

# Dr Mannath Ramachandran

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



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	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to Dr Mannath Ramachandran	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
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 Mannath Ramachandran on 18 November 2015. Overall the practice is rated as requires improvement.

We found that many improvements had been made since the previous inspection in December 2014. At that time the practice had been rated as requires improvement overall with a rating of inadequate for safe, requires improvement for effective, responsive and well-led and good for caring.

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 learning cascaded at team meetings where minutes were recorded.

- The practice had an effective recruitment process and staff were suitably qualified and experienced. All staff had received disclosure and barring service checks. Staff carrying out chaperone duties had received formal training.
- The monitoring of medicines for use in a medical emergency was effective and all items stored were of the recommended type and in date. Medicines and equipment were readily accessible.
- Medicines and vaccinations stored in fridges were all in date and kept at the required temperature with records being kept.
- The practice monitored patient and staff safety and a health and safety, legionella and infection control audits were in place. Risks to patients and staff were regularly reviewed.
- Staff had been trained in basic life support and knew the location of the emergency medicines. They were aware of how to use the defibrillator and oxygen.

# Summary of findings

- All staff had received training in safeguarding and whistle blowing and were supported with written protocols and policies.
- Staff were aware of relevant legislation in relation to consent including the Mental Capacity Act 2005 and Gillick competence.
- Clinical performance was monitored regularly and performance against targets was improving. The practice was aware of improvement areas and had plans in place to achieve objectives. All staff understood their roles and worked towards achieving the targets and objectives that had been set.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice was aware of the needs of their patient population group and tailored their services accordingly. Information about how to complain was available and easy to understand.
- Data available to us and feedback on CQC comment cards reflected that patients were generally satisfied with the services provided.
- The practice had a clear vision and had identified the objectives of the practice. This was monitored, regularly reviewed and discussed with staff.

- Regular team meetings took place which were recorded. Learning was cascaded to all staff. There was an audit trail that reflected where improvements had been implemented.

However there were areas of practice where the provider must make improvements:

- Ensure that the systems in place for responding to and monitoring of national patient safety and medicines alerts is effective to ensure that patients affected by the alerts have their medicines reviewed and changes made if necessary.
- Ensure there are systems in place to monitor patients on high risk medicines through regular reviews of their medicines in line with published guidance.

There were also areas of practice where the provider should make improvements:

- Monitor a variety of sources to identify where children might be at risk of safeguarding concerns.
- Implement a system to ensure that patients requiring repeat prescriptions for blood thinning medicines are receiving appropriate monitoring of their blood levels.

**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 requires improvement for providing safe services. Since the last inspection, progress had been made to address the concerns raised but there were still areas where further improvements were required;

- The practice had established a system for dealing with safety incidents and significant events. Staff at the practice were aware of the procedures to follow and they had been analysed with areas for improvement identified. Learning was cascaded to staff at team meetings and this was being recorded.
- All staff had received training in basic life support and the use of emergency equipment. Emergency medicines and equipment were readily available for use, in date and in working order.
- Medicines and vaccinations stored in fridges were monitored for expiry dates. Fridge temperatures were being monitored and recorded to ensure medicines were safe to use
- Staff carrying out chaperone duties had received formal training and had received disclosure and barring service checks.
- A recruitment policy was in place that met recognised guidance and it was being followed, including a role specific induction period.
- Health and safety and legionella risk assessments were in place and reviewed. Staff and patient safety was the subject of regular monitoring.
- The premises were visibly clean and tidy and recognised guidance was being followed in relation to infection prevention and control. Infection control audits were being undertaken.
- Training met the needs of patients and all staff had received safeguarding and whistle blowing training.
- The system of responding to national patient safety and medicines alerts, the monitoring of patients on high risk medicines and the review of repeat prescriptions for patients on blood thinning medicines was not effective.

**Requires improvement**



### Are services effective?

The practice is rated as requires improvement for providing effective services. Since the last inspection, progress had been made to address the concerns raised but there were still areas where further improvements were required;

**Requires improvement**



# Summary of findings

- Data reflected that the practice was performing in line with with other practices locally for many of the healthcare indicators. Where they were not in line with other practices they had an action plan in place for improvement. This included the employment of a specialist diabetes nurse.
- Clinical staff followed National Institute for Health and Care Excellence (NICE) guidelines.
- Staff skills and competence met the needs of patients. All staff had received an annual appraisal that identified their training and development needs.
- Staff had received training to understand consent issues including the Mental Capacity Act 2005 and Gillick competency assessments.
- A programme of audits was in place to assess the effectiveness of the services provided.
- Child immunisations were comparable with other practices nationally.

## Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice comparably with other practices across aspects of care.
- Patients said they 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.
- Staff treated patients with kindness and respect, and maintained confidentiality.
- Support was provided to the carers of patients including being signposted to external organisations that could provide additional services.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Since the last inspection, progress had been made to address the concerns raised;

- Data from the national GP patient survey was varied in relation to satisfaction rates. Data reflected patients were satisfied they were not kept waiting for their appointment and that they could make it at a convenient time. However the satisfaction rates were lower nationally and locally in relation to the experience when making an appointment and their ability to get an appointment.

Good



# Summary of findings

- Urgent appointments were available the same day and home visits and telephone consultations were available if required.
- An effective complaint process was in place and staff were aware of the procedures to follow. Information about how to complain was clearly displayed in the patient waiting room.
- Complaints we viewed had been appropriately recorded and handled in line with the practice policy.
- Learning identified from the analysis of complaints was cascaded to staff at team meetings and recorded. Patients received suitable apologies and explanations when relevant.
- The practice had facilities for the disabled and since the date of the last inspection a ramp, support rails and an accessible toilet for those with mobility needs had been put in place.

## Are services well-led?

The practice is rated as good for being well-led. Since the last inspection, progress had been made to address the concerns raised;

- A new practice manager was in post and they displayed visible leadership. The vision of the practice was shared with staff members and roles and responsibilities were clear.
- Regular team meetings took place where key issues were discussed as part of a fixed agenda. These included learning from safety incidents and complaints, risks to staff and patients, safeguarding, performance and information governance. These areas also received clinical oversight by the lead GP.
- Policies and procedures had been reviewed and brought up to date. Staff were required to read and sign them to reflect the content had been understood. Staff meetings were being used to remind staff of key policies. Standards had been set for staff to follow.
- Staff views were sought at team meetings, appraisals and informally and ideas for improvement adopted when relevant.
- Performance was monitored regularly and staff were aware of their role in achieving the healthcare objectives and targets that had been set. Key roles had been allocated to staff members.
- Risks were reviewed regularly and there were systems and processes in place to keep staff and patient's safe, including the monitoring and assessment of the services provided through the use of audits.
- The practice gathered feedback from patients through their own survey, by monitoring the results of the NHS Friends and Family test and by monitoring the results of the national GP patient survey. The practice had a new patient participation group (PPG) which was working with the practice to identify improvements.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement overall. The concerns which led to this rating apply to everyone using the practice, including this population group. The practice is rated as good for being caring, responsive and well-led. The practice is rated as requires improvement for safe and effective.

- The practice had a programme in place to provide personalised care and support for older people.
- Multidisciplinary team meetings with other healthcare professionals took place to review the care of vulnerable elderly patients.
- Older patients were monitored to reduce the risk of an unplanned hospital admission. The practice liaised with healthcare partners and planned patient's care.
- Patients with complex needs could book double appointments. Same day appointments, home visits and telephone consultations were also available.
- All patients over 75 had a named GP for continuity of care.
- The practice had made reasonable adjustments for patients who were disabled or with limited mobility.
- A safeguarding lead had been appointed and all staff had received safeguarding training.
- Flu vaccination rates were in line with national averages.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement overall. The concerns which led to this rating apply to everyone using the practice, including this population group. The practice is rated as good for being caring, responsive and well-led. The practice is rated as requires improvement for safe and effective.

- Registers was in place for patients with long term conditions and their conditions were regularly monitored.
- Multidisciplinary meetings took place monthly to discuss and plan the individual care and treatment needs of patients with palliative care needs.
- Nursing staff had lead roles in chronic disease management.
- Performance data for patients with diabetes was lower than national averages so a nurse who specialised in diabetes had been recently appointed.

