

Dr AM Deshpande & Dr P Gurjar Practice

Quality Report

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Date of inspection visit: 16 January 2017
Date of publication: 20/04/2017

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out a comprehensive inspection at Dr AM Deshpande & Dr P Gurjar Practice on 4 May 2016. The practice was rated as inadequate overall. Specifically they were rated as requires improvement for effective, caring and responsive, and inadequate for safe and well-led. The practice was placed in special measures for a period of six months. The full comprehensive report on the inspection can be found by selecting the 'all reports' link for Dr AM Deshpande & Dr P Gurjar Practice on our website at www.cqc.org.uk.

This second inspection was undertaken following the period of special measures to review their progress and was an announced comprehensive inspection on 16 January 2017. Overall the practice is now rated as good.

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

- Staff were aware of their responsibilities regarding safety, and the reporting and recording of significant events. There were policies and procedures in place to support this. Any learning identified was shared with staff.
- The practice assessed risks to patients and staff and there were systems in place to manage them.
- Where patients were prescribed medicines requiring monitoring we found that the system in place was effective. There was a system in place for clinical staff to receive, action and disseminate patient and medicine safety alerts.
- The practice had a defibrillator and oxygen, as well as all the medicines expected to be onsite in case of medical emergencies. There was a system in place to check that equipment was in working order and medicines had not expired.
- There was a system in place to record and monitor the issue and use of prescription stationery.
- The practice business continuity plan had relevant contact details to enable staff to take action in the event of a loss of utilities or premises.

Summary of findings

- Policies and procedures were up to date and had clear version control and a review date. These were easily accessible to staff.
- Staff had a clear awareness of consent issues including Gillick competencies and Fraser guidelines.
- Appraisal sessions had been booked for administrative staff however following the completion and manager review of preparation forms these were postponed in order for the partners and management team to address some of the issues raised. This included a review of all staff contracts, staff appraisals would be held once this work had been completed.
- There was a portable hearing loop for those with a hearing loss to use.
- There was a system in place to identify and support carers.
- We saw evidence of audits that demonstrated improvements in patient outcomes.
- Views of patients from comments cards and those we spoke with during the inspection were mostly positive. Patients said they were treated with dignity and respect, and they were involved in their care and decisions about their treatment.
- Complaints were investigated appropriately and in a timely manner and learning was shared with all staff.
- The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from CQC, the local Clinical Commissioning group (CCG) and its own staff.
- The management and staff team structure had had some changes since our previous inspection. There was still further progress to be made however we found that the two practice managers and two partners were working as a team to ensure that the potential risks to patients and staff were being identified and the structure of support and learning within the staffing team was being improved.
- Staff told us they felt supported and able to suggest improvements to the way that the service was run.
- The culture of the practice was friendly, open and honest. It was evident that the practice complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure that non-clinical staff have appraisals.
- Improve patient confidentiality when attending consultations with the practice nurse.

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



- Staff were aware of and could explain their role and responsibilities in reporting and recording of significant events. They told us, and we found evidence to show, that following investigation of any incidents the outcome was shared with appropriate staff to ensure that lessons were learned and action was taken to improve safety in this area in the future.
- When things went wrong involving patients, appropriate actions were taken and a full investigation completed, with the person affected, or their designated next of kin, given accurate and honest information as well as a written apology. They were also informed of any actions taken to prevent reoccurrence of the incident.
- There were clear safeguarding processes in place for adults and children. Staff were aware of their roles and responsibilities with regards to safeguarding and were aware of potential signs of abuse.
- Where patients were prescribed medicines requiring monitoring we found that the system in place was effective. There was a system in place for clinical staff to receive action and disseminate patient and medicine safety alerts.
- The practice had a defibrillator and oxygen, as well as all the medicines expected to be onsite in case of medical emergencies. There was a system in place to check that equipment was in working order and medicines had not expired.
- There was a system in place to record and monitor the issue and use of prescription stationery.
- There were systems in place for the identification and assessment of potential risks to patients, staff and the premises, and plans in place to minimise these.
- There was a business plan in place with contained contact numbers for both staff and utilities. Copies of this were kept offsite.

Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed the majority of patient outcomes were comparable or lower than the CCG and national averages. For example, performance for diabetes related indicators was in line with or below the CCG and national average.
- Staff had access to the latest clinical guidelines and best practice guidance and used these to assess and deliver patient care.
- Clinical staff used a range of measures to ensure they had the skills, knowledge and experience to provide effective care.
- We found non-clinical staff had not received an appraisal. Appraisals had been arranged however the process had been postponed to give the practice time to address issues raised by staff in appraisal preparation forms.
- The practice completed audits which were relevant to the service and demonstrated quality improvement.
- The practice had positive working relationships with other health and social care staff.

Are services caring?

The practice is rated as good for providing caring services.

Good



- All of the patients we spoke with during the inspection told us that they felt treated with dignity and respect by staff and that staff were good. They felt involved in decisions about their care. These views were backed up by responses on 13 of the 18 comments cards we received.
- One comment card stated that when sitting directly outside the nurses' room one could hear everything the nurse said.
- We saw that staff treated patients with dignity, respect and kindness.
- The practice had identified 46 patients who were carers.
- The practice informed us that if required information for patients could be made available in another language or format. The practice had a multilingual member of staff and access to language line for translation services.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Following our previous inspection the practice worked with the local Clinical Commissioning Group to make improvements in the areas identified in our previous report.

Summary of findings

- The latest GP survey, published in July 2016, showed the practice was rated in line with or higher than the CCG and national average with regards to satisfaction with opening hours and making an appointment generally.
- The practice had accessible facilities. Patients who were wheelchair users would need to ring a bell to gain access to the practice.
- There were facilities for those with babies and young children.
- Information on how to complain was clearly displayed in the waiting area and in the practice leaflet. Complaints were responded to appropriately and lessons learned had been shared with staff.

Are services well-led?

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

- There was a leadership structure in place, which had changed since our last inspection.
- There was further work to be completed on strengthening the management team structure and governance systems however work undertaken to date was having a positive effect on the service provided to patients and support for staff.
- The practice had a system in place for monitoring and assessing the quality of services provided through quality improvement activities and also for risk assessment.
- Staff felt able to raise concerns and also give suggestions for improvements to the running and development of the practice.
- The practice had policies and procedures in place, which were relevant to the practice, reviewed and updated as required.
- There were systems in place for notifying about safety incidents and evidence showed that the practice complied with the duty of candour when investigating and reporting on these incidents.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group had only one member; however action to increase this had been postponed whilst the practice worked on areas of concern. The practice had shared the CQC report and the practice action plan with the patient representative.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Those patients unable to come to the practice, for example, due to being housebound, were able to access home visits from the GP.
- The facilities and consulting rooms were level access for those with reduced mobility.
- Policies and procedures were now in place to support the service provided to this population group.

Good



People with long term conditions

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

- Clinical staff had lead roles in chronic disease management.
- Nationally reported data showed that outcomes for patients for long-term conditions were in line with or lower than compared to other practices locally and nationally. For example, numbers of patients with diabetes receiving appropriate reviews were lower than the local and national average for some indicators and similar for others. The practice was aware of this data and had recruited nursing staff with backgrounds in long term conditions to improve the service provided to this group.
- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, clinical staff worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- Children would always be offered appointments. If no appointment slots were left they would be seen by a GP on a 'sit and wait' basis.

Good



Summary of findings

- Immunisation rates were above the 90% standard for all childhood immunisations to the age of two. Immunisation rates for 5 year olds were in line with CCG and national averages.
- Appointments were available outside of school hours. The premises were suitable for families.
- Clinical staff had an understanding of Gillick competence and Fraser guidelines.

Working age people (including those recently retired and students)

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

- The practice offered extended hours on a Monday evening at the practice.
- Extended hours were available via the local 'hub' service in the evenings and at weekends.
- The practice offered a full range of health promotion and screening that reflects the needs for this age group.
- The practice had a range of online services available.
- Nationally reported data showed that outcomes for patients for uptake of cervical smears were in line with other practices locally and nationally.

Good



People whose circumstances may make them vulnerable

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

- The practice was aware of those patients on their register who lived in vulnerable circumstances.
- If patients required a longer appointment due to complex needs or multiple medical conditions this was available.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- There were established systems and processes in place to ensure patient safety and enable staff to identify and take appropriate action to safeguard patients from abuse. Staff knew how to recognise signs of abuse in vulnerable adults and children.
- The practice had identified 46 patients as carers (approximately 1.5% of the practice list).

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is above the national average.
- The practice performance for some mental health indicators was lower than the CCG or national average; however this was due to the very low numbers of patients affecting the data.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- There was information in the waiting area to sign post patients experiencing poor mental health to various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was in line with or above average compared with CCG and national averages. 282 survey forms were distributed and 107 were returned. This represented a 38% completion rate.

- 85% of patients found it easy to get through to this practice by phone compared to the CCG average of 74% and the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 71% and the national average of 76%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and the national average of 85%.

- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 72% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards, the majority of which were all positive about the standard of care received. Comments made on the cards related to the practice being clean, staff being helpful and polite, caring and considerate.

We spoke with five patients during the inspection. All patients said they were satisfied with the care they received, that it was easy to make an appointment and that staff were good.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that non-clinical staff have appraisals.
- Improve patient confidentiality when attending consultations with the practice nurse.

Dr AM Deshpande & Dr P Gurjar Practice

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 AM Deshpande & Dr P Gurjar Practice

This practice is also known as 'The Neera Medical Centre'. There is an agreement with a neighbouring church that patients can use their parking spaces. The practice is situated close to a train station.

The practice is based within a medical centre shared with another health care provider.

The current list size is just over 3000 patients and the practice is open to new patients. There are two male GP partners. The practice has a regular female locum GP (one day a week) and a regular male locum GP. There are two female locum practice nurses who both work part-time.

There is a practice manager, a senior receptionist and two receptionists. They all have shared roles including administrative functions.

The practice is open between 8am and 6.30pm Monday to Friday. Pre booked appointment times vary according to day and the GP. Every week day appointments are available from 9.30am. The morning session can last either to 11.30am or 12.30pm with minor variations. After this the GP

will make telephone consultations and complete home visits. Afternoon session start times range from 3.30pm to 5.30pm depending on the day. The afternoon session usually finishes at 6pm, except on Mondays when the afternoon clinic is from 5.30pm to 7.30pm. There is no GP onsite on Thursday afternoons. Practice nurses are available Wednesdays and Thursdays. Patients from the practice can access evening and weekend appointments with a GP or nurse through a local arrangement that is shared between different practices covering a rota. These appointments are pre-bookable only.

The practice area demographic comprises of mainly white British, with other nationalities including Polish. There are fairly low levels of income deprivation affecting older people.

The practice is responsible for the evening and weekend service called 'Thurrock Health Hubs'. Patients are able to book through the practice to see either a doctor or a nurse between 9.15am and 12.30pm at the weekend, at one of four 'hubs', or in the evening. We did not inspect the hubs' premises as part of this inspection, although some of the systems and processes overlap.

When the practice is closed primary medical services can be obtained from the out of hour's provider, Integrated Care 24 via the non-emergency 111 service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice had

Detailed findings

previously been inspected on 4 May 2016 and placed in special measures when we issued enforcement action. The latest inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. The practice had provided us with an action plan which outlined the work and actions they would take to comply with the regulation breaches stated in the requirement notices we had given them.

We carried out an announced visit on 16 January 2017. During our visit we:

- Spoke with a range of staff including GPs, nursing and administration staff.
- Observed reception staff speaking with patients.
- Spoke with patients and their family or carers.
- 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

At our previous inspection on 4 May 2016 we rated the practice as inadequate for providing safe services. There was limited evidence to show how lessons learned from the investigation of significant events was shared with relevant staff. The policies and procedures for adult safeguarding needed reviewing. There was no risk assessment to determine what medicines were required in the event of an emergency and there was no oxygen on the premises. The issue and use of prescription stationary was not recorded. The systems and processes for the management of medicines requiring monitoring were not always reliable enough to keep people safe. Although the practice had a business continuity plan in place, the plan lacked emergency contact numbers.

These arrangements had greatly improved when we undertook a follow up inspection on 16 January 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

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

- We asked staff to explain the process of reporting significant events to us. They told us that they would inform the practice manager, who would then complete a significant incident form. All significant events were discussed at the next clinical meeting to ensure that lessons were learned and action was taken to improve safety in this area in the future.
- Significant incident forms and the evidence of the analysis showed that when a significant incident directly affected a patient: a thorough investigation was completed, the patient was informed of the incident, given information and appropriate support. A verbal apology was given which outlined any actions taken to prevent the same thing happening again.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, one incident related to an injury to the GP whilst examining a patient. The GP submitted a blood sample for testing and the results were shared with the

patient's representative and the lead GP. A verbal apology was given and the patient's representative was invited into the practice to discuss the results. There was a clear audit trail and analysis of events.

- We reviewed safety records, incident reports, MHRA (Medicines and Healthcare Products Regulatory Agency) alerts, patient safety and minutes of meetings where these were discussed. The practice told us that the alerts were received by the lead GP who decided what action needed to be taken. We found that any required action had been taken by the GPs, for example, a review of affected patients and potential changes to a patient's prescription. We saw evidence to support this and their system was effective.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe.

- There were established systems and processes in place to ensure patient safety and enable staff to identify and take appropriate action to safeguard patients from abuse. These systems took into account the latest relevant legislation and Thurrock council requirements. Staff were aware of their responsibilities regarding this. One of the GP partners took the lead role for safeguarding although staff could approach either with concerns. The GPs supplied reports as required for safeguarding meetings. Safeguarding concerns were discussed at regular multi-disciplinary safeguarding meetings which a variety of health and social care staff attended. Safeguarding was also on the practice agenda for clinical meetings.
- Staff had received training on safeguarding children and vulnerable adults that was relevant to their role and at an appropriate level. We found that all GPs were trained to child protection or child safeguarding level 3.
- There was a notice in the waiting room advising patients that a chaperone was available for examinations if required. Only staff that were trained for the role and had received a Disclosure and Barring Service (DBS) check were used as chaperones. (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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to

Are services safe?

be clean and tidy. The flooring in some of the clinical rooms was coming away from the wall. The practice was aware and had contacted the landlord to effect repairs. A temporary repair had been actioned in the interim.

- The practice nurse was the infection control clinical lead who attended local training and used online resources to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There was an effective process in place for reviewing patients prescribed medicines requiring monitoring, including high risk medicines.
- The local medicines management team completed monitoring activities to ensure that the practice prescribing was in line with best practice guidelines for safe prescribing. Guidance was given on areas for the practice to focus on, evidence of this was seen. We spoke with the local medicines management team who advised that the practice engaged well with them.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice were in the process of employing a new staff member we looked at the recruitment process for this person as well as three other personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had a system to ensure ongoing checks related to registration with professional bodies and immunisation status of staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had systems in place to assess and monitor risks to staff and patients. There were risk assessments in place for infection control, health and safety, control of substances hazardous to health (COSHH), fire and Legionella testing. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice used historical data to ensure that there were sufficient staff with an appropriate skill mix, this was reviewed annually. Staffing levels were determined in between this by the practice manager. In the case of staff absence, gaps were often covered internally or by bringing in agency or regular locums. The practice had a file with details of regular locum staff that they used. Two of the 18 comments cards we received stated that the practice needed more doctors.

Arrangements to deal with emergencies and major incidents

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

- There was an alert button on the computers in all of the consultation and treatment rooms which staff could press to summon other staff in an emergency situation.
- Staff had received training on basic life support and use of a defibrillator. There was a defibrillator available on the premises. Oxygen was in an accessible place.
- We spoke with staff regarding emergency medicines and found that they were kept in a secure area of the practice that was easily accessible to staff in the case of an emergency. We checked the medicines and found them to be stored securely and within their expiry date, with a system for checking the dates in place.
- The practice had a business continuity plan in place for major incidents such as IT failure or flooding. The plan now included emergency contact telephone numbers for relevant utilities and staff.

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection

At our previous inspection on 4 May 2016, we rated the practice as requires improvement for providing effective services. Some clinical staff lacked knowledge about Gillick competence and how it related to children under the age of 16 years old and there was no evidence that audits were driving improvements in the quality of care.

These arrangements had improved when we undertook a follow up inspection on 16 January 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE online and used this information to deliver care and treatment that met patients' needs.
- There were regular clinical meetings attended by all clinical staff which included shared learning from internal and external sources.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework and performance against national screening programmes to monitor outcomes for patients. The most recent published results, from 2015 to 2016, indicated the practice achieved 91% of the total number of points available compared with the CCG average of 94% and the national average of 95%.

Data from 2015 to 2016 showed:

- Performance for diabetes related indicators was in line for some indicators or lower than the CCG and national average for other indicators. For example, the percentage of patients whose blood pressure reading was within expected levels was 74% compared to the CCG average of 75% and the national average of 78%. The percentage of patients with diabetes who had blood sugar levels within expected levels was 67% compared to the CCG average of 75% and the national

average of 78%. The percentage of patients with diabetes who had cholesterol within expected levels was 68% compared to the CCG average of 77% and the national average of 80%.

We found that the practice had recruited a nurse with training in diabetes in order to target this group of patients and improve clinical outcomes for them.

- Performance for mental health related indicators was in line with the CCG and national average. For example, the percentage of patients with a diagnosis of dementia who had had a face to face review of their care plan in the last 12 months was 96% compared to the CCG average and national average of 84%.
- The practice had a 4% exception reporting rate overall which was in line with the CCG average of 5% and national average of 6%. (The QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.)

There was evidence of quality improvement activity including clinical audit:

- We viewed four audits in detail, one of which two cycles had been completed (audited and re audited - this is deemed as a complete audit).
- We found that improved outcomes for patients were evidenced by the completed audits. For example, the completed audit related to the use of a particular combination of medicines. The second cycle of the audit demonstrated that all patients had received appropriate monitoring checks.
- The practice participated in local and national benchmarking.

Effective staffing

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

- Staff received role-specific training and updating as relevant. For example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work, as well as opportunities for career progression.

- We found that although non-clinical staff had not received an appraisal, the process had been started and postponed in order to address issues identified as a result of the completion of appraisal preparation forms.

Coordinating patient care and information sharing

Staff had access to the information they required to plan and deliver patients' care and treatment through the practice's records system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals on a regular basis when care plans and actions were routinely reviewed and updated for patients with complex needs and adult or child safeguarding concerns. Staff liaised with other professionals on outside of these meetings too. Staff had working relationships with school nurses, health visitors, social workers, community matron and other community staff. Other health professionals told us that the practice was good at raising issues and responsive when action was required. Staff had working relationships with school nurses, health visitors, social workers, community matron and other community nurses.

Consent to care and treatment

Staff sought 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.

- Staff were able to give us examples that showed that when providing care and treatment for children and young people, they carried out assessments of capacity to consent in line with current relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the clinical staff assessed the patient's capacity and documented this appropriately.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support through a series of system checks. Patients were then referred to an external provider for smoking and alcohol cessation, weight management and other health checks.

The practice's uptake for the cervical screening programme was 75%, which was comparable to the CCG average of 80% and the national average of 81%. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results or non-attendance.

Data for other national screening programmes such as bowel and breast cancer showed that the practice uptake was in line with CCG and national averages. For example, the uptake of screening for bowel cancer by eligible patients in the last 30 months was 54% for the practice, compared to 54% average for the CCG and 58% national average. The uptake of screening for breast cancer by eligible patients in the last 36 months was 67% for the practice, compared to 66% average for the CCG and 72% national average.

The amount of patients with a diagnosis of cancer on the practice register was in line with the CCG and national average.

Childhood immunisation rates for the vaccinations given were above the 90% national standard or in line with CCG and national averages. For example,

- The percentage of children aged one with a full course of recommended vaccines was 93% which was above the 90% standard.
- The percentage of childhood Mumps, Measles and Rubella vaccination (MMR) given to under two year olds was 98% which was above the 90% standard.

Are services effective?

(for example, treatment is effective)

- The percentage of MMR dose one given to under five year olds was 92% compared to the CCG percentage of 95% and the national average of 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Where abnormalities or risk factors were identified during these health checks, these were followed up appropriately.

Are services caring?

Our findings

What we found at our previous inspection

At our previous inspection on 4 May 2016, we rated the practice as requires improvement for providing caring services as the provider did not hold a register of carers and there was limited evidence of support for carers. There was also no hearing loop at the premises.

These arrangements had improved when we undertook a follow up inspection on 16 January 2017. The provider is now rated as good for providing caring services.

Kindness, dignity, respect and compassion

We observed members of staff were polite to patients and treated them with kindness, dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in the GPs rooms could not be overheard. However one comment card we received highlighted that patients sitting directly outside the nurses' room could hear everything the nurse said.
- We saw a notice in the reception area informing patients that a private area could be offered if they wanted to discuss issues privately. Staff could also use this area if patients appeared distressed.

Thirteen of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced. People told us via the comments cards that they were listened too and treated with respect by helpful and caring staff. Patients said they felt the practice offered a good service. Four of the remaining five comments cards contained mixed views on their experiences of GPs stating that it depended whom you saw. Two comments cards related to a GP who no longer worked at the practice after a decision had been made not to renew the GPs contract following negative feedback from patients.

We spoke with four patients, including the sole member of the patient participation group (PPG), who were positive about the service experienced and felt treated with dignity and respect.

Care planning and involvement in decisions about care and treatment

All five patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff to make an informed decision about the choice of treatment available to them. The majority of patient feedback from the comment cards we received was also positive and aligned with these views. A few comment cards with negative responses related to a specific GP who no longer worked at the practice.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above or in line with local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care which was the same as the CCG and national average.

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

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

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 local and national support groups and organisations. For example, carer support agencies.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 46 patients as carers (1.5% of the practice list). There was a carers' policy and procedure in place, which outlined the support the practice should offer to carers. Support available included:

Are services caring?

a carers review incorporating a blood pressure check, smoking status and alcohol intake, lifestyle advice, depression screen, a medicines review and musculoskeletal assessment (to identify issues such as back pain); carers had access to flu vaccinations; and signposting to various support services.

Staff told us that if families had suffered bereavement the GP would contact the family and all staff would be made aware. The practice had a member of staff who had received basic counselling training and counselling via an external agency was available during a specified time period.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our previous inspection

At our previous inspection on 4 May 2016, we rated the practice as requires improvement for providing responsive services as complaints investigations were not always thorough enough and there was limited learning from complaints.

These arrangements had improved when we undertook a follow up inspection on 16 January 2017. The provider is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice engaged with Clinical Commissioning Group (CCG) discuss, plan and secure improvements to services where these were identified.

- The practice offered extended hours access through use of the hub. Patients would be seen by hub staff who did not necessarily work for the practice.
- There were longer appointments available for those who required them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Telephone appointments were available to patients whose medical condition could be treated over the telephone.
- Prescriptions were sent electronically to the patients preferred chemist.
- Patients were able to receive travel vaccinations available on the NHS.
- There was a portable hearing loop and translation services available via telephone.
- There was a doorbell for wheelchair users to ring to request a staff member to open the entrance door.
- For those patients who may find it difficult to wait within the main waiting area due to their health condition a private area would be made available for them to wait.
- The practice identified patients opportunistically for checks and vaccinations where they had not attended.

Access to the service

The practice was open from Monday to Friday between the hours of 8am and 6.30pm. The practice remained open outside of GP surgeries throughout the week for the collection of prescriptions and for making appointments.

The practice was open between 8am and 6.30pm Monday to Friday. Pre booked appointment times varied according to day and the GP. Every week day appointments were available from 9.30am. The morning session lasted to either 11.30am or 12.30pm with minor variations. After this the GP completed telephone consultations and home visits. Afternoon session start times ranged from 3.30pm to 5.30pm depending on the day. The afternoon session usually finished at 6pm, except on Mondays when the afternoon clinic operated from 5.30pm to 7.30pm. There was no GP onsite on Thursday afternoons. Practice nurses were available Wednesdays and Thursdays. Patients from the practice could access evening and weekend appointments with a GP or nurse through a local arrangement that was shared between different practices covering a rota. These appointments were pre-bookable only.

Results from the national GP patient survey, published in July 2016, showed that patient's satisfaction with how they could access care and treatment were in line or above the CCG and national averages.

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.

All the patients we spoke with on the day of inspection told us that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager handled all complaints in the practice, with clinical input from the GP.
- We saw that information was available to help patients understand the complaints system both on the website and within the practice building. Information was clearly displayed in the waiting area and in the practice leaflet.

We looked at the complaints received in the last 12 months and reviewed one in detail. The complaint we viewed in

detail related to a relative's concerns regarding a potential missed diagnosis. The practice fully investigated and due to the nature of the complaint and the investigation taking longer, we found that the practice had sent correspondence at regular intervals apologising for the delay and explaining the reason. The complaint was also dealt with as a significant event by the practice and the outcome discussed and learning shared. Other complaints were also fully investigated and an open and honest explanation given to the complainant.

We saw that where a verbal complaint was made the practice apologised and a record of the complaint and actions taken was kept.

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

At our previous inspection on 4 May 2016, we rated the practice as requires improvement for providing well-led services as the overarching governance arrangements needed improving.

These arrangements had improved when we undertook a follow up inspection on 16 January 2017. The practice is now rated as good for providing well-led services.

Vision and strategy

The practice had a clear vision to provide safe and effective care. The practice had been closely involved in the setting up of the pre-bookable extended hours service for Thurrock, but was now starting to separate the functioning of this and the practice in order to ensure that the practice patients were receiving a quality service which focused on their needs.

Governance arrangements

We found that the governance systems in place had been strengthened since our last inspection. There was an overarching governance framework which supported the delivery of the strategy and good quality care. The framework outlined the structures and procedures in place and ensured that:

- There was a clear staffing and leadership structure in place. Staff we spoke with were aware of their own roles and responsibilities and those of other staff.
- There were arrangements in place for identifying, recording, reviewing and managing risks, issues and implementing mitigating actions.
- Staff were made aware of the practice performance and other issues, such as significant incidents and complaints, through meetings where these were discussed.
- There were now systems in place to monitor, review and improve the practice performance through national comparison data, practice audits and through working with the local medicines management team.
- There were practice specific policies which were implemented, updated and were available to all staff.

Leadership and culture

The two partners within the practice now had clearly defined areas of responsibility. Another practice manager had been recruited to take over this role from the existing practice manager who was focusing on management of the Thurrock 'Hubs'. The culture of the practice was friendly, open and honest. Staff told us that management were approachable.

The provider was aware of and had systems in place to ensure compliance with the requirements of 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). It was evident during our inspection that the practice complied with the requirements of the duty of candour.

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice completed a thorough investigation.
- The practice gave affected people reasonable support, information and a verbal or written apology, depending on the circumstances.
- The practice kept records of verbal contacts and written correspondence.

There was a clear leadership structure in place:

- Staff told us that they felt supported by management. Non clinical staff had identified some issues through the appraisal process and the practice was in the process of addressing these.
- Staff told us the practice held regular team meetings.
- Staff told us they had the opportunity to raise any issues both at meetings and outside of these and that action would be taken to resolve these concerns.

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

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

- The practice patient participation group (PPG) had only just been set up when we completed our previous inspection. There was only one member at the time of our inspection however action to increase this had been postponed whilst the practice worked on areas of concern identified during our last inspection. We spoke

Are services well-led?

Good 

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

with them and found out that they had regular meetings with the practice and the outcome of our previous inspection as well as any progress made had been shared with them.

- The practice gathered feedback from staff through staff meetings and informal conversations. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt able to make suggestions for ways to improve the quality of care and that these, where possible, would be acted upon.

It was evident that the practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from CQC, the local Clinical Commissioning group (CCG) and its own staff.

Continuous improvement

One of the GP partners was the chair for the local clinical commissioning group (CCG), as part of this role they sought improvements in the service provided to the local population.