

Frinton Road Surgery

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



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 Frinton Road Surgery on 01 August 2017. Overall, the practice is rated as required improvement.

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

- Staff members knew how to raise concerns, and report safety incidents.
- Safety information was appropriately recorded; and learning was identified and shared with all staff.
- The infection control policy met national guidance.
- Risks to patients and staff were assessed, documented and acted on appropriately.
- The practice had arrangements and processes to keep adults and children safe and safeguarded from abuse.
- Staff assessed patient care in line with current evidence based guidance.
- The practice did not have a strong system to act on patient safety and medicine alerts (MHRA).
- Staff showed they had the skills, knowledge, and experience to deliver effective care and treatment.
- There were six clinical audits undertaken and we saw two completed cycles enabling improvements to be measured.
- Patients said they were treated with compassion, dignity, respect, and involved in their care and treatment decisions.
- Information about the practice services and how to complain was available in the waiting room, and on the practice website in easy to understand formats.
- The practice was aware of and complied with the requirements of the duty of candour when dealing with complaints and significant events in an open and honest manner.
- Patient satisfaction results published in the July 2017 national GP patient survey reflected that patients were not satisfied with the practice across a number of areas measured.
- The practice facilities, and equipment was appropriate to treat and meet patient's needs.

Summary of findings

- There was a clear leadership structure and in addition, staff members felt supported by the GPs and practice management team.

The areas where the provider must make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure care and treatment is provided in a safe way to patients.

The areas where the provider should make improvements are:

- Improve the identification and recording of carers so that they can be offered support and guidance.
- Practice staff members contact details should be added to the practice business continuity plan.
- Improve the performance of the practice in relation to patients suffering from diabetes and poor mental health.

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 requires improvement for providing safe services.

Requires improvement



- Staff members knew how to raise concerns, and report safety incidents. These had been reviewed analysed, and monitored to avoid re-occurrences.
- We saw when things went wrong patients received, reasonable support, truthful information, and a written apology when appropriate.
- Safety information was recorded appropriately and lessons learned were identified. Lessons learned from incidents were shared with all staff members.
- The practice system to act on patient safety and medicines and healthcare products regulatory agency (MHRA), alerts was not effective.
- The infection control policy met current national and local guidance, we also found audits had been carried out and reviewed to monitor effectiveness.
- Risks to patients and staff members were assessed, documented, and acted on appropriately.
- The practice had arrangements and processes to keep adults and children safe and safeguarded from abuse.
- The business continuity plan to cover major incidents did not include emergency contact details of practice staff members. Staff told us where this was located when we asked.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were a mixture of higher and lower in comparison with other local and national practices.
- Staff assessed patients' treatment and care needs and delivered care in line with current evidence based guidance.
- Clinical audits at the practice showed improvements to patient outcomes and service quality. Two completed audit cycles showed effective improvement processes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with other health care professionals to meet the range and complexity of patients' needs.

Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice highly for several aspects of care in comparison with local and national practices.
- Patients said they were treated with compassion, dignity and respect.
- Patients also said they were involved in decisions about their care and treatment.
- Information for patients about practice services was easy to understand. This information was available in the practice and on their website.
- We saw staff treated patients with kindness and respect, and maintained patient information confidentiality at all times.
- The practice recognised patients who were carers on their computer records. This was to ensure consideration could be given to the needs of patients that are carers. The number of carer's identified was 42, this equated to 0.76% of the practice population.

Requires improvement



Are services responsive to people's needs?

The practice is rated requires improvement for providing responsive services.

- Practice staff reviewed the needs of its local, practice population. They engaged with the local NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Patients told us they could get an urgent appointment to see a GP when they needed one.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Evidence we saw showed the practice responded quickly to issues raised.
- Learning from complaints and incidents were shared with all staff.
- Patient satisfaction results published in the July 2017 national GP patient survey reflected that patients were not satisfied with the practice across a number of areas measured.

Requires improvement



Summary of findings

Are services well-led?

The practice is rated good for being well-led.