**Requires improvement**



# Summary of findings

- Patients were monitored and received regular reviews of their health. Follow-up appointments with the GPs took place to review their care needs.
- Patients with a long term condition had a named GP. Their health and medicines were regularly monitored.
- Longer appointments and home visits were available when needed. Vulnerable patients were identified and given priority appointments.
- A system was in place to recall patients that required regular follow-up tests to manage their condition.
- Patients at risk of hospital admission were identified as a priority and their care and treatment needs planned.

## Families, children and young people

The practice is rated as requires improvement overall. The concerns which led to this rating apply to everyone using the practice, including this population group. The practice is rated as good for being caring, responsive and well-led. The practice is rated as requires improvement for safe and effective.

- All staff had received appropriate training in safeguarding children and young persons. A lead for safeguarding had been identified. The lead GP attended local authority safeguarding meetings.
- The practice provided cervical screening services for their patients. An effective recall and reminder system was in place. The quality of cervical smear tests was being monitored.
- Ante-natal checks, pre-conception advice and post-natal checks were available through GP appointments.
- Family planning and contraception advice were available for patients to access.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Children who were ill were treated as a priority.
- Patients under the age of 16 could obtain appointments with GPs and nurses. Their capacity to understand care and treatment was assessed by clinical staff prior to receiving it.
- Child immunisations were monitored and recorded to ensure patients were up to date with their vaccinations.

**Requires improvement**





# Summary of findings

## Working age people (including those recently retired and students)

The practice is rated as requires improvement overall. The concerns which led to this rating apply to everyone using the practice, including this population group. The practice is rated as good for being caring, responsive and well-led. The practice is rated as requires improvement for safe and effective.

- The needs of the working age population, those recently retired and students had been identified and services offered ensured these were accessible, flexible and offered continuity of care.
- GP appointments were available until 6pm 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 in place.

Requires improvement



## People whose circumstances may make them vulnerable

The practice is rated as requires improvement overall. The concerns which led to this rating apply to everyone using the practice, including this population group. The practice is rated as good for being caring, responsive and well-led. The practice is rated as requires improvement for safe and effective.

- 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.
- Multidisciplinary meetings took place to discuss the care and treatment needs of patients considered to be frail and may deteriorate rapidly.
- 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.

Requires improvement



# Summary of findings

## People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement overall. The concerns which led to this rating apply to everyone using the practice, including this population group. The practice is rated as good for being caring, responsive and well-led. The practice is rated as requires improvement for safe and effective.

- The practice 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.
- Patients suffering with dementia were supported through referral to a memory assessment service.
- 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.

## Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 detailed how the practice was performing as compared with local and national averages. There were 88 responses and a response rate of 19.8%.

- 67% 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 74%.
- 77% found the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%.
- 64% 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%.
- 58% 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%.
- 89% said the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.

- 46% described their experience of making an appointment as good compared with a CCG average of 70% and a national average of 73%.
- 85% 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%.
- 79% 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 21 comment cards and all of them contained positive feedback about the services provided at the practice. The comments made reflected they were satisfied with the care and treatment provided by the GP and nurse, that the appointment system met their needs and that staff were kind and caring and treated them with dignity and respect. There were only two negative comments about obtaining appointments.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure that the systems in place for responding to and monitoring of national patient safety and medicines alerts is effective to ensure that patients affected by the alerts have their medicines reviewed and changes made if necessary.
- Ensure there are systems in place to monitor patients on high risk medicines through regular reviews of their medicines in line with published guidance.

### Action the service **SHOULD** take to improve

- Monitor a variety of sources to identify where children might be at risk of safeguarding concerns.
- Implement a system to ensure that patients requiring repeat prescriptions for blood thinning medicines are receiving appropriate monitoring of their blood levels.

# Dr Mannath Ramachandran

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and a GP specialist advisor.

## Background to Dr Mannath Ramachandran

Dr Mannath Ramachandran is located in Tilbury, Essex. The practice has a general medical services (GMS) contract with the NHS. There are approximately 2700 patients registered at the practice.

The practice is registered with the Care Quality Commission as a sole provider. There is one lead GP registered. The GP is supported by a practice nurse, a practice manager and three members of reception and administration staff all working a variety of full and part-time hours.

