

Inspection Evidence Table

Kelvedon & Feering Health Centre

(1-8055053718)

Inspection Date: 17/08/2023

Date of data download: 14/07/2023

Overall rating: Good

At the previous inspection, in August 2022, we rated the practice as Requires Improvement overall because:

- We found issues with safeguarding, recruitment, staff vaccination status, recording and acting on safety alerts, prescribing concerns and management of significant events.
- Cervical screening uptake was below the England average, we saw limited evidence that the practice had carried out any clinical quality improvement activity.
- We found that the practice had performed below the local and national averages in some areas of the GP National Survey Data.
- Governance systems were not established, and the practice did not regularly use data to assess and mitigate risk to patients or drive improvements.

Safe

Rating: Good

We previously rated the practice as requires improvement for providing safe services because:

- There was a safeguarding policy in place, but not all staff we communicated with were aware of it, or what the process was.
- Multi-disciplinary team meetings had not taken place, but there were plans to schedule these.
- Recruitment checks had not always been carried out in accordance with regulations, although an improved system had recently been implemented to make this more effective.
- There were no records of staff vaccination status.
- Overall, there was a system in place for the safe handling of requests for repeat medicines, but some patients had not received the required monitoring.
- We found that the system for monitoring patients on one particular controlled drug needed strengthening.
- There was some evidence of learning from significant events, but there was no recorded evidence of the individual staff member's learning.
- There was a system for recording and acting on safety alerts, but the practice acknowledged that this needed to be improved.
- Vulnerable adults were discussed at regular frailty meetings, but there was no forum to discuss vulnerable children. During the inspection we were told that there was a plan to set these up.

At this inspection, in August 2023, we found improvements had been made and the practice was rated good for providing safe services.

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had clear procedures to follow in the event of safeguarding concerns. We found that staff were aware of their safeguarding leads. Concerns were discussed at weekly management meetings and the practice reviewed information from a range of agencies including health visitors, ambulance services and secondary care providers.</p> <p>At the time of the inspection the practice had not reconciled their safeguarding registers with other agencies to ensure they were accurate. Since the inspection, the practice had actioned this to ensure their registers were correct.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
<p>Explanation of any answers and additional evidence:</p> <p>In August 2022, we found that staff files were incomplete and did not contain all the relevant information required. At this inspection, we found all relevant information was included in a well organised system.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment:	June 2023
There was a fire procedure.	Y
Date of fire risk assessment:	June 2023
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had completed annual calibration and portable appliance testing. We found where risks were identified the practice had actioned them to ensure the safety of staff and patients.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit:	Y May 2023
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was a cleaning rota which outlined staff responsibility and maintained daily and weekly cleaning schedules. The practice had a relevant The Control of Substances Hazardous to Health (COSHH) risk assessment.</p> <p>The practice had identified areas within the infection control audit where improvements needed to be made, these involved the flooring and the general environment. During the inspection, staff told us that they had plans to relocate to a more suitable premises to overcome these areas of risks.</p>	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y

There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours.	Y

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation.

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2022 to 31/03/2023) (NHSBSA)	1.14	1.05	0.91	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2022 to 31/03/2023) (NHSBSA)	12.6%	9.0%	7.8%	Variation (negative)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and	6.41	5.55	5.23	Tending towards

Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2022 to 31/03/2023) <small>(NHSBSA)</small>				variation (negative)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2022 to 31/03/2023) <small>(NHSBSA)</small>	143.9‰	142.2‰	129.8‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2022 to 31/03/2023) <small>(NHSBSA)</small>	0.86	0.71	0.55	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2022 to 31/03/2023) <small>(NHSBSA)</small>	7.6‰	8.5‰	6.8‰	No statistical variation

Note: ‰ means *per 1,000* and it is **not** a percentage.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	N/A
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y

There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>The practice monitored their prescribing data in the areas where they were above the national average, they worked with the integrated care team and found they were comparable with other GP practices in the network however they were working towards reducing their prescribing.</p> <p>During the inspection, we found that medicine reviews were carried out in line with national guidance in most cases. We found 1 case where a non-prescriber had carried out a medicine review which did not meet national standard. Since the inspection, the practice had changed their protocol to ensure only prescribers were able to complete medicines reviews.</p> <p>We found High Risk Medicines and Disease-Modifying Antirheumatic Drugs (DMARDs) were reviewed appropriately and monitored within recommended guidelines.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	20
Number of events that required action:	20
<p>Explanation of any answers and additional evidence:</p> <p>We found that significant events were discussed at team meetings to inform staff of learning outcomes. Staff had the opportunity to discuss complaints and significant events during the monthly shut down session. Staff we spoke with were able to tell us about recent events that had led to changes within the practice.</p>	

Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
Missed referral	The practice investigated a referral that had not been completed. They had shared learning outcomes with

	staff and reminded staff to follow practice policy. As a result, the practice had scheduled an audit of their referrals.
Patient confidentiality and information governance incident.	Investigations found that the incident was down to human error. As a result, the practice had ensured staff had updated training and information governance reviews were to be carried out.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The practice had changed the process of monitoring and acting on safety alerts since the previous inspection. Safety alerts were discussed at clinical meetings, the practice manager reviewed, completed and disseminates the information to the relevant staff members. Actions were tasked to the appropriate clinicians. During the inspection, we identified 8 patients who were prescribed a combination of medicines which had been highlighted by the Medicines Health Regulatory Authority, (MHRA) as unsafe. The risk to patient safety was low. As a result, the practice had completed an audit on their system and actioned all of the areas highlighted by the clinical searches. They had spoken about their process for monitoring and actioning safety alerts which was being reviewed.</p>	

Effective

Rating: Good

In August 2022, we rated the practice as requires improvement for providing effective services because:

- The performance for the percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period was below the England average.
- We saw limited evidence that the practice had carried out any clinical quality improvement activity.
- Unplanned hospital admissions were not being reviewed.

In August 2023, we rated the practice as Good for providing effective services and we found improvements had been made in the uptake of cancer screening and quality improvement activity.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Y
The practice prioritised care for their most clinically vulnerable patients.	Y

Effective care for the practice population

Findings
<ul style="list-style-type: none">• The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.• Health checks, including frailty assessments, were offered to patients over 75 years of age.• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- The practice worked well with the North and Mid Essex Wellbeing Service to monitor and assess the uptake in screening programmes.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered an effective annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.

Child Immunisation	Numerator	Denominator	Practice	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenzae type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2021 to 31/03/2022) <small>(UKHSA COVER team)</small>	45	47	95.7%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received	58	61	95.1%	Met 95% WHO based target

Pneumococcal booster) (PCV booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)				
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	58	61	95.1%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	58	61	95.1%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	78	80	97.5%	Met 95% WHO based target

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	69%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	73.3%	N/A	70.3%	N/A
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (12/31/2022 to 12/31/2022) (UKHSA)	82.1%	N/A	80.0%	Met 80% target
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	63.0%	61.6%	54.9%	No statistical variation

Any additional evidence or comments

The practice had improved the uptake in cancer screening programmes. They had achieved this by advertising on their practice website and in the waiting area, contacted patients multiple times by SMS. Patients were sent a link to the screening program which allowed them to book their own appointment without having to call the practice. Receptionists followed up with patients who did not attend or complete screening examinations to rebook them.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y
Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years: The practice had completed a number of clinical and non-clinical audits to drive improvements. For example, they had reviewed their safeguarding procedures in line with national guidance and implemented changes to ensure their procedures were effective. The practice had also carried out an audit of their do not resuscitate forms (DNACPR). They had identified improvements and actioned them. Unplanned admissions were reviewed by the management team, this also included a review of patients' discharge letters when leaving the hospital, patients were followed up where necessary.	

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y

There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
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Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
Explanation of any answers and additional evidence: Patients who were unable to visit the surgery were offered health checks at home. The practice worked well with the social prescriber to help support patients.	

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate. 1	Y

Caring

Rating: Good

We previously rated the practice as requires improvement for providing caring services because:

- The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021) was below local and national averages.
- The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021) was significantly below local and national averages.

At this inspection we rated the practice as good for providing caring services. We found the practice were aware of patient satisfaction and had a clear and detailed action plan to make improvements, many of which had been actioned in the past year.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

Patient feedback	
Source	Feedback
Patients comments during onsite inspection visit	Patients reported having lovely consultations with the doctors and nurses, they felt listened to and supported.

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2022 to 30/04/2022)	78.7%	83.9%	84.7%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2022 to 30/04/2022)	78.7%	81.0%	83.5%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP	96.9%	93.2%	93.1%	No statistical variation

appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)				
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	47.9%	69.8%	72.4%	Variation (negative)

Any additional evidence or comments

National GP patient survey data shows that patients felt the overall experience had reduced from 54.2% in 2021 to 47.9% in 2022. The practice was aware of this and had carried out their own internal survey which was developed in line with the Nation GP patient survey.

