

# Care Quality Commission

## Inspection Evidence Table

### Tollgate Health Centre (1-6161134058)

Inspection date: 11<sup>th</sup> February 2022

Date of data download: 28 February 2022

## Overall rating: Requires improvement

Following our inspection on 09 April 2021, we rated the practice as inadequate overall. Specifically, we rated the caring and responsive key questions inadequate, and safe, effective and well-led key questions requires improvement.

At this inspection we rated the practice as requires improvement overall. This is because the practice had made improvements since we last inspected and had acted on all the issues identified. We have now rated safe, effective and well-led as good as a result of these improvements.

The caring and responsive key questions have now been rated as requires improvement as further improvements are still required.

## Safe

## Rating: Good

At our last inspection we rated this practice as requires improvement for providing safe care.

We found:

- There was no adult safeguarding policy.
- There was no procedure for patients presenting that were deteriorating or acutely unwell
- There was no formal process to carry out premises health and safety risk assessments, there was no documented hand washing monitoring or auditing.
- Controlled drug prescribing was not monitored for safety, and there was no process within the prescribing policy to raise concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.

At this inspection we rated safe as good because:

- The practice safeguarding policy included both adults and children. This policy had received approval from the local safeguarding lead at the local clinical commissioning group.
- A procedure had been developed to support staff help patients when they presented with deteriorating health or were acutely unwell.
- A formal process to carry out premises health and safety risk assessments to mitigate risks had been developed.
- Controlled drug prescribing was monitored and the process to raise concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable had been added to the prescribing policy.
- Infection control monitoring and auditing was well documented including extra Covid cleaning and regular hand washing procedures.

## 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.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
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.	Yes
<ul style="list-style-type: none"> <li>The practice staff had access to a list of all lead staff members roles displayed in every room.</li> <li>When asked staff knew who the safeguarding lead was at the practice.</li> <li>The practice policies and procedures had been reviewed and updated for both adults and children.</li> <li>The safeguarding lead attended regular local safeguarding meetings.</li> </ul>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
<ul style="list-style-type: none"> <li>New recruitments; the practice manager and deputy practice manager had been supported by the North East Essex Clinical Commissioning Group human resources team during lockdown of the COVID 19 restrictions.</li> <li>Assurance was provided that disclosure and barring service (DBS) checks had been carried out for all staff working at the practice. We also received assurance of staff vaccination, and clinical registration assurance.</li> </ul>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes June 2021
There was a fire procedure.	Yes
Date of fire risk assessment: Actions from fire risk assessment were identified and completed.	07/04/2021 Yes

- The action plan carried out, gave a number of recommendations which were prioritised. These prioritisations were broken into; immediate (as soon as possible), short (work to be implemented within three months), medium (work should be implemented within three to six months), and long (work should be implemented as and when the opportunity arises).

**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.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	Yes 01/10/2021
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<ul style="list-style-type: none"> <li>• The infection prevention control (IPC) lead had remained updated with the guidance from NHS England to ensure the practice remained secure from Covid infection throughout the pandemic.</li> <li>• Staff had received training and information about IPC to minimise risks to themselves and others during the pandemic.</li> </ul>	

**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.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
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.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
<ul style="list-style-type: none"> <li>• A procedure had been developed to support staff help patients when they presented with deteriorating health or were acutely unwell.</li> <li>• Sepsis flow diagrams were displayed in all areas throughout the practice to support staff recognise these symptoms.</li> <li>• Emergency, and anaphylactic shock medicine was stored securely, and the expiry dates and stock levels were documented monthly along with the oxygen, and defibrillator. There was appropriate signage for this equipment.</li> </ul>	

**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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
<ul style="list-style-type: none"> <li>• All results were forwarded to the GP that had requested them; however, a duty GP monitored the global practice inbox daily to ensure all results were cleared and acted on each day. This was seen when we checked the practice system during the remote searches.</li> <li>• A procedure regarding how correspondence about patients had been developed and embedded at the practice, as a result of findings at our previous inspection.</li> <li>• The practice told us that the practice, hospice, district nursing service and community nurses all used the same patient records system, this supported multiple services having access to important patient information instantly, for example “do not attempt cardiopulmonary resuscitation” (DNACPR) patient wishes.</li> </ul>	

