

P.A. Patel Surgery

Inspection report

85 Hart Road
Benfleet
Essex
SS7 3PR
Tel: 01268 757981

Date of inspection visit: 14/08/2018
Date of publication: 04/05/2020

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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as good overall.

(Previous rating July 2017 – Requires Improvement)

The key questions were:

Safe - Good

Effective – Requires Improvement

Caring – Requires Improvement

Responsive – Good

Well-led – Good

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at P.A. Patel Surgery on 14 August 2018 to follow up on breaches of regulations found at the inspection carried out in July 2017.

At this inspection we found:

- The practice had clear systems to manage and reduce the risk of safety incidents occurring. When incidents did happen, the practice learned from them and improved their processes.

- The practice ensured that care and treatment was delivered according to evidence-based guidelines.
- Data from the Quality and Outcomes Framework (QOF) showed; people with long-term conditions, patient outcomes continued to be below the local and national averages.
- Actions taken after the practice carried out their own patient surveys showed some improvement in the satisfaction of patients with the services provided.
- People told us they were involved in their care and treatment, and staff were compassionate, kind, and respected their dignity.
- Patients found the appointment system very easy to use and the recent national GP survey reported 100% of the patients surveyed, could access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- We found a passionate vision to provide a family run service to meet their patient needs.

The area where the provider should make improvements are:

- Improve the monitoring of patients with diabetes, COPD and hypertension

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and a GP specialist adviser.

Background to P.A. Patel Surgery

P.A. Patel Surgery is in a converted house in a residential area of Benfleet, Essex. The practice provides services for approximately 2600 patients.

- Services are provided from 85 Hart Road, Benfleet, Essex, SS7 3PR. The practice does not have its own website; however, they do offer online appointments and repeat prescription ordering.
- The staff comprises of a male lead GP, a practice manager, a practice nurse and a team of receptionists. The practice also uses two regular locum GPs including a female GP to give patients a choice when booking appointments.
- The practice has a smaller than average population aged 0 to 39 years old and a larger than average population aged 50 years and over.
- There is a larger number of unemployed people at the practice than locally or nationally.
- The practice is open between 8.30am to 1pm and 2pm to 6.30pm daily, on Tuesdays the practice remains open until 7.30pm. Appointments are available between 9am to 11.20am daily and between 4pm to 6.15pm (7.30pm on Tuesdays) every day apart from Thursdays when there is no afternoon clinic, although home visits are available if required.
- The practice is a member of the local GP Alliance which offers patients weekend appointments at an alternative location.
- When the practice is closed, patients are directed to call 111 to access out of hours services. These services are provided by Integrated Care 24.

Are services safe?

What we found at our previous inspection in July 2017

The practice was rated as good for providing safe services.

What we found at this inspection on 14 August 2018

The practice was rated as good for providing safe services.

Safety systems and processes

The practice had effective systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff had received up-to-date safeguarding and safety training appropriate to their role. They knew who the safeguarding lead was and how to identify and report concerns. Safeguarding incidents were discussed in clinical meetings and learning shared with staff. Staff who acted as chaperones were trained for their 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.)
- Staff worked with other agencies, to protect patients from abuse, neglect, discrimination or breaches of their dignity and respect.
- Staff personnel files showed appropriate recruitment checks had been undertaken prior to their employment.
- There was an effective system to manage infection prevention and control.
- The practice had monitoring and risk assessment arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- The practice manager planned and monitored the number and mix of staff needed to meet patients' needs. Staff told us they covered one another for holidays, sickness, busy periods and epidemics. All administrative staff were multi-skilled and could cover each other's work.
- There was an effective induction system for temporary staff tailored to their role.

- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff knew their responsibilities to manage emergencies at the practice and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- The practice assessed and monitored any changes to the service for the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- We saw the process for clinicians to refer patients and found it was timely and in line with practice protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- We found the practice use of hypnotics was higher than local and national average prescribing. We were told that one of the regular GP locums working at the practice prescribed for people in the area with drug related problems which had caused this negative variation. Our checks showed the prescribing was appropriate to keep this vulnerable group of people safe.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial management in line with local and national guidance.
- There were effective protocols for verifying the identity of patients during remote or online prescription requests.

