

East Lynne Medical Centre

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?

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 East Lynne Medical Centre on 31 January 2017. This inspection was a follow up to our previous comprehensive inspection at the practice on 28 October 2015 where breaches of regulation had been identified. The practice was formally known as Dr S Sherwood and Partners and the management of the practice had changed in August 2016. The overall rating of the practice following the 28 October 2015 inspection was inadequate and the practice was placed into special measures for a period of six months.

At our inspection on 31 January 2017 we found that the practice had improved. The ratings for the practice have been updated to reflect our recent findings. The practice is rated as good for providing safe, effective, caring and well led services. It is rated as requires improvement for providing responsive services.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- The practice had implemented new systems and processes to ensure that risks to patients were assessed and well managed.
- Extensive work had been undertaken to ensure that there was an effective system in place to support patients who were prescribed medicines that required monitoring. Furthermore, a protocol had been developed to ensure that reviews of safety updates from the Medicines and Healthcare Products Regulatory Agency (MHRA) were undertaken.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Formal governance arrangements had been instigated to monitor the quality of the service provision.

Summary of findings

- Feedback from patients about their care was generally positive. Patients said they were treated with compassion, dignity and respect, and that clinical staff took their concerns seriously.
- However, we received negative feedback relating to the appointments system used at the practice. The practice recognised that there was progress to be made in this area, and were working with the wider health community to address the issue.
- Information about services and how to complain was available and easy to understand. However, not all verbal complaints were reported to the management team. This meant that it was difficult to identify trends in verbal complaints and make improvements where required.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Policies and procedures had been reviewed and updated to reflect the requirements of the practice.

- There was a clear leadership structure in place and staff felt well supported by the GP partners and management team. Staff were encouraged to provide feedback at monthly whole team meetings and had regular appraisals.

The areas where the provider should make improvements are:

- Improve processes for making appointments.
- Review the way exception reporting is used.
- Record, monitor and action concerns raised in verbal complaints.
- Continue to monitor patient feedback.
- Implement a protocol for reviewing children who do not attend hospital appointments.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. Lessons were shared at regular governance meetings to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, there was no protocol in place to follow up children who had not attended hospital appointments.
- Extensive work had been undertaken to ensure that there was an effective system in place to support patients who were prescribed medicines that required monitoring. Furthermore, a protocol had been developed to ensure that reviews of safety updates from the Medicines and Healthcare Products Regulatory Agency (MHRA) were undertaken.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result of audit.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Published data from the Quality and Outcomes Framework (QOF) showed patient outcomes were hard to identify as exception reporting was very high compared to local and national averages, indicating that significant numbers of patients might not be receiving management of their long-term conditions. We reviewed contemporary QOF data and saw that improvements had been made since the new provider had taken over the service.
- A formal schedule of clinical audits had commenced and contributed to quality improvement at the practice. The practice proactively audited the management of clinical scenarios identified in National Institute for Health and Care Excellence (NICE) guidelines.

Good



Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. A training programme had been developed to ensure that staff received training relevant to their job roles. Staff reported that they received support to undertake training and education opportunities.
- All staff had received a recent appraisal and written evidence of these had been retained in personnel files.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Improvements had been made to the record keeping of minutes from multidisciplinary team meetings.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice below local and national averages for most aspects of care. However, a new provider took over the practice in August 2016. Therefore the results of the National GP Patient Survey do not reflect upon the changes made by the current provider.
- Feedback from patients about their care was generally positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice was proactive in identifying patients with caring responsibilities. The practice had identified 132 patients as carers (1.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- We received negative feedback relating to the appointments system used at the practice. Patients had been inappropriately

