

Dr Tony Nasah

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service		Requires improvement	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Requires improvement	
Are services responsive to people's needs?		Requires improvement	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

On 29 June 2016, we carried out a comprehensive announced inspection. We rated the practice as inadequate overall. The practice was rated as inadequate for providing safe, effective and well-led services and requires improvement for providing caring and responsive services. As a result of the inadequate rating overall the practice was placed into special measures for six months.

A warning notice was issued for the provider for good governance. The concerns related to the safe recruitment of staff, appropriate staff training and support, management and learning from significant incidents, safe management of medicines and clinical performance. The practice submitted an action plan in respect of the regulatory breaches identified.

Practices placed into special measures receive another comprehensive inspection within six months of the publication of the report, so we carried out an announced comprehensive inspection at Dr Tony Nasah on 8 March 2017 to check whether sufficient

improvements had been made to take the practice out of special measures. At this inspection we also looked at whether the practice had complied with the warning notice and we found that the improvements had been actioned.

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

- We saw staff were confident reporting significant incidents and these were investigated, learning shared and acted upon.
- Patient safety and medicines alerts information was shared and appropriate changes to patient's medicines had been made.
- Staff had appropriate recruitment checks and those undertaking chaperone duties had undertaken DBS checks.
- Medicine management arrangements in place kept patients safe.
- Risk assessments had been conducted, actions identified and addressed to mitigate risks to patients.
- The practice had arrangements in place to respond to emergencies.

Summary of findings

- Data from the practices performance over the past 12 months and the Quality and Outcomes Framework (QOF) showed improvements.
 - The practice had established a culture of administrative and clinical audits to assess practice performance and ensure care was being delivered in line with current evidence based guidance.
 - The clinical team had defined roles and responsibilities. They had the skills, knowledge and experience to deliver effective care and treatment.
 - All staff had received appraisals and personal development plans.
 - The practice received 60 comment cards which were positive about the commitment and care they received from the practice team.
 - Patients reported improved levels of satisfaction with their GP in the national GP patient survey published July 2016.
 - The practice had identified 2% of their registered patients to be carers and informed them of service available to them such as annual flu vaccinations.
 - Practice provided a range of services from telephone consultations, extended hours an access to the GP hub every evening and weekends for GP, practice nurse and healthcare assistant services.
 - Patients reported improved satisfaction with the GPs at the practice in the national GP patient survey.
 - Appointments were available with GPs and the practice nurse on the day of the inspection and the following day with the healthcare assistant.
 - Information about how to complain was available for patients. The practice acknowledged, investigated and responded to complaints. Learning from complaints was shared with staff and other stakeholders during meetings.
 - The practice had published values and was clear about their future plans for development of the service.
 - There was visible leadership within the practice and established governance systems. Risks to patients and staff were identified and acted on.
 - The practice acted on feedback from patients and had patient representation at their patient participation meetings.
- However there was an area of practice where the provider should make improvement:
- Improve patient satisfaction rates as highlighted in the national GP patient survey.
- I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- We saw staff were confident reporting significant incidents and these were investigated, learning shared and acted upon.
- Patient safety and medicines alerts information was shared and appropriate changes to patient's medicines had been made.
- Clinical staff had been trained in safeguarding children and vulnerable adults.
- Staff had appropriate recruitment checks and those undertaking chaperone duties had undertaken DBS checks.
- The practice appeared clean and tidy. They had conducted an annual infection control audit and the infection control lead had received additional training to undertake the role.
- Medicine management arrangements to in place to keep patients safe.
- Risk assessments had been conducted, actions identified and addressed to mitigate risks to patients.
- The practice had arrangements in place to respond to emergencies.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the practices performance over the past 12 months and the Quality and Outcomes Framework (QOF) showed overall improvements.
- The practice had established a culture of administrative and clinical audits to assess practice performance and ensure care was being delivered in line with current evidence based guidance.
- The practice had introduced additional governance checks to assure themselves about risks and information was being acted upon in a timely and appropriate manner.
- The clinical team had defined roles and responsibilities. They had the skills, knowledge and experience to deliver effective care and treatment.
- All staff had received appraisals and personal development plans.
- The practice followed up and supported patients who had failed to attendance national screening programmes.

Summary of findings

Are services caring?

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

- The practice received 60 comment cards which were positive about the commitment and care they received from the practice team.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patients reported improved levels of satisfaction with their GP in the national GP patient survey published July 2016. However, there had been a decline in satisfaction with the nursing team.
- Information for patients about the services available was easy to understand and accessible.
- The practice had identified 2% of their registered patients to be carers and informed them of service available to them such as annual flu vaccinations.

