

Dr AM Deshpande & Dr P Gurjar Practice

Quality Report

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

Ratings

Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr AM Deshpande & Dr P Gurjar Practice on 4 May 2016. Overall the practice is rated as inadequate.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- There was a system in place for handling complaints and significant events. However investigations of complaints were not always thorough enough and shared learning limited for both.
- Clinical staff had the skills, knowledge and experience to deliver effective care and treatment. Where staff needed to refer to other professionals this was completed in a timely manner.
- Administrative staff had not received regular appraisal or the opportunity to formally discuss their development needs.
- Equipment and medicines necessary for managing medical emergencies had not been risk assessed. The practice did not have oxygen for use in the event of a medical emergency. The system for the management of patients on prescribed medicines that required monitoring was not effective. The issue of prescription stationery was not being recorded or the use monitored.
- Clinical staff had limited understanding of the Deprivation of Liberty Safeguards (DoLS) or Gillick competence.
- Data showed some patient satisfaction outcomes were low compared to the national average. Although some audits had been carried out in previous years, we saw no evidence that audits were driving improvements to patient outcomes.
- The practice had not assessed the need for a hearing loop on the premises to support patients with hearing impairment.
- Patients said they were treated with compassion, dignity and respect, and were involved in decisions about their care and treatment.

Summary of findings

- The practice did not hold a register of carers and support offered to this group was minimal.
- The practice acted on feedback from staff and patients.
- The practice had policies and procedures to govern activity, but these were stored on a disc and not easily accessible to staff. The adult safeguarding policy needed reviewing.
- There was a business continuity plan in place however it did not include contact details for utility suppliers, or for staff, in case of emergencies.
- The provider and staff were aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Investigate complaints thoroughly and ensure that patients receive reasonable support and a verbal or written apology.
- Review systems in place for the management of patients on prescribed medicines that require monitoring.
- Ensure that the issue of prescription paper and pads stationery is recorded and the use monitored.
- Carry out quality improvement activities such as clinical audits and re-audits to improve patient outcomes.
- Ensure that the need for oxygen and the medicines required for a medical emergency have been fully risk assessed.

In addition the provider should:

- Review the practice business continuity plan to ensure it includes all relevant contact details.
- Ensure all staff are easily able to access policies and procedures.

- Review the policies in place for adult safeguarding so that they are current and readily available for staff to refer to.
- Consider inputting the results on clinical records for patients who have their medicines monitored by the hospital.
- Improve the identification of patients who are carers, and the support offered to this group.
- Consider the use of a hearing loop to support patients with impaired hearing.
- Ensure that unaccompanied patients under 16 years of age are assessed to ensure they understand their care and treatment options.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 inadequate for providing safe services.

- There was a system in place for reporting, recording and investigating significant events. However there was limited evidence to show how lessons were shared with the relevant staff to make sure action was taken to improve safety in the practice.
- The practice had systems in place to manage cleanliness and infection control.
- The practice had clearly defined systems, processes and practices in place to keep children safe and safeguarded from abuse, which staff were aware of. However the policies and processes in place for adult safeguarding needed reviewing.
- There was systems in place to ensure that appropriate recruitment checks had been completed prior to staff being employed, such as uptake of references and checks on professional status.
- Medicines necessary for managing medical emergencies had not been risk assessed and there was no oxygen at the practice in the event of a medical emergency. The practice were not recording the issue of prescription stationery or monitoring the use.
- The practice had a business continuity plan but it lacked emergency contact numbers.
- Systems, processes and practices for the management of medicines requiring monitoring were not always reliable enough to keep people safe.

Inadequate



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Staff assessed needs and delivered care in line with current evidence based guidance. Current guidance was discussed amongst the clinical staff.
- The majority of staff understood the requirements of the Mental Capacity Act 2005 but some clinical staff lacked knowledge about Gillick competence and how it related to children under the age of 16 years old.
- There was no evidence that audit was driving improvement in patient outcomes.