The practice is open Monday to Friday between 8.30am and 6.30pm each weekday and closed Thursday afternoons and at weekends. During closing time, including Thursday afternoons, patients are directed to the out of hour's service provided by South Essex Emergency Doctors Service.

GP surgeries run in the mornings between 9.30am and 11.30am on Mondays, Wednesdays and Thursdays and in the afternoon between 4pm and 6pm on Tuesdays and Fridays.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. The practice was previously inspected on 11 December 2014 and the report published on 08 May 2015. The practice was rated as requires improvement overall. In relation to the five domains we found that the practice was inadequate for safe, requires improvement for effective, responsive and well-led and good for caring.

As a result of these ratings we carried out another comprehensive inspection to establish whether the practice had made sufficient improvements to avoid it being placed into special measures. In addition we checked that the registered provider was complying with the Health and Social Care Act Regulations 2008 and to provide a new rating for the service.

## 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?
- 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

# Detailed findings

- 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. We carried out an announced visit on 18 November 2015. During our inspection we spoke with the lead GP, a nurse, the practice manager and two members of the reception and administration team. We spoke with one representative of the newly formed Patient

Participation Group prior to the inspection. We reviewed a range of documents and policies. We looked at 21 comment cards where patients shared their views and experiences of the service.

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. For this report the data covers the period up to the year end March 2015.

In relation to the national GP patient survey the data within the report was published in July 2015 and collected between January to March 2015. This means that the patient survey data may not fully reflect the improvements achieved by the practice since our inspection in December 2014.

# Are services safe?

## Our findings

### Safe track record and learning

- There was an effective system in place for reporting and recording significant events. All staff spoken with were aware of the procedure to follow and were encouraged to report incidents. We discussed the procedures with the practice manager and GPs and found that significant events were analysed for learning opportunities and action taken to prevent a reoccurrence. This could be improved by clearly identifying who is present at a significant event review, the identity of the persons responsible for any changes to procedures as a result of the analysis, the person undertaking the changes and a completion date.
  - We viewed four significant events that had been recorded since June 2015. We found that they had been recorded, analysed and investigated and we were told they had received managerial/clinical oversight, but this was not always recorded. Where learning had been identified this was cascaded to staff at meetings and action plans put in place for improvements, together with an audit trail for completion. Where relevant patients affected by the safety incident had received a suitable explanation.
  - All complaints received by the practice were recorded appropriately and investigated and staff and patients informed of the outcomes and learning.
  - Safety was monitored using information from a range of sources, including the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.
- received a blood test at appropriate intervals. The system in place to deal with these alerts was not safe and there was no audit process in place to check whether systems were effective.
- We also found that patients on blood thinning medicines were receiving repeat prescriptions without appropriate checks in place that they were managing their medicines correctly through regular blood tests. This meant that the practice was not assuring themselves that patients on this type of medicine were within the safe range of blood readings before issuing a repeat prescription.
  - We found one example where an entry had been made on the patient record that was worded in a way that implicated that a nurse had reviewed the patient's medicine, rather than one of the GPs. When we discussed this with the practice we were told that this was a recording error and that the GP had reviewed the medicine but the entry had been made by the nurse. The practice told us they would ensure that future reviews of medicines would be clearly written to reflect that a GP had carried out the review.
  - Since the day of the inspection the practice has written to us advising us of the new system they have adopted to manage reviews of prescriptions, patients on high risk and blood thinning medicines and patient safety and medicines alerts. They told us that they have received support from the local Clinical Commissioning Group Medicines Team and that the lead GP has booked training on the computerised patient record system.
  - Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. 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 and they had received appropriate levels of training. All other staff at the practice had received safeguarding training and were aware of the different types of abuse. There was no system in place to pro-actively identify where children might be at risk of safeguarding concerns, such as failing to attend for hospital appointments or GP consultations and A & E attendance. The practice has since advised us that they are developing a system to improve on this area.