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2020 to 30/09/2021) (NHS Business Service Authority - NHSBSA)	0.77	0.88	0.76	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). (01/10/2020 to 30/09/2021) (NHSBSA)	10.0%	9.5%	9.2%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2021 to 30/09/2021) (NHSBSA)	5.56	5.58	5.32	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	130.5‰	183.4‰	129.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2020 to 30/09/2021) (NHSBSA)	0.83	1.09	0.62	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	8.3‰	11.6‰	6.7‰	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.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
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.	Yes

Medicines management	Y/N/Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
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.	Yes
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.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
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.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
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.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<ul style="list-style-type: none"> <li>• Controlled drug prescribing was monitored and the process to raise concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable had been added to the prescribing policy.</li> <li>• We noted during the remote clinical searches patients prescribed high risk medicines (for example, warfarin, methotrexate and lithium) had received appropriate monitoring and clinical review.</li> </ul>	

**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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	11
Number of events that required action:	11
<ul style="list-style-type: none"> <li>• Staff told us concerns were discussed at practice meetings and they understood how to raise a significant event.</li> <li>• We reviewed a sample of the significant event records, these showed they were acted on and learning outcomes were disseminated to the staff to reduce re-occurrence.</li> </ul>	

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

Event	Specific action taken
Inappropriate use of the tasks on the computer system by clinician/admin	<p><u>Action taken</u> Discussed at next clinical meeting – decided there was a need to educate staff about the severity of symptoms at the admin meeting.</p> <p><u>Learning</u> Education for admin staff regarding red flag symptoms for urgent referrals to A&amp;E. Remind clinical staff to escalate urgent tasks and bring them to the attention of the admin team.</p>
Delay of Referral	<p><u>Action taken</u> Clinicians to send tasks immediately following consultation for referral.</p> <p><u>Learning</u> Report to TPP (computer system supplier) for automated tasks to be sent to the secretarial team. Clinicians alerted during significant event discussion at full Practice Meeting that clinicians to continue to follow up.</p>

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<ul style="list-style-type: none"> <li>• We found the practice had an effective system to manage patient safety alerts.</li> <li>• We saw alerts were shared appropriately at practice team meetings and actioned.</li> <li>• Records of recent alerts were available to view, with the actions that had been undertaken in response to these.</li> </ul>	

## Effective

## Rating: Good

At our last inspection we rated this practice as requires improvement for providing effective care. We found:

- There was no consistent approach at the practice to follow up patients presenting with symptoms which could indicate serious illness in a timely and appropriate way.
- The practice did not monitor their consent process.
- Data for the management of patients with asthma and those suffering from poor mental health was significantly below the local and national average.
- The practice had not held any multi-disciplinary team meetings for over a year.
- There was no policy for the online services they provided.
- The practice did not have a comprehensive programme of audit activity, including clinical audit.

At this inspection we rated effective as good because;

- The practice had acted on all the findings from the last inspection and relevant improvements had been made.
- An action plan had been put in place to change processes at the practice. This has shown improvement in asthma and mental health data seen when we carried out the remote clinical searches.
- Templates were used consistently by all clinicians to record patient care.

*QOF requirements were modified by NHS England for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.*

### 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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes



There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice had produced a standardised approach to follow up patients with symptoms that could indicate a serious illness.</li> <li>• Long term condition management recalls were used to review and update medication and treatment.</li> <li>• Following the last inspection, the practice had embedded the use of software templates by all staff consistently to ensure patient care and treatment was coded to provide reliable structured care, and referral pathways.</li> </ul>	

## Effective care for the practice population

Findings
<ul style="list-style-type: none"> <li>• The practice identified older patients who were living with moderate or severe frailty to support and provide care needs. Those identified received a full assessment of their physical, mental and social needs.</li> <li>• Health checks, including frailty assessments, were offered to patients over 75 years of age.</li> <li>• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.</li> <li>• The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.</li> <li>• 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.</li> <li>• All patients with a learning disability were offered an annual health check.</li> <li>• End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.</li> <li>• The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.</li> <li>• The practice demonstrated that they had a system to identify people who misused substances.</li> <li>• The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder. Consistent treatment templates were used by clinicians to assess and monitor patients, which ensured a holistic approach for patients to improve care and treatment.</li> <li>• Patients with poor mental health, including dementia, were referred to appropriate services.</li> </ul>