As a result, the practice had implemented an action plan to improve patients' satisfaction. Changes had been made, for example:

- Patients felt they did not have continuity: the practice had reduced the use of locum staff and employed a female salaried GP. They were also in the process of employing an advanced nurse practitioner. The practice had found that this had improved continuity of care and had received positive feedback from patients.
- New telephone system had been introduced.
- Patients were always offered the choice of a face to face or telephone appointment.
- The waiting room had been improved.
- The practice had an engaged patient participation group to ensure patients opinions were listened to, the practice had found that it was an effective way of updating patients on new improvements that were being planned such as the move to a new building. The practice told us they had seen positive reviews on social media.
- The practice had redesigned their website to make it easier for patients to find the information they needed.
- Enhanced service appointments were offered if the practice had no appointments available. After 6.30pm and at weekends patients were offered appointments at other local surgeries. Due to demand the practice had introduced an in-house enhanced service on Thursdays which allowed patients to book telephone consultations with a doctor or nurse from 6.30pm to 8pm.
- The practice had introduced a phlebotomy clinic at the practice.
- The management team monitored the friends and family test results every month. Comments were reviewed and actioned. For example, a patient complained they could not get through on phone, the practice was able to check the phone system, called the patient to explain the process and were able to offer advice on different methods to book an appointment.

	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: The practice had access to a social prescriber who signposted patients to community services when appropriate. For example, smoking cessation, lifestyle, long term conditions and bereavement services.	

Source	Feedback
Interviews with patients.	Patients we spoke with said they received knowledgeable care and understood what they were being told.

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)	90.9%	90.2%	89.9%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 130 patients as carers which was 1.7% of the practice population.
How the practice supported carers (including young carers).	The practice had a dedicated carers champion appointed to help patients that required extra support. Carers were offered health checks, flu vaccinations

	and signposting to supportive services. The practice had a dedicated carers board in the waiting room which provided supportive information.
How the practice supported recently bereaved patients.	In the event of a bereavement, the practice sends a sympathy card to the family members and information to supportive services.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

Responsive

Rating: Good

In August 2022, we rated the practice as requires improvement for providing responsive services because:

- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021) was significantly lower than local and national averages.
- The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021) was lower than local and national averages.
- The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021) was lower than local and national averages.
- There was no recorded evidence of the individual staff member's learning following a complaint.

At this inspection we rated the practice as good for providing responsive service. The practice had actively made changes to improve patient satisfaction and were continuing to develop systems to ensure there were effective systems in place.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 8pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8am – 6.30pm

Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 8pm
Friday	8am – 6.30pm

Further information about how the practice is responding to the needs of their population

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice offered enhanced service on Thursdays from 6.30pm to 8pm.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. Patients with learning disabilities receive an annual health check which is carried out by the healthcare assistant and GP.
- Patients were signposted to local agencies when appropriate. For example, the practice navigated patients to smoking cessation, lifestyle, long term conditions and bereavement services.
- Dementia and Diabetes coffee mornings were being planned.
- In November 2022, the practice team had received specific dementia care training which covered areas such as identifying signs of dementia, adjustments that patients may need and how to personalise the care for these patients. Since completing the training, the practice had adjusted their surgery to ensure it was suitable for patients living with dementia. For example, they had redesigned posters and introduced colours to make it easier for patients to read, they had reorganised the flow in the waiting area to help patients navigate their way through the practice and they had sectioned areas of the waiting room to make it more dementia friendly. With the help of their social prescriber the management team had organised a dementia friendly sing-along event in September and October 2023. The aim was to provide a closer supportive community and improve the mental health of patients living with Dementia. The event was for patients registered to the practice; however, the practice had also invited patients from local care homes to join. Staff planned to provide supportive advice and signposting to patients and carers during the event.

Access to the service

People were able to access care and treatment in a timely way.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Y

The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
Patients were able to make appointments in a way which met their needs.	Y
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice carried out monthly reviews of their appointment availability which included analysing the number of calls the practice had received, the number that had been queued and average queue times for patients. The system also allowed the practice to monitor which were the busiest days to ensure they could allocate appropriate resources to demand.</p> <p>The practice promoted and monitored their eConsult usage which was advertised on their website to help relieve the pressure on the telephone system. They had found an increasing uptake for patients using eConsult.</p>	

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	29.9%	N/A	52.7%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	35.1%	50.7%	56.2%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	40.8%	50.3%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	65.6%	70.8%	71.9%	No statistical variation

Any additional evidence or comments

Published National GP patient survey data shows that:

- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone had increased from 19% in 2021 to 30% in 2022. The overall England averages had reduced between 2021 and 2022. National GP patient survey results, published in 2023, show the practice had increased to 34%.
- The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment had reduced from 43% in 2021 to 35% in 2022. The overall England averages had reduced between 2021 and 2022. National GP patient survey results, published in 2023, show the practice had increased to 61%.