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff told us they felt supported by the practice manager.
- The practice had policies and procedures to govern activity.
- There was an overarching governance framework, which supported the delivery of the practice strategy and quality of care. This included arrangements to monitor and improve quality and identify any risk.
- The practice was aware of and complied with the requirements of the duty of candour. This was seen when dealing with complaints and safety incidents.
- The GP partners encouraged a culture of openness and honesty.
- The practice acted on feedback from staff members, and patients.
- There was a strong focus on continuous learning at the practice and we saw improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for safe, caring, and responsive services and good for effective and well-led services. The areas identified as requiring improvement overall affected all patients including this population group.

The practice offered personalised care to meet the needs of older people within its population, services included:

- Health and wellbeing checks.
- In-house minor surgery.
- Flu and travel vaccination.
- All older people had a named GP.
- The reception area had a hearing loop.
- The practice matron provided contact and liaison for 73 registered patients living in nursing, or residential care. The matron also provided a visiting service for the housebound to manage long-term conditions.
- Acute episodes or hospital admissions in this population group generated a contact with the practice matron within 48 hrs. to review their care plan and on-going treatment.
- The practice offered home visits and urgent appointments to those that needed them.
- Palliative care meetings took place every six to eight weeks. Patients at risk of deteriorating health were discussed and care plans updated.
- There was a good uptake for shingles and flu vaccinations due to pro-active practice campaigning.
- Senior health checks were available and offered, during consultations to maximise their uptake.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for safe, caring, and responsive services and good for effective and well-led services. The areas identified as requiring improvement overall affected all patients including this population group.

Services provided by the practice for this population group were:

- Diabetes checks.
- Chronic obstructive pulmonary disease (COPD) monitoring.
- Asthma checks.
- Nursing team staff and GPs held lead roles in chronic disease management.

Requires improvement



Summary of findings

- Double appointments or home visits when needed.
- Those people with long-term conditions (LTC) had a named GP and a structured annual review to check their needs were met.
- Practice prescribers used clinical templates designed to ensure patients received blood tests and diagnostic checks required, before repeat prescriptions were given to patients.
- The clinical pharmacist provided dedicated medication reviews focussing on complex medications or polypharmacy to ensure prescribing was safe and to educate patients on the best use of their medication.
- The practice matron used a risk based stratification tool to maintain admission avoidance and prevent hospital admissions.
- Liaison with the community specialist LTC teams and active use of 'Consultant Connect' service to provide optimum care.
- Patients at risk of hospital admission were identified as a priority. Personalised care plans ensured continuity of care.

Families, children and young people

The practice is rated as requires improvement for safe, caring, and responsive services and good for effective and well-led services. The areas identified as requiring improvement overall affected all patients including this population group.

Services provided by the practice for this population group were:

- Family planning, including the insertion and removal of Implants.
- Immunisation.
- Baby checks.
- Travel clinics
- Cervical screening.
- Appointments available outside school and college hours.
- Premises suitable for children and babies.
- Automatic on the day appointments were met for all babies and children.
- Online services to book appointments and request repeat prescriptions.
- Ante/post-natal provision by Colchester Hospitals midwives.
- SMS telephone text reminders.
- Electronic prescribing service (EPS) from patients preferred pharmacy.
- A system to follow-up children living in disadvantaged circumstances or at risk, for example, those who had a high number of A&E attendances.
- Support from the ACE organisation safeguarding lead, and a link safeguarding nurse and GP at the practice.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as requires improvement for safe, caring, and responsive services and good for effective and well-led services. The areas identified as requiring improvement overall affected all patients including this population group.

Services provided by the practice for this population group were:

- Appointments from 7.30am on Mondays and until 6pm each weekday evening.
- On-line and mobile technology solutions with appointments.
- Electronic prescribing service (EPS) from patients preferred pharmacy.
- SMS telephone texting reminders.
- A full range of health promotion and screening that reflects the needs of this age group.
- Access to health advisors working with patient's between 18-75 years of age at a one to one appointment followed by group sessions.
- Availability of health and wellbeing checks.
- Medical checks for insurance and work.
- The female GP provides a women's health service that included fitting and changing of ring pessaries for Frinton Road Medical patients and those at the other ACE practices. This negated a secondary care referral.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for safe, caring, and responsive services and good for effective and well-led services. The areas identified as requiring improvement overall affected all patients including this population group.