Are services safe?

- Patients' health was monitored in relation to the use of medicines and followed up appropriately. Patients we spoke to told us they were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their responsibility to raise concerns and report incidents and near misses. Staff told us they were supported when they did.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons during monthly meetings. The practice acted to improve safety in the practice.
- The practice acted on and learned from safety events, patient events, and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

What we found at our previous inspection in July 2017

The practice was rated as requires improvement for providing effective services. This was in respect of the QOF data that showed patient outcomes were below local and national averages. We were also not assured patients had been assessed or reviewed adequately due to the lack of documented evidence recorded in patient records.

What we found at this inspection 14 August 2018

- We rated the practice as good for providing effective services. We rated population groups; older people, families, children and young people, working age people (including those recently retired and students), people experiencing poor mental health and people whose circumstances may make them vulnerable as good. We rated the population group; people with long-term conditions, as requires improvement. This was because published data showed little improvement over the last two years. We also found a continued lack of documented evidence within the patients records to assure us that reviews were undertaken regularly.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. Clinicians assessed patient needs and delivered care and treatment in line with current legislation, standards, and guidance. This was supported by practice clinical templates and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff informed patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice identified patients aged 65 and over who were living with moderate or severe frailty. Those identified were discussed at multi-disciplinary meetings to review clinical and medication needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

This population group was rated as requires improvement for effective because there was a lack of evidence that patients with some long-term conditions had received a structured annual review to check their health and medicines needs were being met. We also found no evidence of an improvement plan since the last inspection in July 2017.

- Data comparisons of the years 2015/16, 2016/17 and unverified data from 2017/18 showed little improvement in the effectiveness of monitoring patients with some long-term conditions. An action plan had been implemented from April 2018 and data for the year 2018/19 to date reflected that improvements were being achieved.
- For patients with the most complex needs, the GP worked in a multi-disciplinary way to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- There was a lack of documented evidence within the patients records to assure us that reviews were undertaken regularly.
- The practice's performance on quality indicators for some long-term conditions was below local and national averages.

Families, children and young people:

- We were told children and young people were treated in an age-appropriate way and were recognised as individuals.
- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.

Are services effective?

- Appointments were available outside of school hours to be suitable for families, children and young people.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 81%, which was above the 80% coverage target for the national screening programme and above the local and national scores of 77% and 72%.
- The practice's uptake for breast and bowel cancer screening was above the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system to identify patients with an underlying medical condition that needed vaccination, to support their treatment in accordance with a recommended schedule.

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

- Quality data from 2016 to 2017 available to the CQC showed the practice achieved 5.3% compared with 73% locally and 90% nationally. Unverified data taken from the practice system for 2017-2018 showed they had achieved 94% this was an 89% increase since 2016-2017. Data for the first five months of 2018-19 showed the practice had already reached 78% and were on track to achieve maximum points for this indicator by the end of March 2019. This showed a general trend of improvement since the last inspection.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them remain safe.
- The practice followed up people who failed to attend for the administration of long term medication.
- When patients were assessed for risk of suicide or self-harm the practice had provisions in place to help keep them safe.
- Patients deemed at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was below local and national averages.

Monitoring care and treatment

Where appropriate, clinicians took part in local and national improvement initiatives.

- QOF results for some long-term conditions and mental health indicators were lower than the local CCG and national averages in the 2016 to 2017 quality data. We found the practice had not set-up systematic reviews and recalls monitoring their health. However, exception rates for quality indicators were comparable with local CCG and national averages.
- Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- Staff told us learning needs were understood and protected time was provided for training. Up to date records of skills, qualifications and training were

Are services effective?

maintained. Staff were encouraged, given opportunities to develop, and provided ongoing support. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.