Requires improvement



Summary of findings

referred to the local Minor Injury Unit when there were no emergency appointments available. The practice recognised that there was progress to be made in this area, and were working with the wider health community to address the issue.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. However, not all verbal complaints were reported to the management team. This meant that it was difficult to identify trends in verbal complaints and make improvements where required.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- Previous recruitment issues had been analysed and the practice had employed an emergency care practitioner, nurse practitioner and pharmacist to develop the clinical team.
- Governance arrangements had been successfully implemented and embedded into practice to ensure that the majority of the issues identified at the previous inspections had been resolved, with exception to the appointments system.
- Staff at the practice were engaged with local healthcare services and worked within the wider health community. For example, the managing partner was developing an Essex-wide GP Federation.
- There was a clear leadership structure in place and staff felt well supported by the GP partners. Staff teams had been restructured to improve staff value and focus throughout the organisation. We received positive feedback about this.
- Policies and procedures had been updated to become reflective of the requirements of the practice.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient reference group was active.
- An ethos of learning and improvement was present amongst all staff. Staff were encouraged to develop their professional skills and received support with training and educational courses.

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 good for the care of older people.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. All home visits were triaged by the emergency care practitioner to prioritise visits and ensure appropriate and timely intervention. Clinical staff provided regular visits to patients in living in 38 local care homes.
- The practice contacted all patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were above local and national averages.
- Flu vaccinations were offered both in-house and on domicillary visits.
- Monthly multidisciplinary team meetings for vulnerable adults were hosted at the practice and attended by other community professionals, such as specialist dementia community nurses and district nurses, to ensure safe and effective care for this population group.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2015/2016 showed that performance for diabetes related indicators was 99%, which was above the local average of 86% and the national average of 90%. Exception reporting for diabetes related indicators was 20%, which was higher than the local average of 9% and the national average of 12% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review

Good



Summary of findings

meeting or certain medicines cannot be prescribed because of side effects). We reviewed contemporary QOF data and saw that improvements had been made since the new provider had taken over the service.

- Patients with complex needs had a named GP and a structured annual review to check their health and medicines needs were being met. The practice had a dedicated team of administrators to co-ordinate the management of long term conditions to ensure that patients were invited to attend annual reviews.
- The practice held designated clinics for patients with more than one long term condition. This was to provide holistic care and reduce the need for multiple appointments.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice referred patients to courses held by Public Health England to help them to manage their conditions more effectively.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. However, there was no protocol in place to follow up children who had not attended hospital appointments.
- Immunisation rates were high for all standard childhood immunisations.
- There were procedures in place for obtaining consent. Clinical staff were aware of their need to check parental responsibilities when obtaining consent in relation to treating children.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 79%, which was in line with the local average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a full range of contraception services and chlamydia screening.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone consultations were offered to patients who were not able to access the practice due to work commitments.
- Although the practice did not offer extended hours appointments, there were appointments available from 8am to 6.30pm daily. The practice was in the process of finalising the development of a clinical hub model with other local practices. This was hoped to improve appointment availability outside of core business hours.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years. The practice was able to refer patients to a health trainer to encourage lifestyle changes. 101 health checks had been undertaken in the previous 12 months.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- Most staff were aware of the arrangements in place to allow people with no fixed address to register or be seen at the practice.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, and held monthly multidisciplinary team meetings.
- Furthermore, monthly nurse meetings were held to discuss vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Written information was available to direct carers to the various avenues of support available to them.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Published data showed that 72% of patients diagnosed with dementia had received a face to face care review in the last 12 months, which was below the local average of 86% and the national average of 84%. We reviewed contemporary QOF data and saw that improvements had been made since the new provider had taken over the service.
- 100% of patients experiencing poor mental health had a comprehensive care plan, which was above the local and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- A practice nurse held a mental health nursing qualification and was able to provide specialist support to patients with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice had provided training on dementia awareness and the Mental Capacity Act 2005 to all members of staff to ensure that mental health and psychological wellbeing was considered at every contact.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice was generally performing below local and national averages in most areas. 266 survey forms were distributed and 98 were returned. This represented a 37% completion rate.

