

# Green Elms 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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12
Areas for improvement	12
Outstanding practice	12

### Detailed findings from this inspection

Our inspection team	14
Background to Green Elms Surgery	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Green Elms Surgery on 12 September 2017. Overall, the practice is rated as good.

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 had an effective system to act on patient safety and Medicines and Healthcare products Regulatory Agency (MHRA) alerts.
- Staff showed they had the skills, knowledge, and experience to deliver responsive, effective care and treatment.
- There were 13 clinical audits undertaken and we saw five completed audit cycles enabling improvements to be measured.
- The system to monitor patients repeat prescriptions was effective.
- 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.
- 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 practice clinical and management team.

The area where the provider should make improvement are:

- Improve patient satisfaction in the GP National Survey.

We saw two areas of outstanding practice:

- The nursing and practice management staff built up a positive working relationship at the local Ex-Offenders group meetings with patients, held by social workers. The practice had recognised this hard to reach group of patients as not engaging effectively or appropriately, so offered to attend the meetings for the purpose of improving their health care and to gain this group of patients' trust. As a result, many more patients now visited the practice and they were supported to manage their health in an improved way. We were told that this initiative had identified many patients suffering with long-term health conditions that had not previously been treated. All staff members had been trained to take a tolerant approach to these

patients when they did not attend appointments, or arrived late due to their specific needs and to work with them to provide support. The practice population level of deprivation, homelessness and addiction was higher than any local and national averages. The practice staff worked with these patients, local organisations and the police to build up a relationship to offer primary care services with an approach these patients needed.

- The practice community matron visited a large local residential care home twice a week to up-skill staff, and support them dealing with minor issues previously reported to the practice. The matron also provided staff training to recognise when an ambulance should be called and when the practice could deal with the concern. This training has led to a reduction in calls for visits to the practice and considerable reduction of over 60% in the ambulance calls, as seen in an independent ambulance service usage analysis audit.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- 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.
- Medicines were stored securely and appropriately for safe use.
- The practice system to act on patient safety and medicine alerts was effective.
- The infection control policy met current national and local guidance, with audits 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 manage major incidents was effective and accessible to all staff members.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with other local and national practices.
- Staff assessed patients' treatment and care needs and delivered care in line with current evidence based guidance.
- 13 clinical audits at the practice had been carried out to improve service quality. Five completed audit cycles showed effective improvement processes.
- Staff had the skills, knowledge and experience to deliver responsive, effective, care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice comparably 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 were carers. The number of carer's identified was 92, this equated to 1.2% of the practice population.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local, practice population. They engaged with the local NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where they 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 patient satisfaction was comparable with other local and national practices.

Good



## 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.

Good



# Summary of findings

- 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 GPs and practice management 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.

# 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 this population group.

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

- Senior 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.
- A practice nurse provides a weekly 'hard to reach' session where she visited patients requiring nursing care that are housebound or struggle to attend the practice.
- The practice matron provides two afternoon clinics at the large local care home for the 40 patients registered.
- The practice offered home visits and urgent appointments to those that needed them.
- Palliative care meetings took place every month. Patients at risk of deteriorating health were discussed and care plans updated within a multidisciplinary team setting.
- There was a good uptake for shingles and flu vaccinations due to pro-active practice campaigning.

Good



### People with long term conditions

The practice is rated as good for this population group.

The practice has twice the national average of people with long-term conditions (LTC). Services provided by the practice for this population group were:

- Diabetes specialist nurse clinic checks.
- Chronic obstructive pulmonary disease (COPD) specialist nurse clinic monitoring.
- Asthma specialist nurse clinic checks.
- Chronic heart disease clinic checks.
- Nursing team staff and GPs held lead roles, and had received extra training in chronic disease management.
- Double appointments or home visits when needed.
- Those people with LTC had a named GP and a structured annual review to check that their needs were met.

Good



# Summary of findings

- Telephone consultation and check-ups for patients with exacerbation of their LTC were provided to avoid unnecessary visits to the practice, and improve experience and self-management.
- Clinicians liaise with the community specialist LTC teams and utilises the 'Consultant Connect' service to provide optimal care.
- The clinical pharmacist provided dedicated medicine reviews focussing on patients prescribed complex medicines or those prescribed 10 or more medicines to ensure prescribing was safe, and to educate patients on the best use of their medicine.