Requires improvement



Are services responsive to people's needs?

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

- Practice provided a range of services from telephone consultations, extended hours an access to the GP hub every evening and weekends for GP, practice nurse and healthcare assistant services.
- Patients reported improved satisfaction with the GPs at the practice in the national GP patient survey. However, patients still reported difficulties contacting the practice by phone and making appointments.
- Appointments were available with GPs and the practice nurse on the day of the inspection and the following day with the healthcare assistant.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available for patients. The practice acknowledged, investigated and responded to complaints. Learning from complaints was shared with staff and other stakeholders during meetings.

Requires improvement



Are services well-led?

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

- The practice had published values and was clear about their future plans for development of the service.

Good



Summary of findings

- There was visible and established governance and leadership at the practice. Risks to patients and staff were identified and acted on.
- Staff were clear about their roles and responsibilities and how they contributed to the shared objectives of the service. All staff had received appropriate training and support to undertake their duties.
- The practice had an established audit programme for administrative and clinical areas of responsibility.
- Staff were aware of and complied with the requirements of the duty of candour. The practice encouraged a culture of openness and honesty.
- The practice acted on feedback from patients and had patient representation at their patient participation meetings.

Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- All patients had a named GP.
- The practice participated in the admission avoidance scheme for patients over 75years of age. They offered personalised care plans to meet the needs of the older people.
- The practice worked with partner health and social care services such as the community matron; district nurses and Basildon integrated care team to coordinate care for patients.
- Patients were offered annual health checks and flu vaccinations.
- The practice offered home visits and urgent appointments for those with enhanced needs.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group

- The practice actively monitored patients with long term conditions inviting them for regular reviews, blood tests and spirometry checks.
- Medicine and patient safety alerts were reviewed and actioned appropriately.
- Patient information leaflets were provided to patients to understand their conditions and help them self-manage their conditions.
- Multidisciplinary team meetings were held to coordinate and provide the most appropriate care and treatment.
- The practice had improved their monitoring of chronic disease management. For example, the practice had reviewed 95% of their patients with COPD conducting a review including an assessment of breathlessness the past 12 months.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- The practice worked with partner health and social care services such as the community heart failure team.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. The clinical team had undertaken appropriate training in safeguarding children and patient files were appropriately annotated.
- Immunisation rates were high for all standard childhood immunisations. Nursing staff had been authorised in line with guidance to provide immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Non-attendance by children at development checks, hospital appointments, immunisations and neonatal checks were followed up.
- Children in poor health or who had rapidly deteriorated had open access to the clinical team.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group

- The practice operated extended hours consultations on a Wednesday 6.30pm to 7.30pm for patients unable to attend during the working day.
- Patients were able to access a range of services, online booking, accessing telephone triage and consultations Monday and Friday mornings.
- Patients had access to the GP Hub services providing evening and weekend consultations with GPs and practice nurses.
- Appointments could be booked three months in advance.
- Travel advice and vaccinations were provided with the practice nurse.
- The practice was proactive in offering a full range of health promotion and screening that reflected the needs for this age group.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice wrote to vulnerable persons to remind them of their appointment a week before and called them on the day to confirm it was still convenient.
- Staff were trained in safeguarding vulnerable adults.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health and social care professionals in the case management of vulnerable patients.
- The practice participated in the social prescribing scheme informing patients of various support groups and voluntary organisations to assist them with health social and financial concerns.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

- The provider was rated as requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group The practice conducted yearly physical and mental health reviews (including patients with dementia).
- The practice had improved the percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months achieving 88%.
- The practice regularly worked with multi-disciplinary teams such as the Mental Health Crisis teams, A&E psychiatric liaison service, and dementia intensive support teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations such as MIND and Bridge counselling services.
- Staff had an understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results, published July 2016. It showed in some areas patients reported improved levels of satisfaction. 297 survey forms were distributed and 111 were returned. This represented a response rate of 37%.

- There had been a significant improvement of 30% with 83% of respondents said the last appointment they got was convenient. The local average was 92% and the national average 92%.
- The practice had a 1% increase with 63% of respondents describing their overall experience of this GP practice as good. The local average was 82% and the national average of 85%.
- However, there had been a 5% decline in patient satisfaction, with 50% of respondents reporting they would recommend this GP practice to someone who had just moved to the local area. The local average was 73% and the national average 78%.