### Overview of safety systems and processes

We looked at the systems and processes that the practice had in place to keep people safe;

- The practice system for managing national patient safety and medicine alerts was not effective. They were received at the practice and disseminated to the lead GP for action. We carried out our own searches on the day of the inspection and found 13 patients that were either on unsafe combinations of medicines or had not

## Are services safe?

- 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 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 of where to stand during a consultation.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a risk assessment in place that identified the risks to patients and staff. The practice had up to date fire risk assessments and fire alarm testing was carried out on a regular basis. All fire and 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 undertaken risk assessments in relation to the control of substances hazardous to health, infection control and legionella.
- 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 an infection control audit had been undertaken. Cleaning checklists were in place and the quality of cleaning was being monitored.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Data available to us reflected that the practice prescribing patterns provided value for money and were comparable to other practices nationally.
- The practice had a recruitment policy that described the process to follow and the requirement to undertake appropriate checks prior to employment at the practice. This included proof of identity, references, qualifications, registration with the appropriate professional body and appropriate checks through the Disclosure and Barring Service. We spoke with an employee that had started working at the practice since our last inspection. They told us that they had been required to produce documents before starting work, including proof of identity and two references and had

been through an induction process. They said they had been through an interview process. We confirmed this account by viewing their staff file and found that all relevant checks had been made, in line with guidance.

- Arrangements were in place for planning and monitoring the number of staff and mix of skills needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty at all times.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had a health and safety policy available. The practice had undertaken a health and safety and legionella risk assessment as required by legislation.
- 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 a 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 appropriate 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 and how to use them.
- The GP 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.

## Are services safe?

- 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 carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

### 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 83.93% of the total number of points available for QOF achievement. Results for the year 2014 to 2015 were 88.72% of the total number of points available.

Performance for diabetes related indicators was in some areas comparable to other practices nationally. However there were three areas where the practice was much lower than the national average in the year to March 2015. 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 58% as compared with 81% nationally.
- The percentage of patients on the diabetes register, in whom the last IFCC-HbA1c is 64 mmol/l or less in the preceding 12 months was 56% as compared with 78% nationally.

We discussed this data with the practice on the day of our visit and we were told that they were aware of the under-performance in relation to some aspects of diabetes care. They told us they had employed a specialist diabetes nurse to improve the monitoring of their patients.

We spoke with that nurse who told us of their plans to provide more closer monitoring of patients with diabetes to improve outcomes for them. We were told that this was work in progress and the measures in place included patient education, improved recalling of patients and more frequent monitoring of their condition.

The practice was comparable with other practices nationally in relation to all other healthcare indicators. Other examples of performance data were as follows;

- The percentage of reviews of patients with dementia was 100% compared with 84% nationally.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 79% as compared with 84% nationally.

We found that patients on high risk medicines were not being appropriately monitored and reviewed through blood tests to ensure that medicines remained safe to prescribe. The searches we carried out for one particular medicine revealed that 30 patients had not received appropriate function tests at the required intervals.

In relation to the management of medicines overall, we found that the GP that assumed responsibility for this task did not have sufficient knowledge of the practice computerised patient record system to carry out searches to identify patients subject of the alerts/reviews. This was recognised by the practice as a training issue. We conducted our own search of patient records and established that many patients had not received blood tests when due, were on unsafe combinations of medicines and were at risk.

We found that staff at the practice worked as a team to achieve performance targets. However we did find that there was a lack of knowledge around the coding of the patient records in relation to hospital discharge letters. This would support the practice in achieving their objectives.

We found that some staff had been trained in the coding of patient records. This included the identification of patients who were due for reviews of their health condition, including dementia, diabetes and asthma reviews. Staff spoken with understood how their role supported the practice towards achieving their objectives.

The practice monitored their A & E emergency admissions and discharge letters to identify patients that were frail or

# Are services effective?

## (for example, treatment is effective)

with palliative care needs. Data available for the year 2013 to 2014 reflected that the practice was similar to other practices nationally for A & E emergency admissions and for emergency cancer admissions.

Patients at risk of deteriorating rapidly and those with palliative care needs were monitored regularly. Multidisciplinary team meetings took place monthly where individual needs were discussed and care plans put in place.

The practice carried out clinical audits out to monitor and assess the services they provided. These included audits in relation to specific medicines that had been prescribed, inadequate smear samples requiring repeat samples and the monitoring of blood/sugar levels for patients with diabetes. The audits undertaken reflected that improvements were identified and follow-up audits were due in the near future.