Services provided by the practice for this population group were:

- Recognition of patients living in vulnerable circumstances including, the homeless, travellers, and those with a learning disability.
- Access to double appointments for patients with a learning disability.
- Case management of vulnerable patients with other health care professionals for treatment planning.
- Information for vulnerable patients about access to support and voluntary organisations.
- Staff were trained to recognise signs of abuse and manage safeguarding concerns.

Requires improvement



Summary of findings

- Safeguarding procedures at the practice and the policy met current legislation. Guidance and support was also provided by the provider organisation leads.
- The GP safeguarding lead at the practice attended forums when possible.
- GP care advisor sessions were provided to guide and support patient with the completion of benefit claims forms, and assessments for mobility aids.
- Strong effective relationships built over time by long serving staff ensured vulnerable people were identified. Vulnerable people where suitable had alerts attached to their records to allow staff members to act appropriately when dealing with them.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for safe, caring, and responsive services and good for effective and well-led services. The areas identified as requiring improvement overall affected all patients including this population group.

Services provided by the practice for this population group were:

- 'On the day' appointments were provided for people experiencing acute mental health issues.
- Double appointments were offered to support patients with complex needs, or a telephone review to provide reassurance and follow-up in a familiar home setting.
- Work with multi-disciplinary teams supported patients experiencing poor mental health, and included those with dementia.
- Staff were trained to safeguard adults and children from abuse.
- Staff were familiar with the details of the Mental Capacity Act.
- The staff had received guidance to direct patients that needed mental health support appropriately.
- Information in the waiting room and on the practice website told patients experiencing poor mental health how to access support groups and voluntary organisations.
- Patients that had attended accident and emergency who experienced poor mental health were followed up.
- Extended GP care advisor sessions provided guidance and support with the completion of forms, benefits claims and assessment for mobility aids.
- The practice made use of 'Social Prescribing'. Social Prescribing enables GPs, nurses, and other primary care professionals to

Requires improvement



Summary of findings

refer people to voluntary and community sector organisations. Examples of social prescribing include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports.

Summary of findings

What people who use the service say

The national GP patient survey results published on July 2017 showed the practice performed lower than local and national averages. 222 survey forms were distributed and 133 were returned.

This represented a 60% completion rate.

- 43% of respondents found it easy to get through to this practice by phone compared with 67% locally and 71% nationally.
- 53% of respondents describe their experience of making an appointment as good compared with 71% locally and 73% nationally.
- 68% of patients described the overall experience of this GP practice as good compared with 82% locally and 85% nationally.
- 52% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with 72% locally and 77% nationally.

As part of the inspection, we asked for CQC comment cards to be completed by patients for us to collect on the inspection. We received three comment cards from patients at the practice. The comments were positive about the practice staff and GPs however, one mentioned how difficult it was to access the practice by phone. Comments ranged from how professional, friendly, and caring the staff were, to how clean and tidy they found the premises.

We spoke with four patients during the inspection; they told us the care they received was satisfactory. They also said all staff were very helpful and caring. Patients told us the practice was very clean and felt a safe place to receive care. However, patients told us access to appointments through the telephone system was difficult.

Areas for improvement

Action the service **MUST** take to improve

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure care and treatment is provided in a safe way to patients.

Action the service **SHOULD** take to improve

- Improve the identification and recording of carers so that they can be offered support and guidance.
- Practice staff members contact details should be added to the practice business continuity plan.
- Improve the performance of the practice in relation to patients suffering from diabetes and poor mental health.

Frinton Road Surgery

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 Frinton Road Surgery

Frinton Road Surgery provides primary care services for approximately 5,502 patients in Holland on sea and the surrounding areas. The practice has an Alternative Provider Medical Services (APMS) contract to provide Primary Care Services. The APMS contract is commissioned by NHS England and performance managed by NHS North East Essex CCG.

Frinton Road Surgery is part of a larger organisation known as Anglian Community Enterprise (ACE). ACE have four GP practices in this part of Essex, one in Clacton, one in Holland-on-sea, one in Frinton, and another in Jaywick. ACE, provide community care, health and well-being, primary care, and learning disability services in Essex. ACE is a not for profit staff owned social enterprise that delivers services under NHS contracting regulations. They have greater access to organisational resources than other local practices. This includes access to clinical staff leadership, information governance, risk, and health and safety management at an organisational level provided across their four practice locations.

