meetings and quarterly practice meetings.

Staff worked together and with other health and social care services to ensure that relevant patient information was shared in a timely way. This helped to ensure that patients received coordinated care to meet their changing needs.

Are services effective?

(for example, treatment is effective)

We were told that the local multi agency meetings had not taken place since October 2015 due to a change in the funding arrangements. Information was shared with other health and social care professionals such as district nurses and health visitors through emails, telephone contact and tasks within the practice computerised system which some external professionals had access to. These meetings were due to resume within the next month.

The care and treatment of patients who were receiving palliative care was discussed and reviewed at three monthly palliative care meetings. We saw that patient records and care plans were routinely reviewed and updated so as to ensure that appropriate and relevant information was available to all the agencies involved in patients care and treatment.

Consent to care and treatment

The practice had policies and procedures around obtaining patients consent to treatment. These reflected current legislation and guidance such as the Mental Capacity Act 2005 and Gillick competency. Staff we spoke with could demonstrate that they understood and followed these procedures.

GPs and nurses we spoke with told us when providing care and treatment for children, young people or where a patient's mental capacity to consent to care or treatment was unclear, that they referred to and followed the appropriate guidelines. We saw that written consent was obtained before GPs carried out treatments such as joint injections. Written consent forms were scanned and stored in the patients' electronic records. Where verbal consent was obtained this was noted within the patient record.

Patients we spoke with told us that they were provided with detailed information about their treatments and procedures, including intended benefits and potential side effects.

Health promotion and prevention

GPs and nurse provided information and advice to help patients maintain good health. There was a range of information available within the waiting area. These included information around mental health, smoking cessation, sexual health, immunisation and vaccines.

The practice promoted the NHS national screening programmes. The practice's uptake for the cervical screening programme for 2014/15 was the same as the national average at 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening:

- The percentage of female patients aged between 50 and 70 years who had been screened for breast cancer was within the previous 3 years was the same as the local CCG average at 74% compared with national average of 68%
- The percentage of patients aged between 60 and 69 years who were screened for bowel cancer was the same as the national average at 63% and compared to the local CCG average of 58%

Childhood immunisation rates for the vaccinations given and flu vaccines for older people and at risk groups of patients who were under 65 years were:

- The percentage of infant Meningitis C immunisation vaccinations and boosters given to under two year olds was the same as the CCG percentage at 97%.
- The percentage of childhood Mumps Measles and Rubella vaccination (MMR) given to under two year olds was 96% compared to the CCG percentage of 95%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was 95% compared to the CCG percentage at 96%.
- Flu vaccination rates for the over 65s were 74%, compared to national average of 73%. Seasonal flu vaccination rates for patients under 65 years with a clinical risk factor was 45% compared to the national average at 46%.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Each of the seven patients we spoke with told us that they were treated with dignity, respect and compassion. We were given individual examples of how GPs, nurses and reception staff had assisted and supported patients and their families with care and empathy. Patients told us that reception staff were polite and helpful. We were told by some patients that their GP called to check on their welfare, for example following hospital discharge.

We observed throughout the inspection that members of staff were polite and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Reception staff were mindful when speaking on the telephone not to repeat any personal information. They told us that they would offer patients the option to speak in private if they wished to discuss sensitive or personal issues.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The practice patient participation group had negotiated discounted taxi fares for patients when using taxis to attend appointments outside of Ingatestone. For example when patients attended appointments at local hospitals.

We received 46 completed patient comment cards and these showed that:

- GPs and nurse were caring.
- Staff treated patients with empathy and consideration.
- All staff were kind, personable and approachable.

Results from the national GP patient survey, which was published on 7 January 2016 showed that:

- 95% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 84% and compared to the national average of 87%.

- 97% said they had confidence and trust in the last GP they saw compared to the CCG of 93% and national average of 95%
- 93% said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 83% and the national average of 85%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.
- 87% patients said they found the receptionists at the practice helpful which was the same as the national average and compared to the CCG of 85%.

Care planning and involvement in decisions about care and treatment

Each of the seven patients we spoke with told us that they were happy with how the GPs and nurses explained their health conditions and treatments. Patients said that they felt listened to and that clinical staff answered any questions they had in relation to their treatment. They also told us they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the 46 comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey, which was published on 7 January 2016, showed that:

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

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

Patient and carer support to cope emotionally with care and treatment

The practice had procedures in place for supporting patients and carers to cope emotionally with care and treatment. There were notices in the patient waiting room

Are services caring?

advising how they could access a number of support groups and organisations including counselling services, advice on alcohol and substance dependency, cancer support and bereavement services.

The practice identified patients who were also a carer and maintained a practice register of all people who were carers to help identify them and offer appropriate support when they attended appointments. Written information was available for carers to ensure they understood the various avenues of support available to them.

The practice worked with the local palliative care professionals to help support patients who were nearing end of life. This helped to ensure that these patients fulfilled their wishes about their preferred place of care and that they received appropriate support such as pain relief.