## Management of people with long term conditions

Findings
<ul style="list-style-type: none"> <li>• The practice worked, to provide safe care, and treatment for people with long-term conditions during the COVID 19 restrictions .</li> </ul>

- Patients with long-term conditions were offered a structured 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.
- Clinicians followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. Improved systems within the practice ensured patients medication and follow-up reviews were documented in records in a timely way. This supported staff when treating patients following up treatment received away from the practice.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- 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.
- Patients with asthma were offered an asthma management plan.

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 influenza type b (Hib), Hepatitis B (Hep B) (i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2019 to 31/03/2020) (NHS England)	95	102	93.1%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)	114	119	95.7%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2019 to 31/03/2020) (NHS England)	114	119	95.7%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	113	119	94.9%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	104	112	92.8%	Met 90% minimum

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	CCG average	England average	England comparison
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). (Snapshot date: 31/03/2021) <small>(Public Health England)</small>	76.5%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) <small>(PHE)</small>	36.30%	61.7%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2019 to 31/03/2020) <small>(PHE)</small>	70.3%	68.2%	63.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) <small>(PHE)</small>	62.5%	61.5%	55.4%	No statistical variation

Any additional evidence or comments
<ul style="list-style-type: none"> <li>We asked the practice about the cervical screening indicator that was below the England average target. The GP partners told us that since the data had been collected, they had increased the appointments to meet the indicator target. We were provided unvalidated data from the practice computer system which showed they had reached the 80% target. This was seen when we carried out the remote access searches of the practice system.</li> </ul>

## 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.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

The asthma and allergic rhinitis audit, identified changes to procedures and treatment to improve care, for example:

- Assess patients for their genetic tendency to develop allergic conditions to identify and confirm triggers for asthma.
- Check patients for elevated eosinophils for steroid preventer treatment.
- Increased peak flow monitoring increased.

Improvements seen:

- Increased control of condition due to treatment changes.
- Salbutamol prescription requests decreased.

Follow-up audit to the July 2020 GP survey carried out six months after the new practice management team had embedded many changes at the practice, for example:

- Posters in the reception area advising patients if they need to speak privately an area can be provided, follows comments about privacy in the waiting room.
- The Practice has re-introduced the Jayex display board with sound, this displays rolling news coverage and Public Health England awareness videos to also address the privacy issues.
- Historically music was played in the waiting room and this has been reinstated by patient request.
- Although 100% of patients surveyed were positive about the communications with reception staff, a further dedicated team member had been added to the team to assist with answering calls in the mornings.
- Online bookable appointments with GPs, Nurse Practitioners and Health Care Assistants had been reinstatement.
- The Facebook page had been promoted to gain more followers for important updates.

Improvements seen:

- 100% of patients surveyed felt that the reception/administration team member who they spoke to dealt with the booking or query in a professional, friendly and helpful manner. This is a huge improvement from the 2020 Survey which found the attitude and friendliness of this team poor.
- 97% of patients surveyed were satisfied with the prescription team service, and 70% found the prescription team to be knowledgeable and friendly.
- 100% of patients surveyed felt that the waiting room area was suitable for their needs.

## 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.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes

There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Additional healthcare roles employed by the primary care network (PCN) working at the practice provided assurance of their skills, knowledge and experience to deliver effective care, for example; clinical pharmacist and pharmacy technician and paramedic.</li> <li>• The practice trained GP registrars at the practice. Registrars are fully qualified doctors and are registered on the General Medical Council (GMC) list, they carry out a further three years of training experience at a training practice to qualify as a GP. The practice had two GP registrars working at the practice on the day we inspected and we interviewed them about working at the practice. The registrars we spoke with told us they were provided support for their clinical work and given dedicated time for self-learning and guided learning.</li> <li>• The practice had developed a procedure and policy to monitor clinicians' performance at the practice. The senior GP showed us how random informal checks were carried out and recorded on the practice system for assurance that could be used during appraisals and work supervision.</li> </ul>	

### Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice discussed end of life care with the palliative care teams at regular meetings and , communication with social care and other community care teams had been restored after a period of absence due to Covid restrictions. This meant there was now consistency to assess, plan and deliver patient care and treatment with other organisations.</li> </ul>	

### 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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes

The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The clinicians explained they had continued their health and welfare work with patients via remote video, telephone calls, and face to face appointments throughout the COVID 19 restrictions.</li> </ul>	

### Consent to care and treatment

### The practice always 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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Clinicians evidenced how they recorded patient consent and decision making processes. The practice monitored this process, to ensure it had been recorded appropriately and consistently.</li> <li>The practice new patient information form offered guidance on online services. This guidance was available on the practice website.</li> </ul>	

## Caring

## Rating: Requires Improvement

At our last inspection we rated this practice as inadequate for providing effective care.

We found:

- Many of the national survey indicators published in July 2020 were significantly below local and national averages. We found the practice had not monitored patient satisfaction to understand why in July 2020 the GP survey patient experience was so significantly lower than previous years, and did not have an improvement plan in place.
- The practice had not taken any action to improve the identification of patients that were carers despite this being identified at the previous inspection in 2019.
- There was no policy to inform patients regarding the practice information sharing protocol, or how to protect patients' online information.

At this inspection rated caring as requires improvement because;

- There were still many of the national survey indicators published in July 2021 that were significantly below local and national averages. However, all previously low patient satisfaction questions seen had improved.
- The practice had carried out their own patient satisfaction survey to understand why the 2020 and 2021 GP survey patient experience was so significantly lower than previous years.
- The practice had an action plan to improve patient satisfaction.
- Evidence of information to inform patients how to access and to protect online information.
- The practice had developed an information sharing protocol.

### 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.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

Patient feedback	
Source	Feedback
Patients spoken with during the inspection	We spoke with eight patients during the on-site inspection. All eight patients were extremely positive about the access, treatment review processes, and the care and treatment provided at the practice. These patients also told us they had noticed the improvement over the last six months, and were particularly complimentary about how helpful and supportive the reception and administrative staff were.

NHS comments	There were 3 comments left in the last six months. Two were extremely positive commenting on the helpful and supportive reception staff. The third comment was negative about registering at the practice.
Practice survey comments	The practice was collecting patient satisfaction on a regular 6 monthly basis, based on the improvements needed to regain patient satisfaction. The results in the practice own survey were positive and showed noticeable improvement.



## National GP Patient Survey results

Indicator	Practice	CCG average	England average	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 (01/01/2021 to 31/03/2021)	79.7%	87.2%	89.4%	Tending towards variation (negative)
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 (01/01/2021 to 31/03/2021)	78.4%	86.9%	88.4%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	93.7%	94.8%	95.6%	No statistical variation
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)	62.0%	79.3%	83.0%	Variation (negative)

### Any additional evidence or comments

In the twelve months between the 2020 GP patient survey results and the 2021 results, there had been considerable improvement of patient satisfaction as follows:

- 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 had improved from 67.7% to 79.7%
- 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 had improved from 63.5% to 78.44%.
- The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to had improved from 90.8% to 93.7%.

The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice had improved from 49.7% to 62%.

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

### Any additional evidence

- The practice had developed an action plan to consider the areas where the practice experienced lower averages. Each of the areas of concern showed the actions that the practice had taken to

address the concern. For example The electronic display board had rolling news coverage and Public Health England awareness videos to also address privacy concerns. A dedicated team member had been added to assist with answering calls in the mornings. Online bookable appointments with GPs, Nurse Practitioners and Health Care Assistants had been reinstated.

- The practice had also carried out their own patient survey. The questions asked mirrored the areas where the practice had received low patient satisfaction. The results of the practice own survey was better than that of the national survey and the practice had decided re-survey patients twice a year to continue to understand their needs.

### 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.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
<ul style="list-style-type: none"> <li>• Clinicians told us if they were delayed with a patient, they would send a task message to the receptionists so they could inform patients waiting about a delay.</li> <li>• Easy read and pictorial materials were available to support people make decisions about their care and treatment.</li> </ul>	

Source	Feedback
Interviews with patients.	Eight patients were extremely positive about the access, treatment review processes, and the care and treatment provided at the practice. They all spoke about the improvement over the last six months, and were particularly complimentary about how helpful and supportive the reception and administrative staff were.