Frinton Road Surgery population has a higher than average level of retired older people. The life expectancy of patients within the practice area is comparable with local and national averages.

The clinical team comprises two salaried GPs one full-time female and one part-time male and regular locum GPs for sessions three times a week. There is also a clinical pharmacist, nurse practitioner/prescriber, a practice matron, a practice nurse, a healthcare assistant, and a phlebotomist all female. The administrative team of six staff held a variety of full-time and part-time hours with roles including receptionists, audit clerk, prescribing clerk, medical secretary, assistant practice manager and a practice manager.

The surgery opening hours are Monday, Wednesday and Friday 8am until 6.30pm and

Tuesday 7am until 6.30pm and Thursday 7.30am until 6.30pm.

The surgery appointment times are:

Monday 8.30am to 12 noon and 3pm to 6pm.

Tuesday 7.am to 12 noon and 3pm to 6pm.

Wednesday 9am to 12 noon and 3pm to 6pm.

Thursday 8.30am to 12 noon and 4pm to 6pm.

Friday 8.30am to 12 noon and 4.30pm to 6pm.

The practice has opted out of providing GP out of hour's services. Patients calling the practice outside practice working hours are advised by the answerphone message to contact the 111 non-emergency services. Patients requiring urgent treatment are advised to contact the out of hour's service provided by Care UK.

Why we carried out this inspection

We carried out an announced comprehensive inspection of the Frinton Road surgery under Section 60 of the Health

Detailed findings

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, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an inspection on 01 August 2017. During our visit we:

- Spoke with a range of staff members, the practice manager, the GPs, nurse practitioners, nurses, healthcare assistants, administrative staff members, and receptionists.
- Spoke with four patients on the day of inspection.
- Observed how staff members spoke with patients, to their carer's and/or family members.
- Reviewed processes, policies, and procedures developed to keep patients safe and assure clinical and information governance.
- Reviewed comment cards where patients and members of the public had shared their views and experiences of the practice.

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 (QOF) 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

- The practice demonstrated that there were effective systems in place for reporting and recording significant events.
- Staff knew how to report incidents. They informed the practice manager of any incidents. Lessons learned were identified and shared with all staff.
- The practice management staff understood the duty of candour and their responsibilities to be open and honest. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- When things went wrong with care and treatment, patients were informed of the incident, received reasonable support. We saw the practice gave truthful information, a written apology, and told patients about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a review of all safety incidents and events to monitor themes and trends. Safety incidents were discussed and shared with staff to understand risk and give a clear picture of safety in the practice.
- The practice did not have an effective system to act on patient safety and medicine alerts from the medicines and healthcare products regulatory agency (MHRA) alerts. The alerts were distributed to the relevant staff members to action. However not all actions were recorded for example; evidence seen from a random check of ten sets of notes showed two patient's treatment or medicine dosage was not changed in accordance with the alert guidance.
- We reviewed safety records, incident reports, patient safety and medicine alerts. The minutes of meetings reflected the actions that were taken and learning for staff.
- We saw actions were taken to improve safety in the practice. For example, a GP visited a patient that had not called the practice for a home visit. It was found the receptionist had taken down the name only when recording the visit. On investigation, the wrong patient was added to the visit list. Staff were reminded the need

to obtain two forms of identification to ensure they have the correct patient. A further discussion took place around ensuring Information governance being maintained.

Overview of safety systems and processes

- The practice had arrangements to safeguard children and vulnerable adults from abuse. These policies reflected national legislation.
- Safeguarding arrangements included guidance for staff to contact the local safeguarding team for referral when they had concerns about a patient's welfare.
- There was a GP lead for children and adults, staff members knew whom to contact at the practice if there was a concern. The GPs attended safeguarding meetings and provided reports for other agencies.
- Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults that was relevant to their role.
- A notice in the waiting rooms and in consultation and treatment rooms advised patients that chaperones were available if required. All staff acting as a chaperone were trained and had received a 'Disclosure and Barring Service' (DBS) check for this role. (DBS
- The practice maintained e satisfactory standards of cleanliness and hygiene. The premises were clean and tidy. There was a nurse lead for infection control. The practice lead liaised with the ACE organisation infection prevention team. They had received additional training to keep up-to-date with best practice.
- The infection control policy and been reviewed and met current national guidance. We saw that infection control training was given during staff induction. We saw records of staff hand washing competency checks.
- Cleaning audits had been carried out and reviewed to monitor practice-cleaning processes.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- The practice had a policy for handling repeat prescriptions, which included monitoring healthcare checks for patients, and those taking high-risk medicines. We saw these patients had been and provided the reviews and treatment they needed.