## Families, children and young people

The practice is rated as good for 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.
- Midwife Clinic at the practice.
- Appointments available outside school and college hours for example using an extended hour's clinic on Thursday evenings from 6.30pm to 7.30pm.
- Premises suitable for children and babies.
- Automatic on the day appointments were available 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.

Good



## Working age people (including those recently retired and students)

The practice is rated as good for this population group.

Services provided by the practice for this population group were:

Good



# Summary of findings

- On-line and mobile technology solutions for 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.
- Smoking cessation, weight management and medical checks for insurance and work purposes were available for workers.

## People whose circumstances may make them vulnerable

The practice is rated as good for this population group.

Services provided by the practice for this population group were:

- Recognition of patients living in vulnerable circumstances included 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.
- 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.
- A weekly drop in session by the practice designated Social Care support worker gave all staff the opportunity to discuss any patients of concern.
- Vulnerable people where suitable had alerts attached to their records to allow staff members to act appropriately when dealing with them.

Good



# Summary of findings

- The practice population level of deprivation, homelessness, ex-offenders and addiction was higher than average. The practice staff worked with these patients, and with the police and local organisations to build up a relationship to offer primary care services with the approach these patients need.
- Staff had built up a positive working relationship at the local 'Ex-Offenders group' meetings. After highlighting they were a hard to reach patient group that were not engaging effectively or appropriately, staff used these meetings to gain patients trust. All staff members had been trained to take a tolerant approach to these patients when they did not attend appointments, or arrived late due to their specific needs and to work with them to provide support. This initiative showed that patients in this group received care and treatment previously not sought by them.
- The practice community matron visited the large local residential care home twice a week to up-skill staff, and support them dealing with minor issues previously reported to the practice. The matron also provided care home staff training to recognise when an ambulance should be called and when the practice could deal with the concern.
- The practice staff maintained close links with organisations that could help support patients for example, Stroke Training and Awareness Resources (STARS) and Open Road to support those recovering from addiction.
- The nurse practitioner was trained and qualified to delivery Learning Disability (LD) health checks.

## People experiencing poor mental health (including people with dementia)

The practice is rated as good for 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.

Good



# Summary of findings

- 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 by the practice matron.
- Extended GP care advisor sessions provided guidance and support with the completion of forms, benefits claims and assessment for mobility aids.
- The practice was accredited as 'Dementia Friendly' in July 2016.
- The practice hosted a bi-monthly dementia clinic for patients, family members and carers provided by the Alzheimer's society support worker.
- Currently the practice was undertaking audits to improve the diagnosis of dementia and patients subsequent care planning.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2017 showed Green Elms Surgery had mixed results as compared with local and national GP practice averages. 280 survey forms were distributed and 124 were returned, this represented a 44% completion rate.

- 59% of respondents found it easy to get through to this practice by phone compared with 67% locally and 71% nationally.
- 65% of respondents describe their experience of making an appointment as good compared with 71% locally and 73% nationally.
- 77% of patients described the overall experience of this GP practice as good compared with 82% locally and 85% nationally.
- 71% 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 13 comment cards from patients at the practice. The comment cards all had positive comments. Comments ranged from how professional, friendly, and caring the staff were, to how clean and tidy they found the premises. GPs, nursing staff members, and receptionists were mentioned by name for the specific support they had provided. The ACE provider organisation was also mentioned as a very positive influence since they had taken over the practice.

We spoke with six patients during the inspection; they told us the care they received was appropriate and beneficial. 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. They told us the practice had made many changes in response to patient concerns.

## Areas for improvement

### Action the service SHOULD take to improve

- Improve patient satisfaction in the GP National Survey.