Requires improvement



Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or below average compared to the local and national average.
- The practice compared its performance to others locally or nationally and were aware of areas requiring improvement. There was some evidence that they were using this information to improve outcomes for patients.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Administrative staff were not receiving regular appraisal or formally had their development needs discussed.

Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice did not hold a register of carers. There was limited evidence of support for carers by the practice.
- The practice had a multilingual member of staff and access to language line. However there was no hearing loop to support patients with hearing impairment.

Requires improvement



Are services responsive to people's needs?

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was responsible for coordinating the Thurrock Weekend and evenings hub services.
- There were urgent appointments available the same day and pre bookable appointments available within 5 days.

Requires improvement



Summary of findings

- The practice had an accessible toilet. There were no baby changing facilities and some areas would be difficult to manoeuvre a wider wheelchair through. Access to the clinic was via a 'push' door although there was a doorbell if assistance was required.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However investigations were not always thorough enough and there was limited learning from complaints.

Are services well-led?

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

- Feedback from patients' comments left via the NHS Friends and Family Test cards was acted upon.
- There was a clear leadership structure and staff felt supported by management. However some risks had not been identified and acted upon and in some areas governance was not effective.
- The provider was aware of and complied with the requirements of the duty of candour. An open and honest culture was encouraged.
- The practice had a number of policies and procedures to govern activity, but some of these lacked sufficient contact details and they were not easily accessible by staff. The adult safeguarding policy required reviewing.
- New staff had received inductions but not all non-clinical staff had received regular performance reviews.

Inadequate



Summary of findings

The six population groups and what we found

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

Older people

The provider is rated as inadequate for the care of older people. The provider was rated as inadequate for safe and well-led and requires improvement for effective, responsive and caring. The issues identified as inadequate overall affected all patients including this population group.

- 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.
- Safeguarding policies for vulnerable adults were had not been reviewed and were not current.
- The facilities and consulting rooms were level access for those with reduced mobility.
- Some patients prescribed medicines requiring monitoring did not have these managed according to current guidelines.

Inadequate



People with long term conditions

The provider is rated as inadequate for the care of people with long-term conditions. The provider was rated as inadequate for safe and well-led and requires improvement for effective, responsive and caring. The issues identified as inadequate overall affected all patients including this population group.

- 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 was working to improve the number of reviews undertaken.
- 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.

Inadequate



Summary of findings

Families, children and young people

The provider is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for safe and well-led and requires improvement for effective, responsive and caring. The issues identified as inadequate overall affected all patients including this population group.

- Immunisation rates were similar to the CCG average for the majority of standard childhood immunisations.
- Nationally reported data showed that outcomes for patients for uptake of cervical smears were lower than compared with other practices nationally.
- Appointments were available outside of school hours. The premises were suitable for families, although there were no baby change facilities.
- Clinical staff had limited understanding of Gillick competence and its implication for the practice. Patients under 16 would be seen by clinical staff for sexual health advice and contraception.

Inadequate



Working age people (including those recently retired and students)

The provider is rated as inadequate for the care of working age people (including those recently retired and students). The provider was rated as inadequate for safe and well-led and requires improvement for effective, responsive and caring. The issues identified as inadequate overall affected all patients including this population group.

- 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 and flexible.
- Patients unable to attend the practice during the week could book appointments with a GP or a nurse at a local hub which was open during the weekend
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group, such as the NHS health check.

Inadequate



People whose circumstances may make them vulnerable

The provider is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for safe and well-led and requires improvement for effective, responsive and caring. The issues identified as inadequate overall affected all patients including this population group.

Inadequate



Summary of findings

- The practice offered longer appointments as required for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Contact numbers were available in all rooms to report safeguarding concerns for children. However the contact numbers for adults were not easily available, either on a poster or the policy and staff would need to search for these should they be required.
- Home visits were available for those who needed them.
- The practice did not have a system for identifying carers. There was no hearing loop available for patients with a hearing impairment.