Are services safe?

- Blank prescription forms and pads were stored securely. When staff removed blank prescriptions from the store, we saw they recorded where they would be used.
- The practice used Patient Group Directions (PGDs) to allow nursing staff to administer medicines in line with national legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- Health care assistants that were trained to administer vaccines and medicines used a patient specific prescription or direction (PSDs). PSDs are written instructions, signed by a doctor, or non-medical prescriber, for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- All medicines seen were stored at the correct temperature. The practice followed 'cold chain procedure' for medicines that needed to be stored in a fridge. (Cold chain is a term used to describe the cold temperature conditions in which certain products need to be kept during storage and distribution).
- All electrical equipment had been checked to ensure it was safe to use. Service contracts for clinical equipment were up to date.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control, and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

- The practice had adequate plans in place to respond to emergencies and major incidents.
- There was an instant messaging system on the computers in the consultation and treatment rooms, alert staff to any emergency.
- All staff had received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available and oxygen with adult and children's masks.
- There was visible signage indicating where this equipment was held. A first aid kit and accident book was also available.
- Emergency medicines were easy for staff to access, stored at the correct temperature, in a secure area.
- The practice had a business continuity plan to cover major incidents such as power failure or building damage. However, the plan did not include emergency contact details of practice staff members. Staff told us where this was located when we asked.

Monitoring risks to patients

- Risks to patients were assessed and well managed.
- There were procedures in place to monitor and manage risks to patient and staff.
- There was a health and safety policy available with a poster in the office, which identified local health and safety representatives.
- The practice had up to date fire risk assessments and regular fire drills had been carried out.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The clinical staff members assessed patients' using current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- All clinical staff had access to current NICE guidelines on their computer desktops. This information guided staff to deliver care and treatment to meet patients' needs.
- NICE guideline updates were discussed at weekly clinical meetings, and patients were monitored to ensure their compliance. For example, a search of the patient record system checked for patients taking a medicine no longer recommended. The search showed no patients were taking this medicine.

Management, monitoring and improving outcomes for people

Practice information collected for the Quality and Outcomes Framework (QOF), and for national screening programmes was used to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice patient outcomes and reward good practice). The most recent published results 2015 to 2016 showed 74% achievement of the total points available. Unpublished results from the practice computer system for year 2016 to 2017 showed an improvement to 83% achievement of the total points available. The practice exception reporting was comparable in the most recent published results with local CCG, and national practices. (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).

This practice achievements for QOF (or other national) clinical targets. Data from 2015/16 showed:

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 60%, compared with 73% locally and 78% nationally. Unpublished data for 2016 to 2017 showed an improvement to 67% achievement.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a

comprehensive, agreed care plan documented in their record, in the preceding 12 months was 16%, compared with 89% locally and 89% nationally. Unpublished data for 2016 to 2017 showed an improvement to 50% achievement. We were shown an action plan on the day of inspection, with a projection to reach 100% before the end of 2017.

- The percentage of patients aged 8 or over with asthma (diagnosed on or after 1 April 2006), on the register, with measures of variability or reversibility recorded between 3 months before or any time after diagnosis was 91% compared with 89% locally and 88% nationally.
- The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHA2DS2-VASc score risk stratification scoring system in the preceding 12 months (excluding those patients with a previous CHADS2 or CHA2DS2-VASc score of 2 or more) was 95% compared with 93% locally and 94% nationally.
- The percentage of patients aged 45 or over who have a record of blood pressure in the preceding 5 years was 95% compared with 93% locally and 91% nationally.

Nursing staff members and a GP working at two of the provider organisations practices had been booked on long-term condition management courses for mental health, and diabetes.

We saw clinical audit was used to identify improvement.