- 38% found it easy to get through to this surgery by phone compared to a local average of 71% and a national average of 73%.
- 91% said that the last appointment they got was convenient (local average 93%, national average 92%).
- 77% were able to get an appointment to see or speak to someone the last time they tried (local average 84%, national average 85%).
- 69% described the overall experience of their GP surgery as fairly good or very good (local average 84%, national average 85%).
- 58% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (local average 75%, national average 78%).

A new provider took over the practice in August 2016. Therefore the results of the National GP Patient Survey do not reflect upon the changes made by the current provider. The partners were aware of the previous results

of the National GP Patient Survey and had shared this data with staff. Furthermore, the practice were in the process of developing an independent survey to review patients' perceptions of care received.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about interactions with staff and the standard of care received. For example, one patient commented that 'the staff are always kind and helpful, everyone treats you professionally, and the treatment is always relevant to needs'. Another patient commented that 'both clinical and reception staff are very kind'. However, eight out of the 16 comment cards made references to difficulties in obtaining appointments and getting through to the practice on the telephone.

We spoke with six patients during the inspection. All six patients said the care they received was of a high standard, and that staff were kind, friendly, caring and approachable. Patients told us that staff took their time to listen to patients concerns, and that the premises were always clean and comfortable. However, four of the six patients raised concerns regarding the availability of appointments at the practice. One patient had been inappropriately directed to the local Minor Injury Unit on the morning of inspection by reception staff when trying to book an emergency appointment at the practice.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- Improve processes for making appointments.
- Review the way exception reporting is used.
- Record, monitor and action concerns raised in verbal complaints.
- Continue to monitor patient feedback.
- Implement a protocol for reviewing children who do not attend hospital appointments.

East Lynne Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a CQC lead inspector, a GP specialist adviser and a practice manager specialist adviser.

Background to East Lynne Medical Centre

East Lynne Medical Centre is situated in Clacton-on-Sea, Essex. The practice provides services for approximately 9000 patients. It holds a general medical services contract with North East Essex Clinical Commissioning Group.

According to information taken from Public Health England, the patient population has a higher than average number of patients aged over 50 years old in comparison to the practice average across England. The practice is in an urban area with a high level of socio-economic deprivation. The income deprivation score for the area in 2015 was 42 in comparison to the local and national scores of 22. 14% of the practice population are unemployed, which is considerably higher than the local average of 4% and national average of 5%.

The practice clinical team consists of two male GP partners, two female GP partners, a female salaried GP, two pharmacists, three nurse practitioners, two practice nurses, an emergency care practitioner and a healthcare assistant. They are supported by a managing partner, a practice manager, an assistant practice manager, a finance manager, an IT facilitator and teams of reception, administration and secretarial staff.

East Lynne Medical Centre is open between 8am and 6.30pm on weekdays. Appointments are available from 8.30am to 11.30am and 2pm to 6.30pm daily. The practice does not provide extended hours appointments. Out-of-hours care is provided by Care UK via the NHS 111 service.

Why we carried out this inspection

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

This inspection was a follow up to our previous comprehensive inspection at the practice in October 2015 where breaches of regulation had been identified. The overall rating of the practice following the 28 October 2015 inspection was inadequate and the practice was placed into special measures for a period of six months.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 31 January 2017. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.

Detailed findings

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

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

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

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

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

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

Are services safe?

Our findings

At our previous inspection on 28 October 2015, we rated the practice as inadequate for providing safe services as arrangements for identifying and managing risks to patients and staff needed to be implemented. These arrangements had improved when we undertook this inspection on 31 January 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Significant events were discussed at both monthly partners meetings and monthly whole team meetings, where outcomes were reviewed and put into practice.
- We saw evidence of action plans to facilitate change following significant events.