People experiencing poor mental health (including people with dementia)

The provider is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for safe and well-led and requires improvement for effective, responsive and for caring. The issues identified as inadequate overall affected all patients including this population group.

- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, was comparable with the local and national average.
- The percentage of patients with a diagnosis of schizophrenia, bipolar affective disorder or other psychosis, that had had an agreed care plan documented in their records was similar to the local and national average.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Clinical staff had limited understanding of the Deprivation of Liberty Safeguards (DoLS).

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with, and in some areas above, the local and national averages. 288 survey forms were distributed and 100 were returned. This was a 35% response rate.

- 81% found it easy to get through to this surgery by phone compared to a local and national average of 73%.
- 94% were able to get an appointment to see or speak to someone the last time they tried compared to a local average of 83% and the national average of 85%.
- 92% described the overall experience of their GP surgery as fairly good or very good compared to a local average of 79% and the national average of 85%.
- 79% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a local average of 71% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards, six of which were positive about the standard of care received. Patients spoke positively about being treated with dignity and respect, and told us how helpful staff were. One comment card related to difficulty getting afternoon and evening appointments.

We spoke with one patient and one relative during the inspection. The patient and the relative both told us they were satisfied with the care they or their relative had received. The data from the most recent NHS Friends and Family Test in January 2016 showed 100% of patients would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Investigate complaints thoroughly and ensure that patients receive reasonable support and a verbal or written apology.
- Review systems in place for the management of patients on prescribed medicines that require monitoring.
- Ensure that the issue of prescription paper and pads stationery is recorded and the use monitored.
- Carry out quality improvement activities such as clinical audits and re-audits to improve patient outcomes.
- Ensure that the need for oxygen and the medicines required for a medical emergency have been fully risk assessed.

Action the service **SHOULD** take to improve

In addition the provider should:

- Review the practice business continuity plan to ensure it includes all relevant contact details.
- Ensure all staff are easily able to access policies and procedures.
- Review the policies in place for adult safeguarding so that they are current and readily available for staff to refer to.
- Consider inputting the results on clinical records for patients who have their medicines monitored by the hospital.
- Improve the identification of patients who are carers, and the support offered to this group.
- Consider the use of a hearing loop to support patients with impaired hearing.
- Ensure that unaccompanied patients under 16 years of age are assessed to ensure they understand their care and treatment options.

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'.

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

The current list size is around 2826 patients and the practice is open to new patients. There are two male GPs offering 11 sessions a week. The practice have a regular female locum GP offering two sessions a week. There is one female practice nurse who works part-time.

The practice is open between 8am and 6.30pm Monday to Friday. Pre booked appointments are from 9.30am to 12.30pm every morning. From 12.30pm onwards the GP will make telephone consultations, and same day appointments are from 3.30pm to 6pm.

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 recently launched weekend system 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'. Out of hours cover is provided by IC24.

We did not inspect the hubs' premises as part of this inspection, although some of the systems and processes overlap.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 May 2016.

During our visit we:

- Spoke with a range of staff including GPs, nursing and administration staff.

Detailed findings

- Observed reception staff speaking with patients and spoke with a patient and a relative.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed an anonymised sample of the treatment records of patients.

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

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents. Either they or the practice manager would complete the recording form available on the practice's computer system.
- Significant events were fully investigated either by the practice manager alone or, in the case of clinical incidents, with one of the GP partners.