- We were shown six clinical audits undertaken in the last two years; two of these were completed two cycle audits. We saw a recent audit carried out after NICE guidance received; to understand whether women of child bearing age had received the correct advice regarding a medicine.
- The practice participated in local audits, medicines management audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- All new practice staff received the organisation induction programme, and more specific practice-based training in safeguarding, infection prevention and control, fire safety, health and safety, and information confidentiality. New staff told us the training had been excellent.

Are services effective?

(for example, treatment is effective)

- The practice manager demonstrated the system for monitoring role-specific and mandatory training to meet patient needs.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training that included an assessment of competence with an annual audit. Staff members that administered vaccines could demonstrate they were up to date with current immunisation programmes, using internet clinical resources and during clinical meeting discussions.
- Staff learning requirements were identified during appraisals, meetings, and when reviewing practice development.
- Staff members had access to appropriate training including organisational, external, and e learning to cover the scope of their work. This included on-going support, clinical supervision, and facilitation and support for revalidating GPs and nurses. All the staff we spoke with had received an appraisal within the last 12 months.
- We saw evidence of training that included safeguarding, fire safety awareness, basic life support, and information governance. The training evidence included each of the locum doctors used at the practice.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to staff through the practice computer patient records system and the intranet system.

- This included care and risk assessments, care plans, medical records and investigations and test results.
- The practice shared relevant information with other services in an appropriate and timely way, for example when referring patients to other services, including the 'Out of Hours' provider.
- Staff worked with health and social care professionals to understand and meet the range and needs of patients' to plan treatment and on-going care. This included when patients moved between services, or referred, and discharged from hospital.
- Meetings took place with health care professionals quarterly where care plans were reviewed and updated for patients. These meetings included community healthcare professionals, mental health, social care, and hospice representations.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with the practice policy, which met current legislation and guidance.

- Staff understood the practice consent and decision-making procedure, including the Mental Capacity Act 2005.
- Where a patient's capacity to consent was unclear, the clinician assessed their capacity, and recorded the outcome on the patient records.

Supporting patients to live healthier lives

- The practice identified patients that may need extra support.
- For example: Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking, and alcohol cessation.
- Patients were signposted to relevant services with information in leaflet format, posters, and information available on the practice website.
- The uptake of the cervical screening programme was 69%, compared with 75% locally, and 73% nationally.
- The practice provided reminders to patients who did not attend their cervical screening test.
- There were arrangements to ensure results were received for all samples sent for the cervical screening programme, and a follow-up for women referred when an abnormal result was received.
- Patients were encouraged to attend national screening programmes for bowel and breast cancer screening via information in the waiting room and on their website.
- Childhood immunisation rates were comparable with local and national averages.
- Patients also had access to appropriate health assessments and checks. These included health checks for new patients, senior health check, and NHS health checks for patients aged 40–74 with appropriate follow-ups for the outcomes of health assessments and checks.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection, we found all staff members courteous and helpful to patients, this included treating people with dignity and respect.

- Patients' said their privacy and dignity during examinations, investigations and treatments were respected and maintained by staff members. The provision and use of curtains that surrounded the examination couches supported privacy.
- Consultation and treatment room doors were closed to ensure conversations could not be overheard.
- Staff at the reception desk told us they could recognise when patients appeared distressed or needed to speak about a sensitive issue. They showed us a room away from the waiting room where patients could discuss their issues or problems privately.

We received three patient Care Quality Commission comment cards. Every comment was positive and comments ranged from how caring the staff were, to how clean they found the premises.

Results from the national GP patient survey published in July 2017, showed the practice scored lower results in comparison with local and national satisfaction scores. For example:

- 75% of patients said the GP was good at listening to them, compared with 87% locally, and 89% nationally.
- 75% of patients said the GP gave them enough time, compared with 85% locally, and 86% nationally.
- 88% of patients said they had confidence and trust in the last GP they saw, compared with 95% locally, and 95% nationally.
- 68% of patients said the last GP they spoke to was good at treating them with care and concern, compared with 84% locally, and 85% nationally.
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern, compared with 89% locally and 91% nationally.
- 83% of patients said they found the receptionists at the practice helpful, compared with 86% locally and 87% nationally.

Patient satisfaction results published in the July 2017 national GP patient survey reflected that patients were not

satisfied with the practice across a number of areas measured. The comments received on the day of inspection and on the comment, cards did not reflect those in the national survey, although these were low in number.