- The practice had experienced a reduction in patient satisfaction levels with 44% of respondents who found it easy to get through to this practice by phone compared previously when the practice had 53%. The local average was 71% and the national average was 73%. The practice had responded by purchasing a new call handling system scheduled for installation prior to April 2017.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 60 comment cards which were positive about the standard of care received. Patients told us they sometimes experienced difficulty getting an appointment with their preferred GP but were able to get urgent appointments on the day. They said the staff were very good, friendly, helpful and kind to patients and their children.

Areas for improvement

Action the service **SHOULD** take to improve

- Improve patient satisfaction rates as highlighted in the national GP patient survey.

Dr Tony Nasah

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Dr Tony Nasah

Dr Tony Nasah is also known as the south wing of the Dipple Medical Centre. The practice is one of four GP practices located in the building and who share the joint parking facilities.

There are approximately 3730 patients registered with the practice. There are four GPs, three of whom are locum GPs (two GP locums work three sessions and one GP locum works a single session) all are male. They are supported by a locum practice nurse who works Wednesdays and a full time healthcare assistant who works Monday to Friday. There is a team of administrators and reception staff who work under the management of the practice manager, employed three days a week.

The practice serves a deprived community in Basildon which has the highest under 18 year old conception rate in Essex. The average life expectancy for both females and males is below the local and national averages.

The practice is open between 8am to 6.30pm Monday to Friday. Extended hours surgery operates on a Wednesday until 7.30pm. Appointments are from 8am to 1pm and 4.30pm to either 6.30pm or 7.30pm depending on the day. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments are also available on the day for people that need them. The practice nurse works Wednesday 9am to

7.30pm and the healthcare assistant works daily Monday to Friday. Medicines for the treatment of poor mental health are administered by the community mental health nurse who attends the practice on a Thursday morning.

The practice offers on line appointments and on line ordering of repeat prescriptions. Patients can request an on the day telephone consultation with a GP and/or nurse.

When the practice is closed patients are advised to call the surgery and are directed to contact other services. Alternatively they may call the national NHS 111 service for advice. Out of hours provision is commissioned by Basildon and Brentwood CCG, and provided by IC24.

The practice has a comprehensive website providing details of services and support agencies that patients may find useful to access.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 March 2017. During our visit we:

- Spoke with a range of staff (GP, practice manager, administrators, nurse and healthcare assistant) and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

What we found at our previous inspection in June 2016

The practice was found to be inadequate in providing safe services. There was no policy for the reporting and recording of significant incidents and learning was not cascaded to staff. The practice did not ensure patient safety and medicine alert information had been actioned. Clinical staff had not been appropriately trained in safeguarding children and vulnerable adults. Staff had not had appropriate recruitment checks and those undertaking chaperone duties did not have DBS checks. An annual infection prevention control audit had not been conducted, cleaning schedules failed to demonstrate how, when and where rooms and equipment had been cleaned. The appointed infection control lead had also not undertaken additional training to perform the role. The practice had not audited their prescribing behaviour and the practice nurse had not been appropriately authorised to immunise children. We found insufficient staffing provision to cover in the absence of the practice nurse and the practice manager.

What we found at this inspection in March 2017

Safe track record and learning

There was a system in place for reporting and recording significant events. All staff had received online training and attended practice meetings to recognise and understand the importance of significant incidents. We spoke to staff who told us that they would raise concerns directly with the practice manager or a member of the clinical team and trusted they would be addressed immediately. Where incidents were reported these were discussed with the clinical team and advice taken regarding its potential significance. The practice manager conducted the initial investigation with clinical oversight and identified learning. All incidents were discussed during team meetings.

We reviewed three significant incidents recorded within the past 12 months which related to failure to receive confirmatory faxes, the presentation of a patient and staffing. All incidents had been appropriately recorded, investigated, clinical opinion sought where appropriate, learning identified and shared with the wider practice team. We checked meeting minutes and saw discussions relating to the incidents and the revisiting of learning to

check changes had been embedded into practice. For example; Where staff had raised concerns relating to the presentation of a patient they had been supported and encouraged to report similar issues in the future. The practice assured staff that the clinical team would act on their concerns immediately.

We asked the practice how they managed Medicines and Health Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us that they shared the alerts with their clinical team. They said that a member of the administrative staff conducted searches on the patient record system to identify if any patients may potentially be adversely affected by the alert. The list was then shared with the clinical team and the clinicians were required to sign to confirm they had read and actioned the alert appropriately. The practice manager reviewed this to ensure all clinicians had signed receipt of the information. The practice revisited searches within a month to ensure they had been appropriately actioned. The practice were also establishing searches to run periodically to identify risks previously not identified such as from new patients registering or prescribing by external partners.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. Administrative staff had undertaken safeguarding training. These arrangements reflected relevant legislation and local requirements. Policies and guidance material were accessible to staff outlining who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP responsible for safeguarding. The GP provided reports where necessary for other agencies. We found the practice staff knew how to report concerns and all staff were up to date on safeguarding children and vulnerable adults relevant to their role. We saw there was good annotation of patient records including reference to domestic violence risks.
- A notice in the waiting room and clinical rooms advised patients that chaperones were available, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service

Are services safe?

(DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice appeared clean and tidy. The practice had a range of policies and procedures such as the management of needle stick injuries, body spillages and hand washing. The healthcare assistant was the appointed infection control lead and had received additional training to undertake the specialist role. They had conducted an annual infection prevention control audit in September 2016.
- The practice told us they commissioned external cleaning services to clean the practice. They maintained and retained their daily cleaning records. The practice showed us their monthly log of cleaning and they had regular contact with the cleaning service to ensure standards were maintained. The practice could evidence when, where and how items of equipment, furniture or rooms had last been cleaned. The practice conducted additional assurance checks.
- There were arrangements in place for managing medicines, including emergency medicines and vaccines, in the practice to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). We found patients in receipt of high risk medicines had been reviewed through regularly monthly blood tests and scheduled tasks ensuring their timely and appropriate monitoring.
- The practice received bimonthly updates from the Basildon and Brentwood Clinical Commissioning Group regarding their prescribing practices. They had discussed and addressed their prescribing practices to promote safe and cost effective treatments.
- Blank prescription forms and pads were registered and securely stored. There were systems in place to monitor their use.
- We checked the Patient Group Directions adopted by the practice to allow their practice nurse to administer medicines in line with legislation. We checked the files and found these had been approved by an authorised person.
- We found medicines were stored and managed appropriately with records maintained of fridge temperatures.
- The practice had not appointed any new staff since our last inspection in 2016. However, they had reviewed

their personnel files to ensure all appropriate recruitment checks had been conducted for their staff. This included references, qualifications, registration with the appropriate professional body and checks under the current Disclosure and Barring Service.

Monitoring risks to patients

Some risks to patients had been identified, assessed and mitigated.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and information displayed throughout the premises including the staff room.
- The practice had revised their annual fire risk assessment. Regular checks had been conducted of fire exits and equipment in July 2016. The practice had an appointed fire marshal and staff had received general awareness training. All electrical equipment had been checked to ensure the equipment was safe to use in November 2016 and clinical equipment was checked to ensure it was working properly in October 2016.
- The practice had an environmental risk assessment and risk assessments in place such as control of substances hazardous to health.
- The practice had conducted a legionella risk assessment in September 2016 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice was defined as low risk and conducted monthly checks on their water system.
- There were arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. We spoke to staff who told us they would cover during their colleague's planned and unplanned absence. The practice had introduced a shadowing scheme to train and support staff to perform aspects of one another's roles in their absence or whilst they were on leave. All locums had defined roles to ensure delays were not experienced in the review or actioning of test results. The practice scheduled cervical screenings around the nursing staff's availability or be referred to the hub services.

Arrangements to deal with emergencies and major incidents

Are services safe?

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received six monthly basic life support training and training in the use of the defibrillator. There were emergency medicines available to the clinical team. All the medicines we checked were in date and stored securely.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Key practice personnel had access to laptops to enable them to work remotely. The practice had identified appropriate neighbouring premises in the event that access to the main building was restricted.

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection in June 2016

The practice was found to be inadequate in providing effective services. Data from the Quality and Outcomes Framework showed patient outcomes were below the local and national averages. The practice did not audit systems to ensure staff assessed patient needs and delivered care in line with current evidence based guidance. Members of the nursing team were unable to demonstrate they had the skills, knowledge and experience to undertake some roles. We found staff training records were not available on the day of the inspection and there was no evidence of appraisals and personal development plans. The practice had low patient attendance for national cancer screening programmes and there was insufficient oversight and actioning of blood test results in the absence of the lead GP.

What we found at this inspection in March 2017

Effective needs assessment

The practice told us they assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. They also used GP note book (medical advice and information programme) to assist them in assessments. The practice had defined and established systems in place to ensure all clinical staff were up to date with changes in guidance. Updates were also distributed amongst clinical team and included in the locum GP pack. The patient record system automatically updated clinical templates and linked to relevant to NICE guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice achieved 73.6% of the total points available during 2015 - 2016 with a clinical exception rate of 6.7%, 0.5% below the local average and 3.1% below the national average.

(Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This demonstrated a reduction in the QOF points achieved when compared to the previous year. In 2014 – 2015 the practice achieved 82% of the total points available and had an exception reporting of 6.4% which was below the local average by 0.5% and the national average of 2.8%.