We reviewed safety records, incident reports and the actions taken following receipt of patient safety alerts generated by the Department of Health Central Alerting System. The practice told us that significant events investigations were discussed in monthly practice meetings. We viewed minutes of meetings but could not see evidence in the two we viewed that significant events had been discussed. When the main practice partner received patient safety or medicine alerts they were forwarded to the other GP who then decided what action was required. For example, if appropriate, a data search would be completed to identify any affected patients and any other necessary action taken.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, however some of the policies were not easily accessible or lacked essential contact details. There was a need for improvement with some other safety systems:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation, however the policies were not easily accessible to staff and did not include updated contact details to raise concerns for adults. We found that contact numbers for escalating concerns relating to safeguarding children were available in all rooms, but these contact sheets did not include contact details for escalating adult safeguarding concerns. However we saw evidence that staff had escalated concerns raised about an adult safeguarding incident appropriately.

- There was a lead member of staff for safeguarding. The GP and practice manager attended safeguarding meetings when they were able to. Staff had all received training on safeguarding children and vulnerable adults at a level that was relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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 be visibly clean and tidy, and infection control measures to be in place. The practice nurse was the infection control clinical lead and was responsible for training administrative staff and ensuring staff had good hand hygiene. There was an infection control protocol in place and staff had received up to date training. Staff we spoke with were aware of infection control precautions around handling samples and bodily fluid spills.
- Most of the arrangements for managing medicines, including vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions.
- We found that patients who were prescribed medicines requiring monitoring were not being reviewed according to current guidelines around the frequency. For example, the number of patients on ace-inhibitors was 275 and 91 patients had not had the appropriate tests within the last 13 months.
- Blank prescription forms and pads were securely stored, however there was no system to control and record prescription form movement, including the recording of serial numbers. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed nine personnel files. Most were for staff who had been employed for a number of years. For those employed recently we found appropriate recruitment checks had been undertaken prior to

Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments. Records were kept showing that 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 a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. As the practice was based in a shared building the landlord was responsible for overall systems legionella risk assessments. The practice completed regular checks on the water systems in their area, such as, the sink taps water temperature. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice manager was responsible for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. This included for the Thurrock hubs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty, and arrangements for staff to cover internally. In extreme staffing shortages at the weekends, patients would be diverted to the other hubs.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents.

- Staff told us that there was an alert system on all the computers which notified staff of any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises. A first aid kit and accident book were available.
- There was no risk assessment to determine the need for whether oxygen was required on the premises, although the practice informed us that they had now ordered an oxygen cylinder.
- Emergency medicines for anaphylactic shock were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However there was no risk assessment to identify why other recommended emergency medicines were not being stored by the practice, such as, glyceryltrinate spray or Glucagon.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. However the plan did not include utilities contact numbers or 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 with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- One of the partners was responsible for checking the latest guidelines from NICE, and disseminating to appropriate staff. This information was used to deliver care and treatment that met patients' needs.
- The practice told us they monitored that these guidelines were followed through random sample checks of patient records. Results of checks were not formally documented or audited.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 80% of the total number of points available, compared with 90% CCG average and 95% national average. The exception reporting for this practice was 4% compared to the CCG average of 7% and national average of 9%.

This practice was an outlier for five QOF (or other national) clinical targets. Data from 2014 to 2015 showed:

- Performance for mental health related indicators was similar to the national average. For example, the percentage of patient's, with a diagnosis of schizophrenia, bipolar affective disorder and other psychosis, who had had an agreed care plan documented in their records was 80% compared to a national average of 88%.
- Performance for diabetes related indicators was similar to the national average in two indicators and lower than the national average in two other indicators. For example:
 - The percentage of patients with diabetes who have had an IFCC-HbA1c of 64mmol/mol or less (test to

determine effectiveness of diabetes control) in the last 12 months was lower than the national average. 62% for the practice compared with 76% national average.

- The percentage of patients with diabetes whose last measured cholesterol (measured in the last 12 months) was 5mmol/mol or less, was 67% compared with a national average of 81%.
- The number of patients with COPD who had an annual review in the last 12 months was lower than the national average. 73% compared with a national average of 90%. Performance for indicators for patients with hypertension and rates for uptake of cervical smears were also lower than the national average.

We spoke with the practice with regard to this performance data. Staff told us that they were now using QOF data to target clinical areas for improvement and invited patients in for reviews. The practice's main focus has been targeting their low cervical smear uptake and had devised a system for recall.

We found that there was no evidence of quality improvement through clinical audit.

- There had been no clinical audits completed in the last two years.
- The practice told us that they participated in national benchmarking, and were able to discuss with us comparison data, although the data was not available for us to view.

Effective staffing

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

- The practice had a standard induction programme for all newly appointed staff, including locums. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.

Are services effective?

(for example, treatment is effective)

- The learning needs of clinical staff were identified through a system of appraisals, meetings and reviews of practice development needs. Clinical staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included facilitation and support for revalidating GPs. The practice nurse and practice manager had received an appraisal within the last 12 months. However administrative staff had not received an appraisal or had their training needs reviewed.
- The practice manager kept a training plan to ensure that staff received core training that included: safeguarding, fire safety awareness, basic life support and information governance.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system.

- 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, such as secondary care.

Staff worked with other health and social care professionals, such as, social workers, community matrons and district nurses, to understand and meet the range and complexity of patients' needs. Ongoing care and treatment was assessed and planned at a variety of meetings that took place with other health care professionals on a regular basis. Care plans were routinely reviewed and updated for patients with complex needs at those meetings.

Consent to care and treatment

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

- Clinical staff understood the relevant consent and decision-making requirements of the Mental Capacity Act legislation and guidance, with the exception of Gillick competencies (Gillick competence is concerned with determining a child's capacity to consent to a specific medical intervention or treatment) and Deprivation of Liberty Safeguards (DoLS) legislation. (DoLS are part of wider legislation designed to protect

the rights of people who lack the capacity to make decisions about their care or treatment, and address the issue of when limits need to be put on their freedom to keep them safe.)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with Fraser guidelines but if the reason for consultation was anything but contraceptive or sexual health advice then patients under 16 would be required to come with a parent or guardian. (Fraser guidelines are used specifically to decide if a child can consent to contraceptive or sexual health advice and treatment.)

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring drug and alcohol treatment or cessation. Patients were signposted or referred to the relevant service.
- The practice referred patients for smoking cessation to a local support group.

The practice's uptake for the cervical screening programme was 73%, which was lower than the national average of 81%. There were systems in place to follow up patients who did not attend for national screening programmes.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example,

- The percentage of childhood 'five in one' Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenza immunisation vaccinations given to under one year olds was 98% compared to the CCG percentage of 95%.
- The percentage of childhood Mumps, Measles and Rubella vaccination (MMR) given to under two year olds was 90% compared to the CCG percentage of 92%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was 100% compared to the CCG percentage of 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with 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. During quieter times it was possible to hear voices if sitting directly outside of these rooms but the detail of the conversation could not be heard.
- There was limited space within the practice however if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Six of the seven patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful and treated them with dignity and respect.

Comment cards highlighted that staff were welcoming and provided support when required.

Results from the national GP patient survey, published in January 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 79% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and the national average of 85%.

- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 88% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

The patient we spoke with told us they felt involved in decision making about the care and treatment they received. Patient feedback from the comment cards did not directly address care planning and involvement.

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 in line with local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and the national average of 82%.
- 87% 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 the national average of 85%.

The practice provided some 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. There was a multilingual member of staff who spoke Spanish and Italian.
- Consideration had not been given to whether a hearing loop was required to support patients with impaired hearing.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of local support groups and national organisations. For example, support groups for various long term conditions and for carers.

There was a notice in reception requesting patients identify themselves if they were carers. However the practice did not hold a list of carers, did not have any specific support systems for carers and told us that they did not target carers.

Staff told us that if families had suffered bereavement, the GP contacted them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had negotiated to coordinate the Thurrock weekend hubs and were in the process of seeking further services to be available via the hubs.

- There were longer appointments available for patients with a learning disability and other patients 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 always available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- All rooms and facilities were level access. There was a visual system for calling patients but no hearing loop. The practice told us that if there were patients with a visual impairment staff would assist them as required.
- The practice ensured that patients with a diagnosis of autism (or other conditions with similar sensory issues), who found it difficult to wait in the waiting area, would be seen quickly by the clinicians.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Pre booked appointments were available from 9.30am to 12.30pm every morning. From 12.30pm onwards the GP made telephone consultations and same day

appointments were from 3.30pm to 6pm. Patients were able to book through the practice to see either a doctor or a nurse between 9.15am and 12.30pm Saturday and Sunday at a nearby 'hub'.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and the national average of 78%.
- 81% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.

The GPs determined whether a home visit was clinically necessary. Otherwise the practice told us they did not operate a triage system for appointments. Appointments were allocated as patients rang in and emergencies added to the end of clinic sessions.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures was 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 and for the hub.

We looked at four complaints received in the last 12 months and found although they had been dealt with in the appropriate timeframe some did not address the point of the complaint. For example, a complaint into the attitude of GPs did not record any conversation with the GP in question, or make reference to the outcome in the response letter. Lessons learnt from individual concerns and complaints were limited as the reason for the complaint was not always resolved.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice vision was to deliver safe and effective care. The practice strategy involved using the Thurrock hub to improve the health and access of the local population in addition to their own patient population.

Governance arrangements

The practice had an overarching governance framework. The arrangements for governance and performance management did not always operate effectively:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- There were practice specific policies however these were kept on a disc and not available to all staff. The practice was in the process of developing policies to cover both the practice and the hub and these would be available to all staff on a shared drive.
- The practice had an understanding of the performance of the practice. However we found that quality improvement was limited in some of the areas identified by QOF data.
- Although clinical audit had been completed in the past there was no programme of continuous clinical and internal audit to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks and issues.
- The governance at the practice did not identify some risks. These included, the management of patients on medicines requiring monitoring, the availability of oxygen in the event of a medical emergency, and the cascading of learning to reduce the risk of significant events and issues from complaints reoccurring.

Leadership and culture

The practice told us they prioritised safe, high quality and compassionate care. All staff told us the partners were approachable and supportive.

The provider and staff were aware of and had systems in place to ensure compliance with the requirements of the duty of candour, although we found that the system for

investigating complaints was not always effective. (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). We found that there was a culture of openness and honesty.

The practice had systems in place to ensure that when things went wrong with care and treatment they were investigated. However, complaints were not always investigated as well as they could be.

There was a clear leadership structure in place.

- Staff told us the practice held regular team meetings.
- We noted that staff were able to report issues and they were dealt with. For example, the practice nurse had written a list identifying equipment and other improvements required and the practice had written an action plan to deal with these.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback through the friends and family test.

- The practice had recruited another nurse and used a female locum for two sessions a week as a result of feedback from patients.
- The practice had a recently set up patient participation group (PPG). Though we viewed minutes of the meetings it was not possible to determine whether any feedback had been given by the PPG and therefore whether any action had been taken.
- The practice had gathered feedback from staff through staff meetings and informal discussion.

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. The practice was proactive in considering ways to utilise the hub to improve the quality of care provided to patients. The management in the practice had prioritised the development of the Thurrock hubs rather than their own practice.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The systems in place for the monitoring of patients prescribed medicines requiring monitoring did not always follow current guidelines. The practice did not record and monitor the issuing and use of prescription stationery.</p> <p>The provider did not have sufficient arrangements in place to take appropriate action in the event of a clinical or medical emergency.</p> <p>This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>How the regulation was not being met:</p> <p>Although there was a system in place to ensure that complaints were investigated without delay, the investigations of the complaints were not always comprehensive and did not address the full extent of the complaint.</p>

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The provider did not have effective audit systems in place to evaluate and improve the quality of care.

This was in breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.