The practice had carried out an internal survey over a 1-month period, 160 surveys were sent out and over 50% were sent back to the practice. Following the survey, the practice analysed the data and implemented changes to drive improvements. For example:

- The practice had changed their telephone system to a cloud-based system which allowed them to monitor calls during the busiest periods enabling the practice to allocate staff to the demand. Patients we spoke with on the day commented that the queue system was effective and waiting times had reduced.
- Care navigation training was implemented to redirect patients to the relevant clinician at the first point of call.
- Weekly monitoring of the cloud-based telephone system to ensure there were appropriate numbers of staff to deal with demand.
- Telephone calls were reviewed when patients complained to allow the practice to offer support.
- Promoted the use of EConsult to reduce the impact on the telephone system.
- Monitored internal surveys. The practice routinely reviewed online comments and the friends and family test results to highlight themes of complaints. We saw evidence of where changes had been made as a result of this.
- The practice monitors and responds to complaints and highlights learning outcomes.

Source	Feedback
Online reviews	The surgery had received 12 online reviews, 7 positive comments regarding care and treatment received and 5 negative reviews regarding staff attitude and access to appointments.
Patient views from onsite visit	Patients we spoke with said they had seen an improvement with the telephone system and booking appointments. Queue times had reduced.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	14
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4

Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0
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	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient unhappy with communication during consultation with clinical staff member	The practice had investigated the complaint discussed it with the staff member and responded to patient in a timely manner. Learning outcomes were highlighted and shared with staff during their team meetings.
Patient unhappy with being prescribed medicines that were out of stock at the pharmacy.	Practice responded to patients concerns on the same day, as a result of the complaint, the practice had reviewed the process of what to do if medicines were not in stock.

Well-led

Rating: Good

In August 2022, we rated the practice as requires improvement for Well-led because:

- Some staff we communicated with told us that although leaders were always visible, they didn't feel that they were always approachable.
- There was a limited programme of clinical and non-clinical audits in place.
- There was limited evidence of embedded systems and processes for learning, continuous improvement and innovation.

At this inspection, in August 2023, we rated the practice good for providing well-led service as they had made clear improvements to their systems and procedures to ensure risks were managed and reviewed, staff morale had improved and future developments were planned.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence:	
We received 19 staff questionnaires which all highlighted the positive culture within the practice. Staff told us leaders were approachable and listen to their concerns.	
The management team had carried out a survey to monitor staff satisfaction. Comments had been reviewed and actioned. The management team have an open-door policy, communicated changes to staff and continued to have informal wellbeing talks with all staff members and provide extra support where needed.	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	

The practice had worked closely with their staff and external stakeholders such as the Mid-Essex Integrated Care Board (ICB) to drive improvements.

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff questionnaires responses	<ul style="list-style-type: none"> • Lots of opportunities to grown and learn different skills within the surgery and the management team always offer support and encouragement to expand my knowledge. • The leadership and team have been very supportive. • Appreciation is shown by partners and management which motivates staff. Regular meetings and social events help build relationships. • Current management are very approachable and supportive. • I feel like the practice has improved drastically over the time I have been working here, there is good communication throughout all the departments and everybody is very helpful and patient oriented.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y

There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y

Managing risks, issues and performance

There were effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y

The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Staff are supported to work remotely where applicable.	Y
Explanation of any answers and additional evidence:	

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: The practice had an active patient participation group who attended meetings with the management team to discuss relevant topics. The members had set up a social media group to encourage patients to join and share information regarding the practice. Staff told us this had been a positive collaboration between the practice and the patients.	

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement

The practice had developed an action plan for goals and achievements throughout the year. Goals were clearly identified and tasks were outlined to ensure improvements were made. For example:

- The practice had plans approved to move to a purpose-built health centre in the future. They hoped that the change would enable the practice to employ more clinicians and become a training GP practice.
- The practice focused to improve the quality of patient care and continually carried out clinical and non-clinical audits to review services.
- The practice had made changes to areas that were not performing such as the telephone system.
- Patient initiatives were introduced to improve supportive living. For example, blood pressure monitors were available for patients at home if regular monitoring was required.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a “z-score” (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique, we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice’s data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice’s data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have “Met 90% minimum” have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **UKHSA:** UK Health and Security Agency.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- ‰ = per thousand.