Therefore, we checked the most recent unverified QOF data for the practice. This data had been taken since April 2016 and showed the clinical performance for the practice had improved. The practice had achieved 96%, 525 out of 545 points available. The practice attributed this to the use of “scheduling tasks” to remind clinicians to undertake tasks.

The practice had been an outlier for some QOF (or other national) clinical targets during the period 2014 to 2015 such as in diabetes, management of COPD and prescribing of hypnotic medicines. However when we checked the practices performance within the last 12 months we saw significant improvements. For example;

- The 2015 to 2016 QOF data showed the practice performance had improved from 0.9% in 2014 to 2015 to 62% (2015 to 2016) for the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5mmol/l or less. This was below the local average 74% and the national average 78%. However, when we checked the practices performance for the past 12 months we found that they had reviewed 85% of their patients.
- The percentage of patients on the diabetic register, with a record of a foot examination and risk classification within the preceding 12 months had been lower than the local and national averages in 2014 to 2015. The practice had achieved 66% in comparison with the local average of 74% and the national average 78%. The latest data from 2015 to 2016 showed a decline in performance achieving 64% below the local average by 17% and the national average by 18%. When we checked the practices performance for the past 12 months we found that they had reviewed 87% of their patients.
- The practice performance for the percentage of patients with COPD who had a review undertaken including an assessment of breathlessness remained below the local

Are services effective?

(for example, treatment is effective)

and national averages. The 2014 to 2015 QOF data showed the practice achieved 75% in comparison to the local average of 88% and the national average of 90%. However, the latest data 2015 to 2016 showed the practice achieved only 63% significantly lower than the local average 88% and the national average 90%. When we checked the practices performance for the past 12 months we found that they had reviewed 95% of their patients.

- The practice had improved their assessments of patients with schizophrenia, bipolar affective disorder and other psychoses. For example, the 2014 to 2015 QOF data showed the practice previously achieved 64% for recording this patient group's alcohol consumption in the preceding 12 months below the local average of 89% and the national average of 90%. However, the 2015 to 2016 QOF data showed the practices performance had significantly improved by 13% with the practice achieving 77%, above the local average of 86% and national average 89%. However, when we checked the practices performance for the past 12 months we found that they had reviewed 97% of their patients.
- The 2014 to 2015 QOF data showed the practice performed significantly lower than the local and national averages for the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face to face review in the preceding 12 months with 44%. The 2015 to 2016 QOF data showed the practices performance had declined achieving 38% in comparison with the local average 83% and the national average 84%. However, when we checked the practices performance for the past 12 months we found that they had reviewed 88% of their patients.

The practice showed us a number of clinical and administrative audits. These included an audit on surgical consent, patients who failed to attend appointments, reviews for patients with gestational diabetes and reviews for patients on high risk medicines. The audits were dual cycle and we saw evidence of learning, changes to practice and improved outcomes for patients.

Effective staffing

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

- The practice had a comprehensive induction programme for locum GPs. This included information on

what was expected from them in their role and contact details of partner services and referral pathways. It also covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

- All the practice team had appraisals. We reviewed two appraisals for the practice manager and the practice nurse. It outlined their main roles and responsibilities. The staff provided feedback to specific questions relating to their performance. Both staff members had development plans in place to support them to undertake their role. Regular reviews were scheduled to assess their performance against the set objectives.
- Previously we have found the practice did not maintain staff training records to demonstrate the clinical team had undertaken appropriate training. Following the inspection in 2016 the practice conducted annual reviews for all their staff identifying training and development needs. The reviews were scheduled into their calendar and training booked with relevant providers. For example; we saw the nursing team had received refresher training in asthma, spirometry, administering of immunisations and cytology.
- Staff received general awareness training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of eLearning training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. The practice also made use of special notes on the patient record system to facilitate sharing of clinical information with out of hour's services.

The practice worked closely with partner health and social care services. Where appropriate they ensured that the preferences of patients nearing the end of their lives had been completed and recorded. These were evidenced on the patient care plan which was duly shared with the other professionals.

The practice had introduced three monthly multidisciplinary meetings for patients with complex needs and those on the frailty register. They discussed and tasked

Are services effective?

(for example, treatment is effective)

partner agencies and other healthcare providers through their patient record system. We tracked through two patients care and saw evidence of the multidisciplinary discussions within their patient record.

Consent to care and treatment

Staff sought verbal and written patients' consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP recorded the outcome of the assessment. The practice had conducted an audit on obtaining and recording of consent for joint injections.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. The practice healthcare assistant conducted initial health checks for patients. They identified those patients who may benefit from receiving advice on their diet, smoking and alcohol cessation and were signposted to relevant services.