### National GP Patient Survey results

Indicator	Practice	CCG average	England average	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 (01/01/2021 to 31/03/2021)	92.0%	91.9%	92.9%	No statistical variation

#### Any additional evidence or comments

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 improved from 83.3% to 92%.

	Y/N/Partial

Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	On request
Information about support groups was available on the practice website.	Yes
<ul style="list-style-type: none"> <li>• Access to a translation service was available to support patients when needed.</li> <li>• Paper information leaflets were readily available for people in the practice waiting room area.</li> </ul>	

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> <li>• 77 Carers which equates to 0.9 % of the practice population.</li> </ul>
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> <li>• The practice was working on a project with their social prescriber (SP) to increase the identification of carers and to offer support.</li> <li>• An offer of support was being communicated to all carers by their SP making individual telephone calls and holding 'pop-up' events starting in February 2022 for carers.</li> <li>• The practice also told us that due to the larger percentage of younger and middle aged patients in their population they were in the process of producing information to support younger carers. They told us there had not been any younger carers identified however this would also be a focus for the practice.</li> </ul>
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> <li>• The practice provided support to patients on an individual basis and this included a with sympathy card.</li> <li>• Patients were signposted to bereavement support services available locally.</li> </ul>

## 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.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
<ul style="list-style-type: none"> <li>• In line with COVID 19 restrictions in the infection prevention and control procedures the practice had ensured fewer patients were seen for face to face consultations on site at the practice. However, during the last six months the practice had seen the greater majority of patients face to face in the practice.</li> <li>• Patients were guided to the hand sanitation station as they entered the practice.</li> <li>• We saw the chairs in the waiting area were seen to be cleaned regularly to keep people safe.</li> <li>• We were shown the cleaning procedures carried out between each patient's appointment within all the consultation rooms.</li> </ul>	

## Responsive Rating: Requires Improvement

At our last inspection we rated this practice as inadequate for providing responsive care.

We found:

- Many of the national survey indicators published in July 2020 were significantly below local and national averages. We found the practice had not monitored patient satisfaction to understand why in July 2020 the GP survey patient experience was so significantly lower than previous years, and did not have an improvement plan in place.

At this inspection we rated responsive as requires improvement because;

- There were still many of the national survey indicators published in July 2021 that were significantly below local and national averages. However, all previously low patient satisfaction questions seen had improved.
- The practice had carried out their own patient satisfaction survey to understand why the 2020 and 2021 GP survey patient experience was so significantly lower than previous years.
- The practice had an action plan to improve patient satisfaction.

### 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.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<ul style="list-style-type: none"> <li>• The practice had worked with the other members of their primary care network to provide services that met their local population needs.</li> <li>• National and local guidelines were being followed to ensure that patients, staff and practice visitors were as safe as possible from the risk of cross infection during the COVID 19 restrictions.</li> <li>• Telephone and video appointments were available for patients requiring them, and if the patient assessed required a face to face appointment at the practice they were provided.</li> </ul>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8:30am - 6:30pm
Tuesday	8:30am - 6:30pm
Wednesday	8:30am - 6:30pm
Thursday	8:30am - 6:30pm

Friday	8:30am - 6:30pm
Saturday	Closed
Sunday	Closed
Clinics were held outside the practice's core operating hours that were available for booking.	
Clinics could be pre-booked and held by a range of different clinicians including GPs, advanced nurse practitioners, practice nurses, health care assistants and physiotherapists held on the following days and times:	
Monday	07:00-08:00
Wednesday	07:00-08:00
Wednesday	18:30-19:30
Thursday	18:30-19:30
Saturday	08:30-12:30

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

- Patients had a named GP who supported them in any setting they lived.
- The practice responded to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, the GPs would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical and life limiting issues.
- Appointments were available outside school hours for children so that they did not need to miss school to attend the practice.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Pre-bookable appointments outside core practice appointment times were also available to all patients at additional locations within the area, as the practice was a member of primary care network this included appointments on Saturday and Sunday.
- 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 able to register with the practice, including those with no fixed abode such as homeless people and Travelers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

### Access to the service

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

*The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.*

Y/N/Partial

Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Due to the COVID 19 restrictions, face to face appointments were prioritised for urgency and medical need on the telephone by a clinician.</li> </ul>	