Care planning and involvement in decisions about care and treatment

During the inspection, all the patients we spoke with told us they felt involved in decision making about their care and treatment. Patients said clinicians listened, supported them, and during consultations gave them time to make decisions about the treatments available.

Results from the national GP patient survey published in July 2017, about patient involvement in planning and making decisions about their care and treatment were lower for GPs, and nurses compared with local and national averages. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments (compared with 85% locally and 86% nationally).
- 59% of patients said the last GP they saw was good at involving them in decisions about their care (compared with 79% locally and 82% nationally).
- 73% of patients said the last nurse they saw was good at involving them in decisions about their care (compared with 86% locally and 85% nationally).

The practice provided facilities to help patients be involved in decisions about their care:

- Staff members told us they had access to translation services for patients who did not have English as their first language.
- Information leaflets were accessible and available. The practice website provided information that could be translated into many other languages.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room, told patients how to access support groups and organisations if they were a carer. The treatment templates guided staff members to check if patients had caring responsibilities. Carers coded alerts notified staff members when patients were also a carer. This ensured carers were given extra consideration

Are services caring?

when arranging appointments to meet their caring responsibilities and own healthcare needs. The practice had identified 42 carers and this equated to 0.76% of the practice population.

The practice bereavement process offered families suffering bereavement contact with a meeting from their usual GP. Information, self-help guides, and benefit advice was available within the waiting room areas, and on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Longer appointments were available for patients with a learning disability or those with multiple or complex needs.
- Home visits were available for older patients or those with a clinical need affecting their ability to attend the practice.
- Same day appointments were available for children and those patients with medical problems that required an urgent same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- Nursing staff members had received extra training to meet practice population needs. For example; prescribing, minor illness treatment, and specific chronic disease management, to ensure they could support both patients and GPs to the full.
- Access for those with reduced mobility was available.
- Translation services were available.
- The practice had 91 patients living with a learning disability, and we saw all had been offered an annual health check. Health checks were carried out in patient's homes.

Access to the service

The surgery opening hours are Monday, Wednesday and Friday 8am until 6.30pm and

Tuesday 7am until 6.30pm and Thursday 7.30am until 6.30pm.

The surgery appointment times are:

Monday 8.30am to 12 noon and 3pm to 6pm.

Tuesday 7am to 12 noon and 3pm to 6pm.

Wednesday 9am to 12 noon and 3pm to 6pm.

Thursday 8.30am to 12 noon and 4pm to 6pm.

Friday 8.30am to 12 noon and 4.30pm to 6pm.

The practice has opted out of providing GP out of hour's services. Patients calling the practice outside practice working hours are advised by the answerphone message to contact the 111 non-emergency services. Patients requiring urgent treatment are advised to contact the out of hour's service provided by Care UK

Results from the national GP patient survey published in July 2017 showed that patient's satisfaction with how they could access care and treatment was low for phone access compared with local CCG and national averages.

- 67% of patients were satisfied with the practice's opening hours, compared with 74% locally and 76% nationally.
- 43% of patients said they could get through easily to the practice by phone (compared with 67% locally and 71% nationally).
- 68% of patients described the overall experience of this GP practice as good compared with 82% locally and 85% nationally.
- 52% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with 72% locally and 77% nationally.

An action plan shared with us before the inspection showed the practice had identified the lowest three satisfaction scores received from the GP national survey, which were to be addressed. The plan outlined the action to be taken, how it would be done, who was responsible and the date for completion. All actions had been completed however; there had been insufficient time since the actions were completed to show improvement for the July 2017 survey.

People told us on the day of the inspection that they were able to get appointments when they needed them, although this often meant visiting the practice when it opened as phone access was poor. The practice manager told us a new telephone system had been installed and was in the testing phase and due to go live soon after our inspection. This new system was purchased by the Anglian Community Enterprise (ACE) to alleviate the concerns expressed within the GP survey.

Listening and learning from concerns and complaints

The practice had effective arrangements to handle complaints and concerns.

Are services responsive to people's needs?

(for example, to feedback?)