GPs told us the practice had a protocol for supporting families who had suffered bereavement. They said that all staff were notified through the practice computer system when a patient died. Bereaved families were contacted and offered support as needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and the increase in demand for services to help provide ensure flexibility, choice and continuity of care. For example;

- Patients had access to online consultations via the practice website. Patients could complete a web form with information and / or questions about a range of symptoms and medical conditions. This information was then reviewed by a GP and patients received a call or email with advice or to book an appointment.
- The practice offered flexible appointments including pre-booked routine appointments and same day appointments for emergencies.
- There were longer appointments available for patients including those with dementia or a learning disability or those who needed extra support.
- Home visits were available for older patients / patients who would benefit from these.
- The practice reviewed comments, complaints and the results from patient surveys and adapted the appointments system to take these into account.
- Accessible facilities were available.

Access to the service

The practice was open between 8am and 6pm on weekdays. GP and nurse appointments were available in the morning between 9am and 11.30pm. Afternoon appointments were available between 3.45pm and 6pm daily. In addition up to 24 emergency appointments were available after morning surgery. Telephone triage and consultations were available throughout the day.

Pre-booked GP and nurse appointments were available between 8.30am and 11.45am on Saturdays.

Patients had access to online consultations via the practice website. Patients could complete a web form with information and / or questions about a range of symptoms and medical conditions. This information was then reviewed by a GP and patients received a call or email with advice or to book an appointment.

Results from the national GP patient survey, which was published on 7 January 2016 showed that:

- 82% of patients described their experience of making an appointment as good compared to the CCG average of 71% and the national average of 73%.
- 61% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG and national average of 65%.
- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the average of 75%.
- 95% patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and the national average of 73%.

Each of the 46 patients who completed comment card and the seven patients we spoke with told us that they had no difficulties in getting through to the practice by telephone. They also told us that they had been able to access same day appointments when needed and that they usually were able to access a routine appointment with their named GP within one week.

Two of the 46 patients who completed comment cards and three of the seven patients we spoke with told us that they sometimes waited over 15 minutes past their appointment time. However those patients we spoke with were happy to do so because they said that GPs always gave them enough time to discuss their issues.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information to advise patients how they could complain or raise any concerns was available within the patient information booklet and on the practice website. Information clearly described how patients could make complaints and raise concerns, what the practice would do and how patients could escalate their concerns should they remain dissatisfied about the outcome or how their complaint had been handled. Each of the seven patients we spoke with were aware of the process to follow if they wished to make a complaint.

Are services responsive to people's needs? (for example, to feedback?)

The practice manager told us that they received very few complaints. We looked at a summary of the complaints received within the previous twelve months and saw that these had been acknowledged, investigated and responded to within the complaints procedure timeline. We saw that a suitable apology was given to patients when

things went wrong or their experience fell short of what they expected. We saw that complaints were discussed at the various meetings. Staff who we spoke with said that learning from complaints was shared and any improvements arising from these were actioned and embedded into practice.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear ethos and patient charter, which was described in their Statement of Purpose, in the patient leaflet and on the practice website. This described how the practice would treat patients. The practice aim was to provide the best treatment and care possible and a high quality service to meets patients' requirements. Staff we spoke with were aware of their responsibilities to act and treat patients in line with the charter.

The GP partners had considered the planned changes within the practice and the locality. The GPs were planning for future retirements, local development and housing within Ingatestone; and had ambitions to extend the premises and to become a training practice.

Governance arrangements

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

- There was a clear staffing structure and accountability. Staff were supported and trained to fulfil their roles and responsibilities within the practice team.
- Detailed, clear practice specific policies and procedures were available to all staff. These policies were regularly reviewed and amended so that reflected any changes in legislation and guidance.
- The quality of services provided was monitored and improved where required through a system of clinical audits, reviews and benchmarking against local CCG performance criteria.
- The practice listened to patients and staff and acted on comments and suggestions to make improvements where required.

- The practice learned from complaints and when things went wrong. Learning from these was shared and reviewed to improve safety and patient's experience.

Leadership, openness and transparency

GP partners told us that they all worked together in the management of the practice. Other staff told us that the GPs and practice management were approachable and open to comments and suggestions. Staff said that they could always seek advice and support when this was needed.

Staff had a detailed annual appraisal and regular meetings were held where they could discuss any issues or make suggestions about the management of the practice.

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

The practice encouraged and valued feedback from patients. It reviewed comments from patients from the national GP survey, comments and suggestions made by patients, complaints and feedback from the patient participation group. We spoke with five members of the patient group. They told us that they met with the practice every three months. They told us that the practice acted on comments and suggestions made. They gave us examples of improvements which had been made including:

- Providing automatic doors to help patients access the practice.
- Provide a cold water drinks dispenser in the waiting area.

The practice had also gathered feedback from staff through staff meetings and discussions. Staff told us they were encouraged to give feedback and discuss any concerns or issues with colleagues and management. They also told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The practice did not have in place systems for assessing and managing risks to patients and staff. There were no health and safety risk assessments to identify and manage risks to patients and staff. There were no fire safety risk assessments in place. The risks of legionella had not been assessed. Staff who handle blood products or who were at risk of needle stick injury did not have periodic screening / hepatitis B vaccinations or boosters. Regulation 12 (a) (b)