### National GP Patient Survey results

Indicator	Practice	CCG average	England average	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 (01/01/2021 to 31/03/2021)	36.5%	N/A	67.6%	Significant Variation (negative)
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)	39.3%	67.0%	70.6%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	32.8%	64.5%	67.0%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	64.0%	82.2%	81.7%	Variation (negative)

### Any additional evidence or comments

In the twelve months between the 2020 GP patient survey results and the 2021 results, there had been considerable improvement to patient satisfaction, shown in the table above. Using the results from the monthly patient surveys undertaken by the practice they have monitored the results and changed their approach accordingly.

- 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 improved from 20.1% to 36.5%.
- The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment had improved from 29.3% to 39.3%.

- The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times had improved from 25.3% to 32.8%.
- The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered had improved from 41% to 64%.

### 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.	27
Number of complaints we examined.	6
Number of complaints we examined that were satisfactorily handled in a timely way.	6
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<ul style="list-style-type: none"> <li>• Since January 2021 it was clear complaints drove improvement at the practice.</li> <li>• We saw learning from complaints discussed at practice meetings, in the minutes of the meetings shared with us.</li> </ul>	

### Example(s) of learning from complaints.

Complaint	Specific action taken
<ul style="list-style-type: none"> <li>• Patient said she had numerous issues with medication. Dalacin T on her repeat prescription template had been given as lotion by the chemist in place of topical solution.</li> <li>• Patient told by receptionist to arrange a telephone appointment to discuss medication. However the patient says it was difficult due to work to have a telephone appointment.</li> </ul>	<ul style="list-style-type: none"> <li>• GP attempted to contact the patient to discuss medication issue there was no answer, but did raise a prescription for an alternative to Dalacin. GP spoke with the patient the following day.</li> </ul>
<ul style="list-style-type: none"> <li>• Patient unhappy that BUPA form had not been completed by Dr A.</li> </ul>	<ul style="list-style-type: none"> <li>• Task had been booked with different Dr to be done at consultation. Form sent to Dr A who signed and sent to patient.</li> </ul>
<ul style="list-style-type: none"> <li>• Patient not happy with the care provided during cancer treatment and also when her partner passed away with Covid-19.</li> </ul>	<ul style="list-style-type: none"> <li>• Practice manager (PM) had a long discussion with patient who was bereaved and very tearful throughout the consultation.</li> <li>• PM apologised they felt let down by the practice and confirmed since PM appointment, practice now acknowledge and send bereavement cards to next of kin following the death of a loved one.</li> <li>• PM answered lots of questions regarding the practice and gave feedback on the changes implemented.</li> </ul>

	<ul style="list-style-type: none"> <li>• Patient was very happy with PM call and thanked PM for taking the time to speak to talk. Patient happy to close the complaint.</li> </ul>
<ul style="list-style-type: none"> <li>• Letter received from patient complaining that she had been unable to have her covid vaccination on Saturday despite attending. Patient had not been informed that this had been cancelled and blamed the practice for this error.</li> </ul>	<ul style="list-style-type: none"> <li>• Practice manager (PM) telephoned patient to explain what the communication problem between Tollgate and Creffield practices. PM apologised for the error and advised the patient PM would contact patient to rebook this for her.</li> <li>• Patient telephoned to book vaccination for August at Creffield practice. Patient happy with the outcome and thanked PM for help in this regard.</li> </ul>
<ul style="list-style-type: none"> <li>• Complaint received from wife on behalf of patient. Patient arrived for injection and was informed that a prescription had not been raised and that he would need to return next week. Patient unhappy as he had checked with the reception team to see whether any prescription was needed and he had been advised that he did not need to do anything.</li> </ul>	<ul style="list-style-type: none"> <li>• Practice manager (PM) apologised to the patient and confirmed that this was indeed a communication and training issue which had been discussed with the team member involved. Patient was happy with my explanation and PM thanked for explanation and time.</li> </ul>
<ul style="list-style-type: none"> <li>• Practice manager asked to telephone patient to discuss her consultation with Dr. Patient felt the consultation was unprofessional and that Dr lacked compassion and interest.</li> </ul>	<ul style="list-style-type: none"> <li>• Practice manager (PM) advised patient that a referral had been drafted for her to MSK. Patient was unaware that this was the plan.</li> <li>• PM advised patient they would speak with the Dr in question and ask GP tutor to discuss with Dr.</li> <li>• Patient happy and thanked PM for calling.</li> </ul>



## Well-led

## Rating: Good

At our last inspection we rated this practice as requires improvement for providing well-led care.

We found:

- Over the last four months there were changes that appeared positive, we could not be assured this would continue, as time was needed to embed the new values at the practice.
- Leaders at the practice in 2020 had not shown they understood the challenges to quality and sustainability. They lacked a leadership development, and succession plan.
- There was no systematic programme of clinical and internal audit or effective arrangements for identifying, managing and mitigating risks.
- We also found policies needed reviewing/updating to meet local and national guidelines, that patient views were not acted on to improve services or practice culture and the practice did not have an active Patient Participation Group.

At this inspection we rated the practice as good for well-led because;

- Since the inspection in April 2021 the many positive changes had been embedded into the new culture and values at the practice.
- Leaders at the practice showed us they understood the challenges to provide quality and sustainability in the care and treatment provided.
- A leadership development, and succession plan had been established and had been discussed at practice meetings. They had also produced an aide memoir visible through-out the practice to support staff understand who led on both clinical and management areas within the practice and the deputies when that lead person was not available.
- There was now a systematic programme of clinical and internal audit with an effective system to identify, manage and mitigate risks.
- Policies had been reviewing and updated to meet local and national guidelines.
- There was a clear process to act on patient views to improve services.
- The practice had an active Patient Participation Group.

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels / Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
<ul style="list-style-type: none"><li>• An action plan had been put into place in January 2021 to improve the services provided at the practice.</li><li>• Staff spoke with us about the training and development they had received because they had taken on new roles at the practice.</li><li>• The leaders at the practice told us that part of the improvement action plan, was their succession plan that had agreed with the local clinical commissioning group (CCG).</li></ul>	

- We found a trend of improvement across the practice that was now embedded into the leadership processes ensuring performance would be maintained.

## 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.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<ul style="list-style-type: none"> <li>• Staff told us they understood the practice values which were discussed at practice meetings.</li> <li>• The mission statement had been uploaded to the practice to ensure patients, staff and external stakeholders understand the practice values and vision for the service.</li> <li>• Following two quality visits carried out by North East Essex Clinical Commissioning Group (CCG) the practice had worked to develop their improvement action plan which was monitored regularly.</li> <li>• We found progress against the delivery of their strategy had been developed and embedded across the practice at the time of the inspection site visit.</li> </ul>	

## 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.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<ul style="list-style-type: none"> <li>• At this inspection we found policies and procedures had been reviewed and updated to meet local and national guidance.</li> <li>• A staff handbook had been developed to support staff with the arrangements at the practice for the requirements of duty of candor, raising concerns regarding whistleblowing, and how to access a freedom to speak up guardian.</li> </ul>	

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

Source	Feedback
Staff members	<ul style="list-style-type: none"> <li>The staff members we spoke with were positive about the new processes and procedures set-up in the last 12 months by the management at the practice.</li> </ul>
	<ul style="list-style-type: none"> <li>Staff spoke positively about working at the practice and confirmed they felt able to raise issues and concerns with the knowledge they would be supported to do so.</li> </ul>
	<ul style="list-style-type: none"> <li>Staff told us they felt safe working during the COVID 19 restrictions and were supported with personal protective equipment (PPE) and the infection control related guidance.</li> </ul>
	<ul style="list-style-type: none"> <li>Recently employed staff members told us they felt supported with the induction programme provided.</li> </ul>

## 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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
<ul style="list-style-type: none"> <li>At this inspection significant improvements had been made in the way the practice monitored, reviewed and develop the services delivered at the practice.</li> <li>Staff were clear with regards to their roles and responsibilities within the practice</li> <li>Reviewed and updated policies were accessible to all staff and infection prevention and control (IPC) had been implemented in accordance with changing national and regional guidance to minimise the risks due to COVID 19 restrictions. Monitoring and regular spot checks had been put in place for assurance.</li> <li>The practice had effective governance arrangements with third party organisations and providers working at the practice.</li> </ul>	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes

When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<ul style="list-style-type: none"> <li>• Since the previous inspection in April 2021, assurance systems to manage risks issues and performance had been formalised.</li> <li>• There was an established quality assurance programme, including clinical audit that was practice-wide.</li> <li>• There was a practice business continuity plan, that had been updated to include major incident planning and all the contact details of staff.</li> </ul>	

**The practice had systems in place to continue to deliver services, respond to risk and meet patients’ needs during the pandemic**

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes
<ul style="list-style-type: none"> <li>• The practice infection control lead at the practice had ensured people attending the practice were safe and protected.</li> <li>• Patient satisfaction was monitored monthly to respond to patient needs.</li> </ul>	

**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.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
<ul style="list-style-type: none"> <li>• The practice monitored data from the Quality Outcomes Framework (QOF) and worked with the clinical commissioning group, and medicine optimisation team to monitor their performance.</li> <li>• Management staff had received training and understood the responsibility to make statutory notifications to the care quality commission.</li> </ul>	

## 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.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
<ul style="list-style-type: none"> <li>We found evidence of registration as a data controller with the Information Commissioner's Office.</li> <li>We saw evidence that patients' consent was obtained and interactions were recorded.</li> <li>The practice website informed patients how their records were stored, managed and the information sharing protocol for online services.</li> </ul>	

## 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.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<ul style="list-style-type: none"> <li>The practice carried out their own regular patient satisfaction surveys.</li> <li>We saw staff views in the practice meeting minutes were reflected in the planning and delivery of services.</li> <li>The patient participation group information regarding their objectives and standing agenda items were available on the practice website. The notes from the last two meetings were also available to view.</li> </ul>	

### Feedback from Patient Participation Group.

Feedback
During the onsite inspection we spoke with five members of the patient participation group (PPG) they had held three meetings since the previous inspection. They told us about the support they have been able to provide during the Covid vaccine programme at the practice and their ability to gather patient

satisfaction opinions during the process. The further told us they had reported back to the practice their findings and were always given the opportunity to ask questions. PPG members reported they were provided responses to any questions they raised and had seen improvements made quickly at the practice in response.

## Continuous improvement and innovation

**There was evidence of systems and processes for learning, continuous improvement and innovation.**

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
<ul style="list-style-type: none"> <li>The practice improvement action plan had been produced following quality visits carried out by the North East Essex clinical commissioning group (NEE CCG). This was constantly being revisited to ensure the work being carried out was effective.</li> <li>A programme of quality improvement audits was now embedded into the practice business as usual and evidenced the improvements being made.</li> </ul>	

### Examples of continuous learning and improvement

We were provided evidence of improvements made since the previous inspection in April 2021. There were numerous pieces of improvement work to provide quality, access, and patient satisfaction for example:

- During the Covid-19 pandemic period the practice had ensured their doors remained open for patients to access to the practice. This had resulted in the them being awarded a 'Hidden Heroes' award for outstanding performance during the Covid-19 pandemic. This is an external award issued to healthcare providers to identify the special efforts and commitments of valued teams when they provide outstanding NHS service.
- The practice had increased the capacity and number of receptionists and administrative team members to support appointment bookings during busy periods in the mornings.
- The practice was part of a three practice Primary Care Network (PCN) which gave them the opportunity to develop additional shared services to support their patients.
- A practice had an agreed process to ensure zero results were left for the next day. This had been established to ensure everything was dealt with on the day and gave the GP partners full clinical oversight.
- The practice continued to monitor quality outcome framework (QoF) indicators despite the limitations of the pandemic, this was seen in data improvements at the practice during the remote searches we carried out.
- Chronic obstructive pulmonary disease (COPD) work during the pandemic had been conducted by the pharmacist. Despite the pandemic access restrictions the vast majority of the COPD patients were now on triple therapy based on their Medical Research Council dyspnoea scale (MRC) scores.
- There was now systematic programme of clinical and internal audit with an effective system to identify, manage and mitigating risks. This was reviewed on a monthly basis to ensure continuous learning and improvement.

#### 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.
- **PHE:** Public Health England.
- **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.
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- %<sub>o</sub> = per thousand.