We reviewed safety records, incident reports, patient safety alerts, including those from the Medicines and Healthcare Products Regulatory Authority (MHRA) and Central Alerting System (CAS) and minutes of meetings where these were discussed. An effective system was in place for acting on safety alerts, such as those from the MHRA, which included identifying affected patients and changing their medicines if required. There was a lead member of staff responsible for cascading patient safety alerts. A protocol had been developed to ensure that reviews of safety updates from the MHRA were undertaken in a consistent manner.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. There was no protocol in place to follow up children who had not attended hospital appointments. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.
- All staff working at the practice had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they might have contact with children or adults who might be vulnerable). This included staff working as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result of audit. There were hand washing signs next to all sinks and alcohol hand gel was available for use. There was a sharps injury procedure available. Clinical waste was stored and disposed of in line with guidance.
- We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken prior to staff's employment. For example, proof of their identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Medicines management

Are services safe?

- There was a comprehensive programme of medicine audits at the practice and there were systems in place to ensure people received the appropriate monitoring required with high risk medicines. We carried out data searches and found that patients taking high risk medicines were receiving reviews in line with prescribing guidance.
- Medicines were stored securely in the practice and access was restricted to relevant staff. Nursing staff checked the temperatures in the medication fridges daily which ensured medicines were stored at the appropriate temperature. Nursing staff knew what to do in the event of a fridge failure and if fridge temperatures were outside of the expected range.
- Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Blank prescription forms were held securely on arrival in the practice and records were held of the serial numbers of the forms received. The practice had a process in place for tracking prescription stationery through the building.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. Health and safety risk assessments had been completed and staff had been provided with relevant training.
- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment

was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. 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 and 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 and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and emergency medicines were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 28 October 2015, we rated the practice as requires improvement for providing effective services as there was scope to improve quality monitoring processes, recruitment and multidisciplinary team working. These arrangements had improved when we undertook this inspection on 31 January 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 100% of the total number of points available, which was in line with the local average of 93% and the national average of 95%. The exception reporting rate for the practice was 17%, which was above the local average of 8% and the national average of 10% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/2016 showed:

- Performance for diabetes related indicators was 99%, which was above the local average of 86% and the

national average of 90%. Exception reporting for diabetes related indicators was 20%, which was higher than the local average of 9% and the national average of 12%.

- Performance for asthma related indicators was 100%, which was above the local average of 94% and the national average of 97%. Exception reporting for these indicators was 19%, which was higher than the local average of 5% and the national average of 7%.
- Performance for mental health related indicators was 100%, which was above the local average of 88% and the national average of 93%. Exception reporting for these indicators was 20%, which was higher than the local average of 9% and the national average of 11%.

A new provider took over the practice in August 2016.

Therefore the most recent Quality and Outcomes Framework results do not reflect upon the changes made by the current provider. We reviewed contemporary QOF data and saw that improvements had been made since the new provider had taken over the service.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Clinical audits were carried out as part of the practice's approach to quality improvement. The new provider had commenced a schedule of clinical audits with a clear plan in place for when the second cycle of the audits would be undertaken.

The practice had undertaken an audit to review prescribing of anti-thrombotic treatment for secondary prevention in patients with ischaemic stroke or transient ischaemic attack without paroxysmal or permanent atrial fibrillation. This was following the recent publication of the Royal College of Physicians updated national clinical guideline for stroke. The first cycle of the audit had concluded that 55% of the patients reviewed were being treated appropriately in line with the new guidelines. This was discussed at the practice Journal Club meeting for clinical staff where the Royal College of Physicians updated national clinical guideline for stroke was reviewed. A protocol was developed between clinicians and the practice pharmacist on how to best manage the medicine switch for the outstanding patients. There was a plan in place to undertake a second cycle of the audit to evaluate the impact of the changes made.

Are services effective?

(for example, treatment is effective)

The practice had made use of the Gold Standards Framework for end of life care. It had a palliative care register and had regular meetings to discuss the care and support needs of patients and their families with all services involved.

Effective staffing

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

- The practice had developed an induction programme for all newly appointed staff. This covered topics including safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, extra training was provided for staff who reviewed patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of their competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. A schedule of appraisals had been commenced and written evidence of these had been retained in personnel files.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis to discuss patients with complex needs. Improvements had been made to the record keeping of minutes from multidisciplinary team meetings.