## Outstanding practice

- The nursing and practice management staff built up a positive working relationship at the local Ex-Offenders group meetings with patients, held by social workers. The practice had recognised this hard to reach group of patients as not engaging effectively or appropriately, so offered to attend the meetings for the purpose of improving their health care and to gain this group of patients' trust. As a result, many more patients now visited the practice and they were supported to manage their health in an improved way. We were told that this initiative had identified many patients suffering with long-term health conditions that had not previously been treated. All staff members had been trained to take a tolerant approach to these patients when they did not attend appointments, or arrived late due to their specific

needs and to work with them to provide support. The practice population level of deprivation, homelessness and addiction was higher than any local and national averages. The practice staff worked with these patients, local organisations and the police to build up a relationship to offer primary care services with an approach these patients needed.

- The practice community matron visited a large local residential care home twice a week to up-skill staff, and support them dealing with minor issues previously reported to the practice. The matron also provided staff training to recognise when an ambulance should be called and when the practice could deal with the concern. This training has led to a

# Summary of findings

reduction in calls for visits to the practice and considerable reduction of over 60% in the ambulance calls, as seen in an independent ambulance service usage analysis audit.

# Green Elms 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 Green Elms Surgery

Green Elms Surgery provides primary care services for approximately 7,570 patients in the Jaywick and West Clacton surrounding areas. There is a branch surgery at Nayland Drive in Clacton also within the service provision. We did not visit the branch surgery as part of this inspection. 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.

Green Elms 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 this practice 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.

Green Elms surgery population has a higher than average level of deprivation, homelessness, and addiction. The life

expectancy of patients within the practice area is lower than local and national averages. There is also a greater number of deprived and vulnerable living in this area. These patients are often hard to reach and have little interest in their health. The practice staff work with these patient groups, and with local organisations to build up a relationship to enable them to offer primary care services with the approach these patients need.

The clinical team comprises three salaried male GPs and one regular locum female GP. There is also a clinical pharmacist, two nurse practitioner/prescribers, a practice matron, three practice nurses, and two healthcare assistants. The administrative team of thirteen staff work a variety of full-time and part-time hours with roles including receptionists, audit clerks, prescribing clerks, medical secretary, assistant practice manager and a practice manager.

#### The Jaywick surgery opening hours are:

Monday 7am to 6.30pm

Tuesday 8am – 6:30pm

Wednesday 8am – 7:30pm

Thursday 8am – 6:30pm

Friday 8am – 6:30pm

Weekend closed.

#### The Jaywick surgery appointment times are:

Monday 8am – 6:15pm

Tuesday 8:30am – 6:15pm

Wednesday 8:30am – 7:15pm

Thursday 8:30am – 6:15pm

Friday 8:30am – 6:15pm

Weekend closed.

# Detailed findings

## **The Nayland Drive surgery opening hours are:**

Monday 8am – 1pm Closed for Lunch 2pm – 6pm  
Tuesday 8am – 1pm Closed for Lunch 2pm – 6pm  
Wednesday 8am – 1pm Closed for Lunch 2pm – 6pm  
Thursday 8am – 1pm Closed for Lunch 2pm – 6pm  
Friday 8am – 1pm Closed for Lunch 2pm – 6pm  
Weekend closed.

## **The Nayland Drive surgery appointment times are:**

Monday 8:30am – 11:30pm 4pm – 5:45pm  
Tuesday 8:30am – 11:30pm 4pm – 5:45pm  
Wednesday 8:30am – 11:30pm 4pm – 5:45pm  
Thursday 8:30am – 11:30pm 4pm – 5:45pm  
Friday 8:30am – 11:30pm 4pm – 5:45pm  
Weekend closed.

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

## How we carried out this inspection

Before visiting, 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 12 September 2017. During our visit we:

- Spoke with a range of staff members, the practice manager, the GPs, nurse practitioner, nurses, healthcare assistants, administrative staff members, and receptionists.
- Spoke with seven 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 they had effective systems in place to report and record 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 had an effective system to act on patient safety and medicine alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The alerts were distributed to the relevant staff members to action and the audits and treatment or medicine changes were seen.
- We reviewed safety records, incident reports, and patient safety alerts. The minutes of meetings reflected the actions that were taken and learning for staff from alerts and incidents.
- We saw actions were taken to improve safety in the practice. One example was; the learning from a patient attending with possible cardiac pain and later attended the Minor Injuries Unit (MIU). The practice spoke with the MIU about procedure and this resulted in a review of their procedure to deal with patients experiencing chest pain. Improvements were made to the system that was shared with relevant staff to ensure patients received the correct care.
- 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 clinical lead for children and adults, staff members knew whom to contact at the practice if there was a concern. The GP 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, 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 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 Anglian Community Enterprise (ACE) organisation infection prevention team. They had received additional training to keep up-to-date with infection control best practice.
- The infection control policy had 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 vaccines and those requiring cold storage at 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.
- The system to monitor patients repeat prescriptions was effective and we saw prescriber's monitored patient's tests and diagnostic checks before issuing prescriptions.
- Blank prescription forms and pads were stored securely. When staff removed blank prescriptions pad they recorded the room where they would be used.
- The practice used Patient Group Directions (PGDs) to allow nursing staff to administer medicines in line with

### Overview of safety systems and processes

## Are services safe?

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).
- 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).

### Monitoring risks to patients

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

### 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.
- The practice had a defibrillator available and oxygen with adult and children's masks.
- There was visible signage indicating where emergency equipment was held. A first aid kit and accident book was also available.
- Emergency medicines were signposted in the practice, stored securely, in an area easy for staff to access, correctly monitored, and checked.
- The practice had a business continuity plan to cover major incidents such as power failure or building damage. Staff told us where this was located when we asked.

# 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 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 93% achievement of the total points available. Unpublished results from the practice computer system for year 2016 to 2017 showed a continued score of 93% achievement of the total points available. The practice exception reporting was comparable 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 IFCHbA1c is 64mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 76%, compared with 75% locally and 78% nationally.
- 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 67%, compared

with 93% locally and 97% nationally. Unpublished data for 2016 to 2017 showed an improvement to 91% achievement. This had been achieved through audit and actions taken to improve this target.

We saw clinical audit was used to identify improvement.

- We were shown 13 clinical audits undertaken and we saw five of these were completed two cycle audits. We saw a two cycle audit carried out after NICE guidance was received; to understand whether women of child bearing age had received the correct advice regarding a medicine they were taking.
- The practice participated in local audits, medicines management audits, national benchmarking, accreditation, peer review and research.
- Currently the practice was undertaking audits to improve patient's satisfaction.

### Effective staffing

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

- All new practice staff received the organisation induction programme. They also received 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.
- 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 induction, appraisals, meetings, and when reviewing practice development.
- Staff members had access to appropriate training including organisational, external, and e-learning to cover the range of their work. This included on-going

# Are services effective?

(for example, treatment is effective)

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 GPs that worked 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.

- 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 multidisciplinary 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 during consultations, with information in leaflet format, posters, and information available on the practice website.
- The uptake of cervical screening was 69%, compared with 75% locally, and 73% nationally. The practice worked with the patients requiring this investigation to improve uptake. This was carried out opportunistically often when mothers brought in their babies or children. Clinical staff encouraged them to have this screening when they may not have understood the information and invitation sent to them, or the benefits of early detection.
- The practice provided reminders to patients that did not attend their cervical screening test and a telephone call when necessary. A note was added to the patients screen if this approach had been ineffective, to encourage them to have the screening.
- 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 an area away from the waiting room where patients could discuss their issues or problems privately.

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

- 74% of patients said the GP was good at listening to them, compared with 87% locally, and 89% nationally.
- 76% of patients said the GP gave them enough time, compared with 85% locally, and 86% nationally.
- 86% of patients said they had confidence and trust in the last GP they saw, compared with 95% locally, and 95% nationally.
- 73% 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.
- 94% 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.
- 88% 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 in relation to the survey questions above. Some of the comments expressed recent changes that patients felt were improvements to the service provided.

### 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 higher for nurses compared with local and national averages. For example:

- 73% of patients said the last GP they saw was good at explaining tests and treatments (compared with 85% locally and 86% nationally).
- 65% 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).
- 88% 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).

An action plan shared with us before the inspection showed the practice had identified the lowest satisfaction scores received from the GP national survey, being addressed. The plan outlined the actions being taken, how it would be done, who was responsible and the date for completion.