The practice reported a higher than the local and national average for the prevalence of new cancer cases referred using the two week wait referral pathway. The practice reported referring 59%; this was above the local average of 54% and the national average 49%.

The practice had focussed on improving their patient uptake for the cervical screening programme for 25-64year old women attending within the target period (3.5 or 5.5 year coverage). In 2014 to 2015 the practice had achieved 69% this increased in 2015-2016 to 72%, which was

comparable with the local average of 75% and the national average 73%. However, when we checked the practices performance for the past 12 months we found that they had screened 82% of their patients.

Data from the 2015/2016 National Cancer Intelligence Network showed some improvements were still required;

- The practice had improved their screening of female patients aged 50-70 years for breast cancer within the last 6 months of the invitation by 22%. In 2015-2016, 65% of applicable patients had been screened; this still remained below the local average of 73% and the national average of 74%.
- The practice had below the local and national screening rates for persons averaged between 60-69 years for bowel cancer in the last 30 months. The practice had achieved a 1% increase with 48% of the applicable patients screened, compared to the local and national average of 57%. The practice also had below the local and national average for their screening rates for persons 60-69 years of age screened for bowel cancer within 6 months of invitation. Their rates had increased by 4% on the previous year 2014 to 2015, achieving 46% in comparison to the local average 55% and the national average 56%.

The practice acknowledged that they had below the local and national averages for patients attending some national cancer screening programmes. They were actively following up on non-attendance by patients to determine whether the patient wished to reschedule or required additional information to enable them to make an informed choice.

Childhood immunisation rates for the vaccinations given were comparable to local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 95% and five year olds from 92% to 96%.

Patients had access to health assessments and checks.

Are services caring?

Our findings

What we found at our previous inspection in June 2016

The practice was rated as requires improvement for providing caring services. Patients reported low levels of satisfaction with their GP in the national GP patient survey. However, the 36 comment cards received from patients were positive regarding the service they received. Patients told us they were treated with compassion, dignity and respect. The practice had also identified carers and supported them to access services.

What we found at this inspection in March 2017

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. We found disposable curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. We spoke to reception staff who told us they knew when patients wanted to discuss sensitive issues or appeared distressed and they could offer them a private room to discuss their needs.

All of the 60 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

The practice had recently recruited three of their patients to represent the surgery. The practice met with them individually and as part of a wider Dipple Medical Centre Patient Participation Group (PPG). The practice manager regularly attended their meetings which they shared the chairing duties. The last meeting was held in March 2017 and all patients reported being positive about their involvement.

Results from the national GP patient survey, published July 2016 showed patients reported improved levels of satisfaction with the service they received from the GPs and the practice generally were on an improving trajectory. However, there had been a slight decline in satisfaction with the nursing team. For example:

- There had been a 3% improvement with 75% of respondents said the GP was good at listening to them. This was comparable with the local average of 84% and the national average of 87%.
- There had been a 4% improvement with 76% of respondents reporting the GP gave them enough time. This was comparable with the local average of 84% and the national average of 87%.
- There had been a 5% improvement with 90% of respondents reporting confidence and trust in the last GP they saw. This was comparable with the local average of 94% and the national average of 95%.
- 67% of respondents said the last GP they spoke to was good at treating them with care and concern. This was below the local average 81% and the national average of 85%.
- There had been a 5% reduction in satisfaction levels with 84% of respondents reporting the last nurse they spoke to being good at treating them with care and concern. This remained comparable with the local average 90% and the national average of 91%.
- There had been a 1% improvement with 80% of respondents reporting that they found the receptionists at the practice helpful. This was compared to the local average of 85% and the national average of 87%.

The practice has formally discussed the national GP patient survey findings during their team meetings. They practice could not find a reason for the decline in satisfaction with the nursing team. They had received no complaints relating to the care provided by the team or their availability. However, they told us they would continue to review patient feedback and discuss it during their team meetings.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey, published July 2016 showed an improvement in patient satisfaction with their GP but again a slight decline in satisfaction with the practice nursing team. For example:

- There had been a 6% improvement with 77% of respondents reporting the last GP they saw was good at explaining tests and treatments. This was comparable with the local average of 82% and the national average of 86%.

Are services caring?

- There had been a 1% improvement with 68% of respondents reporting the last GP they saw was good at involving them in decisions about their care. This was below the local average 76% and the national average of 82%.
- There had been a reduction in satisfaction levels of 7% with 81% of respondents reporting the last nurse they saw was good at involving them in decisions about their care. This remained comparable with the local average 85% and the national average of 85%.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had improved their identification of patients as carers by 1%. The practice had 75 carers on their register (2% of the practice list). On registering with the practice the patients who were carers were informed that they were entitled to flu vaccinations. Yearly reminders were sent to carers. Written information was also available to carers and useful information on the range of services and benefits available to them were displayed on the waiting area notice boards.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. The practice supported patients and provided advice and guidance in relation to bereavement processes including signposting them to support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our previous inspection in June 2016

The practice was found to require improvement for providing responsive services. Patients had reported low levels of satisfaction with the practice opening hours and difficulties obtaining appointments.

What we found at this inspection in March 2017

Responding to and meeting people's needs

The practice identified and understood the needs of its local population. However, they told us of the continuing challenges of meeting patient demand for their service. They provided a range of services to meet their patient needs. For example;

- The practice offered daily telephone consultations with patients able to speak to their own GP.
- The practice offered online appointment booking and electronic prescribing for acute and repeat prescriptions. Patients were invited to submit an online request for their repeat prescriptions and could collect them at a pharmacy of their choice.
- There were longer appointments available for people who needed them.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for all patients, with priority access given to children and those with serious medical conditions.
- Phlebotomy was provided by their practice healthcare assistant.
- Immunisations and cervical screenings were conducted on a Wednesday with the practice nurse.
- Patients were also able to access the GP hub service provided through the Basildon and Brentwood Clinical Commissioning Group. This enables patients to access and book GP, practice nurse and healthcare assistant appointment Monday to Friday 6.30pm to 8pm and Saturday and Sunday 8am to 8pm.
- They offered onsite counselling (talking therapies) for patients. They also provided financial advice and signposting for support services.
- The midwife attended the practice on Monday mornings.

- Patients were able to access a social prescribing initiative and a health, social and financial advisory service.
- The practice worked with the community care coordinator to assess the patients' needs especially on being discharged from hospital or where patients health had deteriorated, promoting independence.
- A community mental health nurse attended the practice on a Thursday to administer mental health medicines to patients requiring the treatment.
- The practice conducted non NHS services including Heavy Goods Vehicle medical assessments, adoption and insurance reports.
- Staff told us that translation services were available on the phone for patients who did not have English as a first language.

The practice had received 103 responses to the NHS Friends and Family Test between December 2016 and February 2017. Of the 103 responses received, 98 of the patients had reported they were likely or extremely likely to recommend the service to family or friend.

Access to the service

The practice was open between 8am to 6.30pm Monday, Tuesday, Wednesday, Thursday and Friday. Extended hours surgery operated on a Wednesday until 7.30pm. Appointments were from 8am to 1pm and 4.30pm to either 6.30pm or 7.30pm depending on the day. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them.

The practice nurse who conducted all immunisations and cervical screenings worked Wednesday 9am to 7.30pm. The healthcare assistant worked daily Monday to Friday. The Mental Health community nurse attended the practice on a Thursday morning to administer medicines to patients with poor mental health.

Results from the national GP patient survey, published July 2016. They reflected that patient's showed lower levels of satisfaction with their access to the service than the local and national averages.

- Previously when we inspected the service in June 2016 we found 63% of respondents were very satisfied or fairly satisfied with the practice's opening hours

Are services responsive to people's needs?

(for example, to feedback?)

compared to the local average of 77% and the national average of 78%. We found patient satisfaction levels had declined to 57% of respondents, in comparisons with a local average of 73% and the national average of 76%.

- We found a 9% decline in patient satisfaction with 44% of respondents finding it easy to get through to the practice. The local average was 71% and the national average was 73%. Previously, 53% of respondents reported they could get through easily to the practice by phone compared to the local average of 72% national average of 73%.

The national patient survey and comment cards completed by patients told us some were dissatisfied with the practice opening hours and had experienced difficulties getting an appointment. The practice told us appointments were available daily but they experience high levels of non-attendance by patients. We checked the next available appointment with members of the clinical team. An appointment was available with the lead GP and the practice nurse on the day of the inspection and the following morning with the healthcare assistant.

The practice was actively trying to reduce non-attendance by patients, and had successfully reduced it by 14% between 2013 and 2016. They sent text reminders to all patients and called some patients on the phone prior to their appointment. The practice told us they kept this under constant review with their patient participation group.

The practice had acknowledged that some patients experienced difficulties getting through to them on the phones. In response the practice had arranged for additional phone lines and purchased a new telephone

system designed for GP surgeries and due to be installed by April 2017. They told us they had chosen it as it was designed to enable the practice to manage calls and monitor call waiting times. The practice told us they would review the new performance data three monthly to inform how they could best meet their patient needs.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. They had a complaints policy and procedures that were in line with recognised guidance and contractual obligations for GPs in England. It advised patients that they may make written or verbal complaints and have access to advocacy services. Patients were also informed of their right to appeal the outcome of the practice investigation if dissatisfied. The practice manager was the designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system.

The practice manager told us they tried to resolve concerns at the time of reporting. The practice had received ten complaints in the last year. These related to patient test results, prescriptions, issuing of health certificates, staff conduct and clinical records. We saw all complaints had been acknowledged, investigated and responded to. The practice had stated whether they had upheld the complaint or not. We checked practice meeting minutes and found complaints to be a standing agenda item. Lessons learnt were identified and verbally disseminated amongst the practice team both formally during their meetings and informally during one to ones with staff.

Are services well-led?

Good 

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

Our findings

What we found at our previous inspection in June 2016

The practice was rated as inadequate for being well led. The practice had no business plan and had not consulted with their team regarding the future of the practice. There was an absence of governance systems in place. Roles and responsibilities were not defined. Risks were not identified or acted upon. The practice did not review their performance or understand how it may influence patient safety and the GPs had not updated their training. There was an absence of documentation to demonstrate how they had fulfilled their duty of candour and they did not have patient participation members.

What we found at this inspection March 2017

Vision and strategy

The practice staff told us they were committed to providing good accessible care. The practice had introduced a statement of purpose and this was displayed within the patient waiting area. The practice were part of a new proposed shared health facility to be built on the current site, this had been discussed with the practice team. The lead GP told us they were interested in appointing a partner should an appropriate clinician be interested. Thereby providing greater stability and resilience for the practice.

Governance arrangements

The practice had reviewed all their systems and introduced and embedded new governance systems in partnership with their staff. Risks to patients and staff were being identified and there was a culture and commitment by all to identify and introduce quality improvements.

Clinical roles were defined; the GPs had areas of interests such as gynaecology, diabetes, minor surgery and joint injections, the healthcare assistant lead on health reviews and phlebotomy and the practice nurse lead on screenings and immunisations. The practice had fortnightly clinical meetings attended by the practice nursing team. We reviewed the minutes of the last two minutes and saw records of who had attended and relevant discussions.

The practice had revised and introduced policies relating to the safe and efficient management of the practice. For example, they had a significant incidents policy and clear policy for following up on children who failed to attend appointments.

Practice management meetings were held fortnightly. We reviewed two sets of the minutes. They were well attended and covered a broad range of housekeeping issues including having standing agenda items such as complaints and significant incidents. Areas were assigned and progress reviewed at the next meeting.

We found the practice were regularly auditing clinical and administrative processes to inform the service. For example, the practice had audited their high non-attendance by patients for clinical appointments. This had identified seasonal trends and they contacted repeat offenders.

Leadership and culture

We found the practice had a defined and established leadership structure. Staff spoke with confidence and pride regarding the changes that had been made following the last inspection in 2016. They accepted changes were required and a meeting had been held with all staff to discuss the inspection findings, the challenges and asking for their commitment to help them resolve them.

The lead GP and the practice manager included staff in decisions and proposed changes. All staff we spoke with understood how they contributed towards the overall performance of the practice and could demonstrate how they had improved the safety and effectiveness of their care and treatment for patients.

Staff spoke highly of their colleagues both amongst the administrative and clinical team. They told us they felt they were now a cohesive team all working towards shared objectives. The provider was aware of and staff told us they shared concerns in accordance with the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

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

The practice had successfully recruited three new members to their patient participation group. The practice spoke with their members and the practice manager and

Are services well-led?

Good 

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

healthcare assistant regularly attended the joint PPG group. The group addressed individual and collective concerns and consisted of representative from the four surgeries base at the Dipple Medical Centre. Their meetings were held on the second Thursday of every month.

The practice reviewed patient comments as part of the NHS Friends and Family Test and made changes to improve the patient's experience of the service. The practice also advertised changes so patients were aware they did listen and care about their concerns. They believed the introduction of their new phone system would significantly improve patient experiences of the service.

The practice manager spoke regularly informally with staff, Staff told us they felt appreciated and valued by both staff and patients. They were happy to support one another and would raise concerns both informally in person and during practice meetings as evident in the meeting minutes. Staff told us they felt respected and valued by the provider. Staff were provided with lunch at their fortnightly practice meetings and the practice also held team building weekends. These were arranged and paid for by the practice to show appreciation for their commitment and hard work.