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. This guidance included the organisational oversight and the local team contact details.
- The practice manager was the designated staff member to lead and manage complaints. There was information available in the practice and on their website to support patients that wanted to make a complaint.
- Complaints and concerns were a standing agenda item at the practice meetings and patient participation group (PPG) meetings. Work and outcomes were shared with all staff and PPG to understand learning and improvements.
- There had been 10 complaints received in the last 12 months. We saw they were well documented, managed, and complainants had received an apology when appropriate. The ACE organisation reviewed the complaints and produced an annual report to check for trends and to avoid re-occurrence.

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 ACE organisational strategic aims and objectives were:

- Survive and thrive - manage the business to ensure continual and on-going viability.
- With you, not to you - deliver safe, high quality care.
- Keep lean, keep keen - continually develop efficient services that meet customer needs.
- One enterprise, one purpose, one voice - develop a culture where we are one team with a common purpose.
- Make and measure social impact - make a social investment.

The practice vision and values were:

- To work collaboratively with other primary care stakeholders, and provide an integrated sustainable healthcare.
- The ACE values had been developed with staff members and were aligned with the NHS constitution. All staff members can become a shareholder in the ACE organisation, which is a non-profit share. Staff told us being a shareholder made them feel invested with their involvement in the organisation and local area development.
- ACE's values were to work as one team, to take action when needed, to be community focused and to achieve excellence.

Governance arrangements

The practice policies, procedures, and processes, supported and guided staff in the delivery of treatment and care. These outlined the use of the practice systems to ensure:

- Practice specific policies were available and accessible to staff.
- The practice staff supported by the organisation monitored their performance to ensure maintenance, and improvement of patient outcomes.
- Risks were managed, and actions had been taken when needed to ensure patients and staff member's safety. Risks were well documented, prioritised, and followed-up.

Leadership and culture

The ACE organisation and the salaried GPs demonstrated their local experience, capacity and capability to run the practice and deliver quality care.

- Staff told us both the organisational managers and the GPs working at the practice were approachable and would always listen to them.

Leadership and culture were exhibited by:

- The organisational managers and the GPs encouraged a culture of openness and honesty.
- We saw complaints and safety incidents complied with the requirements of the 'Duty of Candour' to be open and honest.
- Learning from complaints and incidents was shared with all staff and the patient participation group (PPG) to embed improvement at the practice.
- The leadership structure was clear to all staff via flow charts displayed in staff offices. Practice staff members told us they felt supported by the practice manager, the organisational management team and the GPs.
- Staff members said they were involved in the regular practice team meetings and knew they were appreciated, for the work and their involvement at the practice.
- We were also told by the staff they felt confident to raise any topic and were supported when they did.
- Staff said they felt respected, and their long-standing local knowledge was valued. They also told us they understood their roles and responsibilities within the practice team.

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

The practice encouraged and valued feedback from patients, the public and staff members. The practice monitored feedback from patients through the national GP patient survey, and 'Friends and Family' comment cards.

- The practice had gathered feedback from staff members during staff meetings, appraisals and during ad-hoc discussions.
- The practice held regular PPG meetings every three to four months and we saw within the minutes that members were kept well informed about any recent issues, and had the opportunity to ask questions freely.

Continuous improvement

Are services well-led?

Good 

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

There was a focus on learning and improvement within the practice.

- We were told that continual improvement was an important ethos throughout the ACE organisation and this practice. This work involved all staff members and the PPG
- The organisation and the GPs worked closely with the local clinical commissioning group (CCG) to develop improvements in medicines management.
- The practice had part-funded a pharmacist over the last year to work as part of the practice clinical team. The pharmacist had improved the long-term condition management review process with medicine reviews and test result monitoring of patients. They were also undertaking a prescribing course to enable further support to be given to the clinical team.
- The organisation had committed to developing a new model of care delivery to assist with the staffing and access challenges they face.
- They have on-going plans to join alliance with other local GP practices in the very near future.
- The nursing staff work across the ACE organisation managed practices to provide patients greater access to expertise and specialist support for long-term condition management.
- Current work was underway by the ACE organisation to continue providing primary in local the area. The contracts for three of the four GP practices including Frinton Road were due to expire in the New Year.

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 Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.</p> <ul style="list-style-type: none">• The practice failed to improve patient experience and satisfaction of the service, as reflected in the national GP patient survey data.• The practice did not have an effective system to act on patient's safety and medicine alerts. <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |