

Dr AK Abeyewardene

Quality Report

Dr AK Abeyewardene
111 Orsett Road
Grays
Essex
RM17 5HB

Tel: 0844 477 3125

Website: www.dellandstanford-le-hopemedicalcentre.co.uk

Date of inspection visit: 27 November 2015

Date of publication: 21/01/2016

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr AK Abeyewardene	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr AK Abeyewardene on 27 November 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. They were analysed and areas for improvement identified and cascaded informally to staff working at the practice.
- All staff had received safeguarding training and understood the various types of abuse that could take place.
- Medicines alerts were being acted upon but there was a lack of an audit trail to reflect that appropriate action had been taken.

- The practice had a recruitment process but pre-employment checks were not consistently undertaken. Staff were suitably qualified and experienced and received an induction when first starting at the practice.
- Patients on high risk medicines were subject to regular review and monitoring.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Staff were aware of relevant legislation in relation to consent including the Mental Capacity Act 2005.
- Clinical performance was monitored regularly and performance against targets was above national and local averages and had been consistently maintained over the last two years. All staff understood their roles and were involved in achieving healthcare objectives.
- Data available to us, feedback on CQC comment cards and information received from the patients we spoke with reflected that patients were satisfied with the services provided.

Summary of findings

- The practice had a clear vision and had identified the objectives of the practice. This was not being discussed with staff.
- There was visible leadership and staff felt included and valued.

However there were areas where the provider must make improvements;

- Ensure an there are records to reflect that action has been taken in relation to medicines alerts.
- Ensure appropriate recruitment checks are consistently undertaken for all new members of staff in line with legislation and that regular checks are made to ensure clinical staff are registered with their professional body.
- Undertake health and safety and legionella risk assessments.

- Ensure that the system of monitoring the expiry dates of the first aid equipment is effective.

There were also areas where the provider should make improvements;

- Ensure cleaning checklists are in place and infection control audits are undertaken in line with guidance.
- Ensure the learning from complaints, significant events and safety issues are discussed with all staff and their views sought where relevant. Ensure that action taken as a result of identified improvements is recorded to provide an audit trail for completion.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. Learning was shared informally but there was an absence of record keeping in relation to this area and no audit trail to evidence that appropriate remedial action had been taken.
- Practice staff had all received safeguarding training and effective systems, processes and practices were in place to keep people safe.
- Health and safety and legionella risk assessments, required by legislation, had not been undertaken.
- Recruitment processes required improvement in relation to employment documentation and the monitoring of registration with professional bodies. All staff had received disclosure and barring service checks. Staff acting as chaperones had received training.
- Prescriptions were reviewed in line with guidance. High risk medicines were effectively monitored. There was no audit trail in place to reflect that medicines alerts had been actioned appropriately.
- Medicines and vaccinations were stored appropriately and kept at recommended temperatures.
- The practice had a cleaning schedule but checklists were not being maintained. An infection control audit had not been carried out at the practice.
- Staff were trained to handle medical emergencies and had received fire training. Some items within the first aid equipment were out of date.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality. Performance was regularly monitored and targets had been achieved consistently over the last two years.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and repeat audits reflected that these had been maintained.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Good



Summary of findings

- There was evidence of appraisals and personal development plans for all staff. Staff felt supported at the practice
- Staff worked with multidisciplinary teams to understand and provide the most appropriate care and treatment for their patients.
- The practice worked effectively with other healthcare services to meet the needs of their patients.
- Staff understood the guidance in relation to the taking and recording of consent from their patients including the Mental Capacity Act 2005.
- Data reflected that child immunisation and flu vaccination rates were above local and national averages.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey of July 2015 showed that patients rated the GPs and nurses higher than others locally and nationally.
- Patients spoken with and CQC comment cards viewed reflected that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Patients spoken with and CQC comment cards viewed reflected that patients were involved in the decisions about their care and treatment.
- Support was provided to the carers of patients including being signposted to external organisations that could provide additional services.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It reviewed the needs of its local population and tailored the services according to patient needs. The healthcare needs of patients were being met.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. Data from the national GP survey reflected that patients were satisfied with the appointment system.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared informally with staff. There was limited information available for patients about the complaint process.

Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were not clear about the vision and how their roles linked to achieving it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- The practice held clinical meetings but no full staff meetings were taking place. Although staff were made aware informally of issues affecting them they did not have the opportunity to provide feedback or ideas for improvement. There were no minutes being recorded to provide an audit trail for action taken in relation to improvements.
- The practice monitored their performance against healthcare objectives and all staff were involved in achieving them. The practice achieved high levels of performance across all their objectives.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place to identify and record notifiable safety incidents
- The practice proactively sought feedback from patients, which it acted upon. The patient participation group was in its infancy but members described a positive relationship with the practice.

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

Good



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 responded to the needs of older people and offered same day appointments, home visits and telephone consultations.
- The nurse at the practice visited the homes of older patients for wound dressings, flu vaccinations and other services.
- Older patients identified as particularly vulnerable had care plans in place that were reviewed regularly, to avoid unnecessary hospital admissions.
- Multidisciplinary team meetings with other healthcare professionals took place every three months to review the care of vulnerable elderly patients.
- All staff had been trained in relation to the safeguarding vulnerable adults.
- An arrangement was in place with a local pharmacy to deliver prescriptions direct to patients at their home address.
- All patients over 75 had a named GP

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management. Patients were monitored and received regular reviews of their health.
- An effective system was in place to review patients on high risk medicines for their condition to ensure they remained safe to prescribe.
- Longer appointments and home visits were available when needed. Vulnerable patients were identified and given priority appointments.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- Patients with palliative care needs received support from a variety of healthcare professionals. Multidisciplinary meetings took place quarterly to discuss and plan the individual care and treatment needs of patients.

Summary of findings

- Nursing staff had received specialist training to manage patients suffering from diabetes. Performance data reflected that the management of diabetes was higher than the national average.
- A system was in place to recall patients that required regular follow-up tests to manage their condition.

Families, children and young people

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

- All staff had received appropriate training in safeguarding children and young people. A lead for safeguarding had been identified.
- Immunisation rates were above the national average all standard childhood immunisations.
- The practice provided cervical screening services for their patients and an effective recall and reminder system was in place. Cervical screening rates were above the national average.
- Ante and post-natal services were available for mothers and babies, including six week baby checks.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



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 needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Nurse led appointments were available for commuters to receive until 7.30pm on Monday evenings. GP appointments were available until 6.30pm on all weekdays.
- Patients could access GP and nurse appointments at a local hub providing primary care healthcare services.
- Students returning from university could register as temporary patients during term holidays.
- The practice offered a range of health promotion and screening that reflected the needs for this age group. Health checks were available for those patients over the age of 40.
- Smoking cessation clinics were available.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice advised vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of safeguarding procedures.
- A three monthly multidisciplinary meeting took place to discuss the care and treatment needs of patients considered to be frail and may deteriorate rapidly.
- Carers or relatives were consulted about the care and treatment needs of patients after consent was obtained. Staff were aware of the Mental Capacity Act 2005 guidance in relation to the capacity to make decisions.
- Annual health checks took place for patients with learning disabilities and longer appointments were available.

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



- The practice regularly worked with multi-disciplinary teams in the case management of people 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.
- A register was in place and health reviews were carried out annually.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- Longer appointments were made available for patients with mental health issues so time could be given to their health care needs.
- There was ready access to a mental health crisis team for those patients in distress.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 94 responses and a response rate of 34.2%.

- 94% found it easy to get through to this surgery by phone compared with a Clinical Commissioning Group average of 75% and a national average of 73%.
- 98% found the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%.
- 61% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 60% and a national average of 60%.
- 95% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 99% said the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 91% described their experience of making an appointment as good compared with a CCG average of 70% and a national average of 73%.
- 90% said they usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.

- 83% felt they didn't normally have to wait too long to be seen compared with a CCG average of 57% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 completed cards and the comments made were overwhelmingly positive about the services provided and the way they were treated by all staff at the practice. The general theme of the comments made by patients indicated that they were very satisfied with the services provided.

Representatives of the new patient participation group told us that they had held an initial meeting with the practice and discussed the way the PPG would operate but that it was very much work in progress. They were aware of the purpose of the PPG and said that the practice had been positive about the future relationship with them. The group were few in number but efforts were being made to actively recruit new members. A further meeting was planned for January 2016.

The seven patients spoken with on the day of the inspection commented positively about the services the practice provided and the professionalism of the staff.

Areas for improvement

Action the service **MUST** take to improve

- Ensure there are records to reflect that action has been taken in relation to medicines alerts.
- Ensure appropriate recruitment checks are consistently undertaken for all new members of staff in line with legislation and that regular checks are made to ensure clinical staff are registered with their professional body.
- Undertake health and safety and legionella risk assessments.

- Ensure that the system of monitoring the expiry dates of the first aid equipment is effective.

Action the service **SHOULD** take to improve

- Ensure cleaning checklists are in place and infection control audits are undertaken in line with guidance.
- Ensure the learning from complaints, significant events and safety issues are discussed with all staff and their views sought where relevant. Ensure that action taken as a result of identified improvements is recorded to provide an audit trail for completion.

Dr AK Abeyewardene

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice manager specialist advisor and a nurse specialist advisor.

Background to Dr AK Abeyewardene

Dr AK Abeyewardene is located in Grays, Essex. The practice has a general medical services (GMS) contract with the NHS. There are approximately 4527 patients registered at the practice.

The practice is registered with the Care Quality Commission as a sole provider. They are currently going through a process to re-register as a partnership, with two partners being in place in the future.

There are three male GPs working at the practice, supported by a practice nurse. There is a practice manager and an assistant practice manager and seven administration members of staff who cover reception and clerical duties during the working week covering a variety of different hours.

The practice is open from Monday to Friday between the hours of 9am and 6.30pm and is closed on Thursday afternoons when primary medical services can be obtained from the out of hour's provider, the South Essex Emergency Doctors Service.

The GP surgeries are available on Monday to Friday mornings between 9am and 11am, on Tuesday, Wednesday and Friday afternoons between 3pm and 5pm

and on Friday afternoons between 4.30pm and 6.30pm. On Saturday and Sunday another healthcare provider has GP and nurse surgeries at a local hospital. Patients at this practice are able to book in advance, a limited number of consultations for the morning and afternoon surgeries. This is a facility shared by several other practices in the local area.

The practice has opted out of providing 'out of hours' services which is now provided by the South Essex Emergency Doctors Service. Patients can also contact the non-emergency 111 service to obtain medical advice if necessary.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

How we carried out this inspection

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?

Detailed findings

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

We also looked at how well services are provided for specific groups of people and what good care looks 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)

Before inspecting, we reviewed a range of information that we hold about the practice and asked other organisations

to share what they knew. We carried out an announced visit on 27 November 2015. During our inspection we spoke with two GPs, the practice manager and assistant practice manager, the practice nurse, a member of staff who dealt with medicine audits and two members of the reception and administration team. We also attended a multidisciplinary meeting where GPs from the practice and other healthcare professionals discussed the needs of patients identified as frail or with palliative care needs.

We also spoke with three representatives of the patient participation group and seven patients who used the service. We observed how patients were treated when they attended the practice and reviewed a range of documents and policies. We looked at 35 comment cards where patients shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

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

- Staff were aware of the procedure to follow and were encouraged to report incidents. An analysis and investigation followed and this received clinical input from the GPs at the practice. Areas for improvement were identified and then implemented. We looked at four significant events from the last 12 months. We found that a record of the significant event was made, including the details of the analysis and investigation and an audit trail reflected the action taken to prevent a reoccurrence. Where relevant, patients affected by safety incidents received an explanation and apology. This demonstrated a duty of candour by the practice. The conclusions included changes in procedures where relevant.
- We found that there was an absence of full staff meetings taking place at the practice but did find that management/clinical meetings were being held. Reception staff spoken with told us that they were informed about safety incidents, significant events and complaints informally. They said that staff meetings did not take place and there was a lack of opportunity for them to contribute ideas for improvement or provide feedback. We therefore found that whilst feedback was provided to staff there were missed opportunities for all staff to discuss events that had taken place and to provide ideas where processes could be improved. The practice told us they would ensure staff meetings would take place in the future.
- The practice had a system in place to deal with medicine and national patient's safety alerts. The alerts were received by the practice manager and cascaded to GPs for action. We were told by the GPs that they had been actioned but there was no system in place to evidence that this had taken place and no follow-up audits to ensure that all patients affected by the alerts had received a review of their medicines. The GPs spoken with displayed knowledge of the alerts and the effect on patients but were unable to evidence that they had taken the appropriate action.

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- All staff working at the practice had received safeguarding training and those spoken with understood the different types of abuse that could take place. Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP responsible for safeguarding concerns and they had received the required level of training. Staff had their own handbook which contained details of the local requirements regarding safeguarding and who to contact if required. A poster was displayed in the reception area explaining the practice approach to safeguarding.
- A notice was displayed in the waiting room, advising patients of the availability of chaperones. All staff who acted as chaperones had received training for the role and all those used had received a disclosure and barring check (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). Staff spoken with were aware to stand during a consultation and then made separate notes on the patient's record about the conduct of the consultation. GPs also made their own notes on the patient record.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. There was an infection control policy in place and staff had received role specific training. However infection control audits were not taking place and although the practice had identified the types of cleaning required and frequency, there were no checklists in place to reflect that the cleaning had been undertaken. We were told that the quality of the cleaning was being checked but this was not being recorded. There were sufficient quantities of personal protective equipment for staff to use.
- Patient prescriptions were managed safely and in line with relevant guidance. Patients on repeat prescriptions received a limited number of repeats before a review was undertaken. This was being monitored effectively

Overview of safety systems and processes

Are services safe?

by reception staff and the GPs. The GPs authorised further repeat prescriptions after the review had been carried out. Prescription pads were being stored and recorded in line with guidance.

- The practice had a protocol for monitoring patients on high risk medicines. Particular high risk medicines were identified and the frequency of blood tests was implemented. Monthly audits were undertaken on patients on high risk medicines to ensure their blood test was current and that it remained safe for further prescriptions to be issued. The results of the audits received a clinical input in relation to the findings.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. Fridge temperatures were being monitored and expiry dates of medicines and vaccinations were being recorded and checked. Data available to us reflected that the practice prescribing patterns were comparable with other practices in the local CCG. There was first aid equipment readily available for staff to use in an emergency. Several items within it were out of date.
- A staff member had received specific training in 'safer recruitment' to ensure effective recruitment processes were being followed. The practice had a recruitment policy that described the process to follow and this followed current guidance. The policy included the requirement for new employees to provide proof of identity, references, qualifications, registration with the appropriate professional body and appropriate checks through the Disclosure and Barring Service if applicable to their role. Staff were required to undertake an interview prior to being employed at the practice.
- We looked at the staff file of the newest member of staff who had been employed in the last six months. We found that all relevant documentation was in place. The member of staff had also been through an induction process. This was confirmed by the staff member concerned. We did find in three other files we viewed, of staff that had been employed since September 2012, that the documentation obtained for employment purposes prior to employment, was inconsistent. There was also no system in place to ensure that clinicians remained registered with their professional bodies after they had been employed at the practice.
- Staff spoken with were aware of whistle blowing procedures and who they could contact outside of the practice if there was a need to do so.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had a health and safety policy available. Posters about health and safety were displayed in the practice but they were out of date. The practice had not undertaken a health and safety or legionella risk assessment as required by legislation. The practice had already made arrangements to complete a legionella risk assessment in the near future.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had carried out risk assessments in relation to the control of substances hazardous to health.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff spoken with told us that staffing levels were sufficient and met the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- All staff working at the practice had received training to handle medical emergencies including the use of the defibrillator and oxygen. Adult and child masks were available for use with the oxygen. All medicines were in date and checked regularly. Staff spoken were aware of the location of the medicines and equipment.
- The GPs carried emergency medicines when they provided services outside of the practice, such as a home visit to a patient. We checked the content of one of the bags used for this purpose and found that all items were in date.
- The practice had up to date fire risk assessments and there were fire extinguishers in place around the practice. Staff had received appropriate training and fire evacuation procedures and signage were in place. There had been no fire drills taking place.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

There was a system in place to keep up to date with current NICE guidance and the GPs and nurses had attended relevant courses to maintain their continuous professional development (CPD). This enabled them to maintain their skill levels. GPs and nurses attended local 'Time 2 Learn' sessions to discuss new clinical guidance.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice also monitored patient outcomes for health conditions that fell outside of the QOF.

Results for the year 2013 to 2014 were 98.75% of the total number of points available for QOF achievement. Results for the year 2014 to 2015 were 98.21% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets and for the data we looked at we found that in all cases the practice was comparable with national averages and in many of the areas they exceeded that average. This reflected a consistent approach to delivering their performance objectives and reflected they were being monitored regularly.

Performance for diabetes related indicators was comparable to other practices nationally but in some cases higher. Examples were as follows;

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 85% as compared with 82% nationally.

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 94% compared with 88% nationally.

Other examples of performance data were as follows;

- The percentage of reviews of patients with dementia was 81% compared with 84% nationally.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months is 150/90mmHg or less was 88% as compared with 83% nationally.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93% as compared with 86% nationally.

We found that staff at the practice worked as a team to achieve their objectives. Reception staff spoken with told us they would be informed about targets and called patients requiring blood tests and health reviews to organise appointments with the GPs or nurse when they were due. They said they also pro-actively checked the patient's records when they booked appointments for routine matters and if a review was due they would inform the patient then book a longer appointment for the purpose.

Registers were in place for patients with dementia, learning disabilities and for patients suffering poor mental health. The practice undertook health reviews on all of these patients.

The practice monitored their A & E admissions and discharge letters to identify patients that were frail or with palliative care needs. This enabled them to take steps to provide care and treatment to avoid an unplanned admission. Data available for the year 2014 to 2015 reflected that the practice was comparable to other practices nationally for A & E emergency admissions and for emergency cancer admissions.

Patients requiring repeat prescriptions for blood thinning medicines received a regular blood test at their local hospital to ensure that their blood levels were monitored and within safe ranges. The practice had adopted a failsafe system of checking and noting the reading prior to issuing a repeat prescription but we found that this was not always

Are services effective?

(for example, treatment is effective)

consistently recorded on patient records. After the inspection the practice sent us a new protocol that had been introduced to ensure that appropriate information was being recorded.

On the day of the inspection we reviewed several audits that had been carried out. They were audits in relation to dementia management, the treatment of patients with diabetes and the monitoring of patients on high risk medicines.

Each audit analysis and conclusion identified areas for improvement and follow-up audits reflected that these improvements had been achieved, thereby improving outcomes for patients.

Effective staffing

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

- The practice had an induction policy and role specific programme for newly appointed members of staff that covered such topics as booking appointments, the system for repeat prescriptions, administration duties and advising patients of their test results. A written record of inductions undertaken was being stored in the staff member's files. New staff also received a Health and Safety induction pack to support them in the workplace. A member of staff we spoke with told us that it had provided them with support and relevant information prior to being permitted to work unsupervised.
- An effective appraisal system was in place and all staff received an appraisal annually. This was a two way process with staff discussing their achievements and training needs. Staff spoken with told us that their training requests were met if relevant to the needs of patients. We found that staff training and development was supported and encouraged.
- Clinical staff were encouraged to undertake their continuous professional development to maintain their skills and qualifications. Course completion was being recorded for both GPs and nurses. Training records we viewed reflected that clinical staff had received training that met the needs of patients.
- The nurse working at the practice told us that they received support, advice and guidance from the GPs at the practice.

Coordinating patient care and information sharing

The practice shared information in a timely way with other services such as specialists, hospitals and the out of hour's service.

- The practice made use of the summary care record so that other healthcare professionals had relevant information about a patient when undertaking a consultation. Patients were supported to make choices through the 'choose and book service.'
- Hospital discharge letters and test results were monitored by the GPs at the practice to ensure patients received the most appropriate follow-up care and treatment. After they were received they were reviewed by one of the GPs and the patient record updated accordingly.
- The practice held multidisciplinary team meetings with other healthcare professionals to review the most appropriate care and treatment for their patients with palliative care needs. Patient records were updated accordingly.
- The practice liaised with the out of hour's service to inform them of patients that may require support due to deteriorating ill health. GPs reviewed the consultation records if a patient used the service and then updated patient records or provided follow-up treatment.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- GPs and nurses understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and followed guidance.
- Staff spoken with were aware of Gillick competency and how it related to children under the age of 16 attending for a consultation without a parent/guardian. Reception staff told us that they would be referred to the GP or nurse. The GP or nurse confirmed that they would then assess their capacity to understand the care and treatment options prior to the consultation.
- Staff providing test results identified the person they were speaking with prior to providing the result and checked to see if consent was in place if a relative or friend was calling on behalf of the patient. Where required appropriate consent was obtained before passing on the results of any tests that had taken place.

Are services effective?

(for example, treatment is effective)

Health promotion and prevention

The practice provided health promotion and prevention advice for their patients.

- The practice had a comprehensive cervical screening programme and followed up patients who did not attend when their test was due. The practice's uptake for the cervical screening programme was 87% as compared with the national average of 82%. An effective system was in place to recall patients for repeat tests if necessary. Inadequate sample monitoring took place to ensure training needs were identified and addressed.
- Childhood immunisation rates for vaccinations given for all relevant age groups exceeded the Clinical Commissioning Group averages in all cases. The

practice had achieved a 100% rate for each type of vaccination except for one type which was at 97%. Flu vaccination rates for the over 65s were 80%, and at risk groups 57%. These were both comparable to other practices nationally but above the average percentage achieved.

- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74 years. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- A range of leaflets were available in reception for patients advising them of the benefits of maintaining their health and attending for regular tests, such as cervical smears and health checks.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and polite when communicating with their patients. The seven patients spoken with told us they were treated with dignity and respect and their confidentiality maintained.

- 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff told us that a room was available away from the reception area if patients wished to discuss a private matter or were distressed.

Results from the national GP patient survey published in July 2015 showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. It should be noted that the practice exceeded all satisfaction rates both locally and nationally in relation to patient's views on the care they received at the practice. Some examples are as follows;

- 91% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 84% and national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 82% and national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

The 35 CQC comment cards we received were positive about the caring attitude of staff working at the practice. Patients expressed they were satisfied with the care they received and that staff were friendly and helpful and treated them with dignity and respect.

Care planning and involvement in decisions about care and treatment

Patients spoken with told us that they felt involved in the decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and national average of 81%.
- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Carers were encouraged to identify themselves to practice staff.

- Carers were identified and a register of carers was in place. Carers were signposted to external support agencies. There was no system in place to offer health checks to those persons acting as carers that were patients at the practice.

Are services caring?

The practice had a system in place to support patients that suffered bereavement. Staff at the practice were notified if bereavement occurred so that they could offer condolences and support to relatives that attended the practice. Appointments with GPs were available if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- Nursing staff provided a range of services for patients including cervical cytology, blood pressure testing, asthma and COPD, diabetes, smoking cessation and well person health checks.
- A system was in place to update patients on test results and to ensure they were informed and received a follow-up appointment if there was an adverse result.
- There were longer appointments available for patients with a learning disability, those suffering with poor mental health, those with diabetes and patients attending for smoking cessation advice.
- Urgent appointments were readily available for children and those with serious medical conditions or who were vulnerable. Home visits and telephone consultations were available for patients who would benefit from them.
- Multidisciplinary meetings took place quarterly with other healthcare professionals to review the care and treatment needs of frail patients or those with palliative care needs. On the day of the inspection we attended one of those meetings and found that patients were discussed on an individual basis and appropriate care and treatment options identified and recorded.
- The premises had made some reasonable adjustments for the disabled. The entrance to the practice was level and the main door was wider than a standard door to accommodate patients using wheelchairs. An accessible toilet was available for use.
- A range of literature was available to advise patients of external organisations that could provide support. A sign was displayed in reception asking patients with hearing difficulties or those requiring translation services to advise reception staff when booking an appointment so that suitable arrangements could be made to support them, such as support from a person trained in sign language. The practice did not have a hearing loop in reception or the consultation rooms.

Access to the service

The GP surgeries were available on Monday to Friday mornings between 9am and 11am, on Tuesday, Wednesday and Friday afternoons between 3pm and 5pm and on Friday afternoons between 4.30pm and 6.30pm. On Saturday and Sunday another healthcare provider ran GP and nurse surgeries at a local hospital. Patients at this practice were able to book in advance, a limited number of consultations for the morning and afternoon surgeries. This was a facility shared by several other practices in the local area.

Pre-bookable appointments were available for each surgery and up to four weeks in advance. Other appointments could all be made on the day. Appointments could be booked by phone or in person. There was no on-line booking available at the time of our inspection. Priority was given to children and vulnerable patients and emergencies were seen on the same day whenever possible.

Home visits were available for house bound patients or too ill to attend the practice. This often involved a telephone consultation prior to the home visit. An effective system was in place to ensure patients received a phone call from a GP if requested by the patient.

Patients could request longer appointments if they had complex needs or multiple issues to discuss with the GPs or nurse. Patients with learning disabilities or suffering from poor mental health were given longer appointments. Reception staff told us that the appointment system for both GPs and nurses was effective and there were few delays. Patient satisfaction with the appointment system was higher than the national average according to data from the national GP patient survey from July 2015.

The practice had opted out of providing 'out of hours' services which was provided by the South Essex Emergency Doctors Service. Patients could also contact the non-emergency 111 service to obtain medical advice if necessary.

Results from the national GP patient survey published in July 2015 showed that patient's satisfaction with how they could access care and treatment was better than local and national averages. For example:

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.

Are services responsive to people's needs?

(for example, to feedback?)

- 95% of patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 91% of patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 90% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64% and national average of 65%.

Reception staff spoken with told us that the appointment system was effective and usually ran to time. The seven patients spoken with on the day of our inspection were satisfied with the appointment system and told us that they were able to get appointments at a time that suited them.

Listening and learning from concerns and complaints

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.
- There was a designated responsible person who handled all complaints in the practice.
- Information was displayed in the waiting room and at the reception desk informing patients that they should inform reception staff but a complaints leaflet was not available for them to help them understand the process involved. After the inspection the practice sent us their new complaints leaflet and this clearly advised patients of the procedures in place.

Reception staff spoken with told us that if a patient wished to make a complaint they were asked to put it into writing and the practice manager was informed. Reception staff were encouraged to resolve the more minor complaints when able. Minor complaints, not made in writing, were noted in a communications book and monitored for themes and trends.

There had been no complaints made in the last 12 months.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a statement of purpose that outlined their aims and objectives. This had also been displayed in the reception area for the information of patients. These included the following;

- Providing high quality general medical services in a manner which is safe, effective, caring and responsive to people's needs.
- Put people who use services at the centre of their care, treatment and support by enabling them to make decisions.
- Planning and delivering care, treatment and support so that people are safe, their welfare is protected and their needs are met.

This statement of purpose had been recently reviewed in November 2015.

Administrative staff spoken with were not aware of the objectives of the practice as they had not been brought to their attention and discussed with them.

Governance arrangements

The practice had a range of policies and procedures that had been reviewed regularly. These were readily available for staff to read and they were required to sign them to reflect they had been understood. This included a staff handbook that explained the standards expected of staff and how the practice was managed.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Leads had been identified for key roles including safeguarding, infection control and information governance.
- There was a team approach to achieving performance indicators in relation to the Quality and Outcomes Framework. Staff worked as part of a team to achieve them.
- Standards were set and maintained with an emphasis on continuous improvement and the provision of high quality of care for patients.
- Practice staff were aware of the need to maintain patient confidentiality. A poster in the reception area

explained to patients how the practice maintained their confidentiality in relation to personal information and data. All staff had received information governance training.

- Clinical audits were taking place and repeated to assess whether improvements had been maintained. We found that audits were used to identify where improvements could be made and action taken to address these.

Leadership, openness and transparency

The practice had identified leads for both clinical and non-clinical areas. These included safeguarding, information governance, health and safety and infection prevention control.

Staff were provided with a handbook to help them understand how the practice operated and the standards expected of them. This included information about safeguarding, key policies and information governance.

Staff spoken with told us there was visible leadership at the practice and this included the GPs and the practice manager. We were told that there was a no blame culture and that they were encouraged to raise issues. Staff felt confident that issues raised would be dealt with professionally and they were aware of who they could contact outside of the practice if necessary.

The practice had identified leads for key roles within the practice and staff spoken with were aware of who to contact if they needed to. The lead roles included information governance, infection control and safeguarding. We found that there was a culture of openness and honesty.

We found that partners meetings took place regularly with the lead GPs and the practice manager but minutes were not being recorded. We found that clinical and full staff team meetings with other staff were not taking place. This meant that key issues such as safeguarding, safety incidents, complaints and clinical matters, relevant to their roles were not being discussed or ideas being sought from all staff. There was also no audit trail to reflect that action had been taken when improvements had been identified.

We were told by some staff members that they were advised informally about issues relevant to their work but there was no opportunity provided to them to give their

Are services well-led?

Good 

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

feedback about the services provided. There was no other system in place to provide staff with the opportunity to provide some feedback or to inform them of issues affecting the practice.

Overall we found that staff were committed to maintaining standards and providing safe and effective care for their patients. The performance of the practice over the last two years demonstrated that there was effective leadership in place. Staff spoken with were complimentary about the leadership in place at the practice.

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

The practice sought feedback from patients by monitoring suggestions left by them in a comments box in reception, by reviewing complaints, viewing the NHS Friends and Family survey and monitoring comments made on the NHS Choices website.

The practice did not have a formal way of seeking feedback from staff members other than informally or when annual appraisals took place. Full staff meetings did not take place and there was no other system in place to receive their feedback.

The practice had recently formed a Patient Participation Group (PPG). On the day of the inspection we met three members of that group. They told us that an initial meeting had taken place and a further one planned. They said that the practice was positive about the PPG and that it had been explained that their ideas for improvement were welcomed. The PPG members were positive about the interaction they had with the practice. The practice manager told us that they were going to work with the PPG to produce a patient survey in the new year, to assess the views of patients about the services provided.

Results from the NHS Friends and Family test revealed that patients were either likely or very likely to recommend the practice.

Staff spoken with told us that they felt part of a team and that the working environment was friendly and supportive.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the systems in place at the practice were not effective in some areas. In particular we found that the risks to patients and staff had not been assessed in relation to health and safety and legionella. We found that the expiry dates of some the first aid equipment were not being effectively monitored. We found that the recruitment policy was not always being followed in relation to obtaining relevant documentation for staff employed at the practice. We found that the system in place to manage medicines alerts did not provide an audit trail to reflect that appropriate action had been taken.</p> <p>This was in breach of regulation 17(1)(b)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>