### Effective staffing

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

- The practice had an induction policy and programme for newly appointed members of staff that covered such topics as confidentiality, data protection, safeguarding and health and safety. They were required to read the practice protocols and procedures in place and received supervision by a more experienced colleague.
- There was an appraisal system in place and all staff had received an appraisal when due. The training and development needs of staff were considered and staff spoken with told us that training and development was supported and encouraged.
- Clinical staff were encouraged to undertake their continuous professional development to maintain their skills and qualifications.
- Staff spoken with told us they felt supported and part of a team. They told us that their appraisals were meaningful and that their training and development needs were being met. Reception staff told us that clinical staff were always available for advice and guidance.

### 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
- Hospital discharge letters and test results were monitored and reviewed by the GP at the practice to ensure patients received the most appropriate follow-up care and treatment. We found that the coding of information on patient records was not consistently accurate. This has been addressed since our inspection and the practice told us that they will undertake monthly audits on the quality of the coding.
- 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.
- The practice liaised with the out of hour's service to inform them of patients that may require support due to deteriorating ill health. The GP 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.

- The GP and nurse at the practice understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- All 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 if attending unaccompanied by an adult for an appointment. 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 took care to ensure that they were only given to a patient after their identity had been verified. Where required appropriate consent was obtained before passing on the results of any tests to a friend, carer or a relative.

### Health promotion and prevention

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

# Are services effective?

(for example, treatment is effective)

- The practice had a comprehensive cervical screening programme and followed up patients that 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%.
- Childhood immunisation rates for vaccinations given for all relevant age groups were comparable with the Clinical Commissioning Group averages. The practice had achieved a Flu vaccination rates for the over 65s were 64% compared with the national average of 73%. For high risk groups they were comparable with the national average of 45%, having achieved only 35%.
- 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.
- 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.

Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and they could offer them a private room to discuss their needs if necessary.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained 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.

Results from the national GP patient survey published in July 2015 showed patients rated the practice in line with other practices locally and nationally for the way they were treated by the GPs and nurses at the practice. For example:

- 80% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 85% and national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 82% and national average of 87%.
- 87% 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%.
- 75% 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%.
- 76% 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%.

- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

All of the 21 CQC comment cards we received were positive about the caring attitude of staff working at the practice.

### Care planning and involvement in decisions about care and treatment

Patient feedback on the comment cards we received was positive about their involvement in the decisions about their care and treatment. Results from the national GP patient survey we reviewed reflected that;

- 70% 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%.
- 66% 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%.

### 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 signposted to external support agencies. Carers who were patients at the practice were offered the seasonal flu vaccination.

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.
- Patients with a learning disability, those suffering with poor mental health and those with diabetes could receive longer appointments with the GP or nurse.
- Home visits and telephone consultations were available for patients who would benefit from them. Children who were ill were treated as a priority.
- Multidisciplinary meetings took place with other healthcare professionals to review the care and treatment needs of frail patients or those with palliative care needs.
- A range of literature was available to advise patients of external organisations that could provide support.
- A system was in place to update patients on test results and to contact patients if there was an adverse result.
- There were longer appointments available for patients with a learning disability, those suffering with poor mental health or others that needed it. Urgent access appointments were available for children and those with serious medical conditions.
- Patients with long-term conditions were reviewed regularly by qualified and experienced staff. A system was in place to recall patients who had not attended for their review.
- The practice had improved the facilities for patients who were disabled or with limited mobility. A ramp and support rails were in place at the entrance, the main door to the premises was now easier and an accessible toilet for the disabled was available. Translation services were available if required.

### Access to the service

The practice was open Monday to Friday between 8.30am and 6.30pm each weekday and closed Thursday afternoons

and at weekends. During closing time, including Thursday afternoons, patients were directed to the out of hour's service provided by South Essex Emergency Doctors Service.

GP surgeries ran in the mornings between 9.30am and 11.30am on Mondays, Wednesdays and Thursdays and in the afternoon between 4pm and 6pm on Tuesdays and Fridays.

Appointments could be booked on the day and up to two weeks in advance. There were appointments made available daily for emergencies, home visits and telephone consultations. Longer appointments were available if required.

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 varied as compared with local and national averages. For example:

- 50% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 67% 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%.
- 46% of patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 85% 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%.

The data reflected that there were areas where the practice could improve their appointment system. This data was collected between January and March 2015 so may not fully reflect the satisfaction rates.