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.
- Pictures and explanations were used for those needing support with illiteracy.
- 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

## Are services caring?

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. Carer coded alerts notified staff members when patients were also a carer. These ensured carers were given extra consideration when arranging appointments to meet their caring responsibilities and own healthcare needs. The practice had identified 92 carers, this equated to 1.2% of the practice population.

The practice bereavement process offered families suffering bereavement contact or 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.
- The practice had 73 patients living with a learning disability, and we saw all had been offered an annual health check. Health checks were carried out at the patient's choice of venue.
- 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 management staff had made a concerted effort to build a relationship with the ex-offender group that had been re-located and moved to the area.
- A nurse practitioner at the practice had provided training and support to a local residential home to reduce the number of calls to the practice and ambulance service.

### Access to the service

The Jaywick surgery opening hours were:

Monday 7:00am – 6:30pm

Tuesday 8:00am – 6:30pm

Wednesday 8:00am – 7:30pm

Thursday 8:00am – 6:30pm

Friday 8:00am – 6:30pm

Weekend closed.

The Jaywick surgery appointment times were:

Monday 8am – 6:15pm

Tuesday 8:30am – 6:15pm

Wednesday 8:30am – 7:15pm

Thursday 8:30am – 6:15pm

Friday 8:30am – 6:15pm

Weekend closed.

The Nayland Drive surgery opening hours were:

Monday 8am – 1pm Closed for Lunch 2pm – 6pm

Tuesday 8am – 1pm Closed for Lunch 2pm – 6pm

Wednesday 8am – 1pm Closed for Lunch 2pm – 6pm

Thursday 8am – 1pm Closed for Lunch 2pm – 6pm

Friday 8am – 1pm Closed for Lunch 2pm – 6pm

Weekend closed.

The Nayland Drive surgery appointment times were:

Monday 8:30am – 11:30pm 4pm – 5:45pm

Tuesday 8:30am – 11:30pm 4pm – 5:45pm

Wednesday 8:30am – 11:30pm 4pm – 5:45pm

Thursday 8:30am – 11:30pm 4pm – 5:45pm

Friday 8:30am – 11:30pm 4pm – 5:45pm

Weekend closed.

The practice had opted out of providing GP out of hour's services. Patients calling the practice outside practice working hours were advised by the answerphone message to contact the 111 non-emergency services. Patients requiring urgent treatment were 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 accessed care and treatment was lower in some areas as compared with local CCG and national averages.

# Are services responsive to people's needs?

(for example, to feedback?)

- 76% of patients were satisfied with the practice's opening hours, compared with 74% locally and 76% nationally.
- 59% of patients said they could get through easily to the practice by phone (compared with 67% locally and 71% nationally).
- 77% of patients described the overall experience of this GP practice as good compared with 82% locally and 85% nationally.
- 71% 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.

People told us on the day of the inspection that they were able to get appointments when they needed them. CQC comment cards reflected that patients found access to the practice by phone sometime took some time.

## Listening and learning from concerns and complaints

The practice had effective arrangements to handle complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. This guidance included the Anglian Community Enterprise (ACE) 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 five complaints received in the last 12 months. We saw they were well documented, managed, and complainants had received an apology when appropriate. The Anglian Community Enterprise (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 Anglian Community Enterprise (ACE) organisation 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 Anglian Community Enterprise (ACE) organisation values had been developed with staff members and were aligned with the NHS constitution.
- Anglian Community Enterprise (ACE) organisations 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 Anglian Community Enterprise (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 practice, 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 practice, 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 their work and involvement at the practice.
- We were also told by staff they felt confident to raise any topic and were supported when they did.
- Staff said they felt respected, and their 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 Anglian Community Enterprise (ACE) organisation and this practice. This work involved all staff members and the PPG members.
- 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. This involved a single access point at the practice to sign post patients to the support they needed.
- The practice had on-going plans to join an alliance with other local GP practices in the very near future.
- The nursing staff work across the Anglian Community Enterprise (ACE) organisation managed practices to provide patients greater access to expertise and specialist support for long-term condition management.
- Ex-offenders health had been improved by the relationship built with these patients.
- The practice, Ambulance Service, Care Home staff and patients had seen the benefits of the educational work undertaken by the practice nursing staff.