Consent to care and treatment

Staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of 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, alcohol consumption, and smoking cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 79%, which was in line with the local average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer screening. The breast cancer screening rate for the past 36 months was 67% of the target population, which was below the CCG average of 75% and the national

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

average of 72%. The bowel cancer screening rate for the past 30 months was 54% of the target population, which was below the CCG average of 60% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to the national average. For example, the childhood immunisation rates for the vaccinations given to under two year olds in 2015/2016 ranged between 90% to 96% of the target population.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. 101 health checks had been undertaken in the previous 12 months.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff could offer them a private room to discuss their needs.

We spoke with six patients, all of whom told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients told us that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in July 2016 showed patient satisfaction scores were below local and national averages. For example:

- 67% of patients said the GP was good at listening to them compared to the local average of 87% and the national average of 89%.
- 68% of patients said the GP gave them enough time compared to the local average of 86% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the local and national averages of 95%.
- 65% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local and national averages of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 90% and the national average of 91%.
- 83% of patients said the nurse gave them enough time compared to the local and national averages of 92%.
- 70% of patients said they found the receptionists at the practice helpful compared to the local and national averages of 87%.

A new provider took over the practice in August 2016. Therefore the results of the National GP Patient Survey do not reflect upon the changes made by the current provider. The partners were aware of the previous results of the National GP Patient Survey and had shared this data with staff. Furthermore, the practice were in the process of developing an independent survey to review patients' perceptions of care received.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised.

Results from the National GP Patient Survey published in July 2016 showed patients responses to questions about their involvement in planning and making decisions about their care and treatment were below local and national averages. For example:

- 69% of patients said the last GP they saw was good at explaining tests and treatments compared to the local average of 85% and the national average of 86%.
- 63% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 81% and the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local and national averages of 85%.

A new provider took over the practice in August 2016. Therefore the results of the National GP Patient Survey do not reflect upon the changes made by the current provider. The partners were aware of the previous results of the National GP Patient Survey and had shared this data with staff. Furthermore, the practice were in the process of developing an independent survey to review patients' perceptions of care received.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice was proactive in identifying patients with caring responsibilities. The practice had identified 132 patients as carers (1.4% of the practice list) and were working on recognising previously registered patients who may have not identified themselves as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that families who had suffered bereavement were contacted by their usual GP. This call was followed by a patient consultation at a flexible time and location to meet the family's needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 28 October 2015, we rated the practice as requires improvement for providing responsive services as appointments were not always accessible to patients, and there was scope to improve the learning from complaints. Some improvements had been made when we undertook this inspection on 31 January 2017. The practice is rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Although the practice did not offer extended hours appointments, there were a variety of appointments available from 8am to 6pm daily. The practice was in the process of adding additional appointments in the early evenings for patients returning from work.
- The practice was in the process of finalising the development of a clinical hub model with other local practices. This was hoped to improve appointment availability outside of core business hours.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS.
- There were accessible facilities, a hearing loop and translation services available.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, services for carers and promotion of mental health awareness. There were displays providing information on cancer warning signs.
- The practice provided a range of nurse-led services such as management of asthma, weight management, diabetes and coronary heart disease, wound management, smoking cessation clinics and minor illness advice.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as blood pressure machines, electrocardiogram tests, spirometry checks, blood taking, health screening, minor injuries and minor surgery.

- The practice identified and visited the isolated, frail and housebound regularly. Chronic disease management was provided for vulnerable patients at home and the practice was active in developing care plans and admission avoidance strategies for frail and vulnerable patients.

Access to the service

The practice was open between 8am and 6.30pm on weekdays. Appointments were available from 8.30am to 11.30am and 2pm to 6.30pm daily. The practice did not provide extended hours appointments. Out-of-hours care was provided by Care UK via the NHS 111 service.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was below local and national averages.

- 56% of patients were satisfied with the practice's opening hours compared to the local and national averages of 76%.
- 38% of patients said they could get through easily to the practice by phone compared to the local average of 71% and the national average of 73%.