The practice has carried out their own patient survey since the national GP patient survey which reflected improved patient satisfaction with the appointment system. The latest survey was conducted by the practice in July 2015, carried out by an external organisation. The survey sample size involved replies from 83 patients. They were asked questions about the services provided as a whole and the areas included the appointment system, telephone access, GP satisfaction, waiting time, the ability of clinical staff to listen and provide explanations, respect, reception staff and the reminder systems in place.

# Are services responsive to people's needs?

(for example, to feedback?)

The results of the survey reflected that 80% of patient ratings about the practice were either good, very good or excellent.

Reception staff spoken with told us that the appointment system was effective and usually ran to time.

## **Listening and learning from concerns and complaints**

The practice had reviewed their complaints process since the date of the last inspection. An effective system was in place for handling complaints and concerns. Its complaint 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.

An information leaflet was available in the reception area and complaint forms were available for the purpose. The

practice recorded and analysed all complaints and identified where improvements could be made. Where relevant patients received a written response to their complaint with an explanation and an apology.

Staff spoken with were aware of the system in place and how to advise patients. They told us they were involved in the discussion of complaints at team meetings and were encouraged to provide suggestions for improvement.

We looked at the two complaints that had been received since our last inspection in December 2014. We found that they had been satisfactorily handled and dealt with in a timely way.

Where improvement areas had been identified they had been actioned to address the issues identified.



# 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 an updated their statement of purpose which outlined their aims and objectives and these had been shared with staff working at the practice.

Staff spoken with were aware of the objectives of the practice and how their roles linked to them and had the opportunity to discuss and contribute to them. They told us that they worked as part of a team in order to achieve the healthcare performance objectives of the practice.

### Governance arrangements

The practice had a range of policies and procedures that had been reviewed since our last inspection. These were readily available for staff to read.

- There was now a clear staffing structure and leads had been identified. Staff were aware of their own roles and responsibilities.
- Risks were identified and monitored with the exception of the management of medicines alerts and the monitoring of patients prescribed high risk medicines
- Staff performance standards had been set and were being monitored.
- Clinical audits were being undertaken to assess and monitor the services that were being provided.

### Leadership, openness and transparency

The practice manager worked with the lead GP at the practice to provide visible leadership. Since our last inspection they had considered our findings and made significant progress towards the improvements required and had addressed the majority of the areas in their action plan that they sent to us. These included;

- A review of their policies and procedures, implementing new systems and processes and involving staff more in the day to day management of the practice. Staff spoken with told us that they had seen considerable improvements in the leadership at the practice.
- 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, mental health and safeguarding. Those in leadership roles were visible in the practice and staff told us that they were approachable and always took the time to listen to their colleagues. We found that there was a culture of openness and honesty.

- Staff spoken with told us that regular team meetings were being held and their views were being sought. We looked at the minutes of several of those meetings and found that there were fixed agenda items for key areas such as learning from significant events, complaints, safeguarding and staff feedback. This included ensuring that where improvements had been identified there was an audit trail to reflect they had been actioned. Staff unable to attend the meetings were required to read the minutes made available to them. Staff spoken with were complimentary about the leadership in place at the practice and felt that they worked as part of a team.

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

The practice told us that they reviewed feedback from patients in order to identify where they might improve. This was achieved by monitoring the results from the national GP patient survey and through the NHS Friends and Family test. The practice had also carried out their own survey in July 2015.

We found that the results from the NHS Friends and Family test had not been submitted since March 2015, according to the public website.

The practice had recently started to recruit patients to their Patient Population Group (PPG). This was very much in its infancy and although we spoke with one patient who had been asked to join the group, it was too early to assess the effectiveness of the PPG.

The practice gathered feedback from staff through team meetings, appraisals and informally. Staff told us they were encouraged to give their views on how the practice could be improved and to discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run and felt that they all worked as part of a team.

This section is primarily information for the provider

## 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance  We found that the system in place to monitor and manage medicine alerts and patients on high risk medicines was not effective. In particular patients had not been identified that were the subject of alerts and their medicines assessed accordingly. Patients on high risk medicines were not being reviewed in line with guidance to ensure they received appropriate monitoring through blood and other tests.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	