A new provider took over the practice in August 2016. Therefore the results of the National GP Patient Survey do not reflect upon the changes made by the current provider. The partners were aware of the previous results of the National GP Patient Survey and had shared this data with staff. Furthermore, the practice were in the process of developing an independent survey to review patients' perceptions of care received.

We received negative feedback relating to the appointments system used at the practice. Patients had been inappropriately referred to the local Minor Injury Unit when there were no emergency appointments available. Two incidents had been raised as complaints by patients, as they had required emergency medical care. The practice recognised that there was progress to be made in this area, and were working with the wider health community to address the issue.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints' policy and procedures were

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

in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system on the practice's website and in their information leaflet. Information about how to make a complaint was also displayed on the wall in the waiting area.

Not all reception staff showed a good awareness of the complaints' procedure. For example, not all verbal complaints were reported to the management team. This meant that it was difficult to identify trends in verbal complaints and make improvements where required.

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner.

Written complaints were shared with staff at monthly whole team meetings to encourage learning and development.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 28 October 2015, we rated the practice as inadequate for providing well led services as there were no overarching governance arrangements in place to support the delivery of safe care or make improvements to identified issues. These arrangements had significantly improved when we undertook this inspection on 31 January 2017. The practice is now rated as good for providing well led services.

Vision and strategy

Practice staff we spoke with were clearly committed to aiming to provide a good quality service and felt that there had been a greater emphasis on trying to improve the service since the new provider had taken over the practice. We recognised that the practice had met some difficult challenges with GP recruitment whilst addressing the required improvements identified in our report from October 2015. Despite these challenges the practice had made significant improvements to ensure that patients were kept safe.

A formal business plan had been implemented to provide structure for succession planning. The practice had clearly identified potential and actual changes to practice, and made in depth consideration to how they would be managed. Staff at the practice were engaged with local healthcare services and worked within the wider health community. For example, the managing partner was developing an Essex-wide GP Federation. Furthermore, the practice were involved in the Clacton GP Alliance, which aimed to work at scale with other local practices covering 37,000 patients.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had invested a significant amount of time in ensuring that effective policies and procedures were in place. We saw that they had been updated and that there was an effective system in place to share these with staff.

There was a clear leadership structure with named members of both clinical and administration staff in lead

roles. Staff we spoke with were all clear about their own roles and responsibilities. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness.

We reviewed the minutes of structured clinical meetings and multidisciplinary team meetings. Record keeping had improved so that sufficient detail and action points were made clear to all members of staff.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Governance arrangements had been successfully implemented and embedded into practice to ensure that the issues identified at the previous inspections had been resolved. Staff told us the partners were approachable, friendly and supportive, and that they were made to feel respected and valued in their roles.

There was a clear leadership structure in place and staff felt supported by management. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff were involved in discussions about how to run and develop the practice, and the partners and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff.

The Patient Participation Group (PPG) had over 40 active members who met regularly. We spoke with the chairman of the PPG who was involved in many local healthcare improvement initiatives, such as the local Healthcare Forum. The chairman identified that considerable changes had been made by the new provider of the service offered at the practice. A member of the practice team spoke to the PPG at every meeting about changes being made to the service. The chairman of the PPG reported that communication with the practice was 'excellent' and that 'nothing is too much trouble'.

Are services well-led?

Good 

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

The practice had also gathered feedback from staff through staff meetings, appraisals and informal discussion. Whole staff meetings were held monthly to keep staff up to date with changes and involve them in the improvements being made to the service. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt there had been many positive changes made following the last inspection and the recent change in provider. For example, many staff commented that there was more structure to the organisation, and that any suggestions made had been acted on in a prompt and efficient manner.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Staff were provided with regular training opportunities and support to complete courses relevant to their roles, such as a nurse practitioner course, a prescribing course for the on-site pharmacist, and an advanced health care assistant course. Many members of staff completed training outside of their core hours, although this was not an expectation of the practice.