- An induction programme for new staff supported them for the first three months at the practice.
- There was a system to support and manage staff when their performance was poor or inconsistent.

Coordinating care and treatment

Staff worked with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear information with relevant healthcare professionals to deliver patient care that met their long-term conditions needs.
- They shared information and liaised, with community services, social services, and carers of housebound patients. Information was also shared with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Patients told us the clinicians developed personal care plans with them and provided to relevant agencies to support their care.
- The practice ensured that end of life (EoL) care was delivered in a coordinated way. EoL patients' needs were considered, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carer's as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

We saw the process used to obtain consent to care and treatment, this was in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to decide.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

What we found at our previous inspection in July 2017

The practice was rated as requires improvement for providing caring services. This was in respect of some low patient satisfaction results in the July 2017 GP patient survey and a low number of carers identified.

What we found at this inspection 14 August 2018

We rated the practice as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was extremely positive about how staff treated people.
- Staff showed understanding of peoples personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The national GP patient survey results published in August 2018, were comparable with the local and national averages for questions relating to kindness, respect and compassion for both GPs and nurses. Patient satisfaction had improved since the last inspection. The practice had also carried out their own surveys with similar questions asked of patients. The practice had involved GPs and locums in achieving the required improvements.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given).

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were provided.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practices GP patient survey results were less positive for GPs in comparison with local and national averages relating to involvement in decisions about care and treatment. Because of these lower scores the practice asked patients in their own survey the questions where they scored less positively to see if they could improve patient responses. GPs including locums were involved in their improvement efforts.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that did not meet an acceptable standard.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

What we found at our previous inspection in July 2017

The practice was rated as good for providing responsive services.

What we found at this inspection 14 August 2018

We rated the practice as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and provided services to meet those needs.
- Telephone GP consultations were available to support patients unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, people unable to manage the stairs to the first-floor consultation rooms, a ground floor consultation room was available to them.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- Longer appointments were available for older people if required.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients had a named GP to support them, whether living at home, a care home or a supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse provided home visits for those who had difficulties getting to the practice.

People with long-term conditions:

- Patients with a long-term condition received reviews to check their health and medicines needs.
- We observed that consultation times were flexible to meet each patient's specific needs.
- The practice had regular communication with community nursing to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- There were procedures to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Staff we spoke with confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment. We observed this process several times during the inspection.

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

- The needs of this population group were provided by ensuring services were accessible, flexible and offered continuity of care. For example, extended opening hours, online appointments, and flexible on the day appointments.

People whose circumstances make them vulnerable:

- The practice knew their patients living in vulnerable circumstances. This included homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice followed up people who failed to attend an appointment to check their mental health status.

Timely access to care and treatment

Patients were able access care and treatment from the practice within acceptable timescales for their needs.

Are services responsive to people's needs?

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice carried out their own GP patient survey and the patient satisfaction results were considerably above the local and national averages for questions relating to access to care and treatment.
- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.
- The practice recorded both written and verbal complaints however, had not received any in the last twelve months.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

What we found at our previous inspection in July 2017

The practice was rated as good for providing well led services.

What we found at this inspection 14 August 2018

We rated the practice as good for providing well led services.

Leadership capacity and capability.

Leaders had the capacity and skills to deliver, caring, sustainable care.

- Leaders were aware of their challenges and priorities relating to the quality and future of both the practice and local services. They were working on the quality concerns previously seen at inspection with an action plan showing most of the actions addressed.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning resilience into the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible plan to deliver high quality, sustainable care.

- There was a clear vision to offer patients a 'family GP' service.
- The practice had a realistic approach and supporting business plan to achieve priorities.
- Staff were aware of and understood the practice vision, values, and plans, and their role to achieve them.
- The plans were in line with health and social care priorities locally. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against the delivery of the plans.

Culture

The practice had a culture of caring sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Leaders and managers acted on behaviour and performance that was not consistent with their vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had a process to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff told us they felt treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Staff members had been trained to cover all administrative roles within the practice and could support the practice during times of holiday and sickness absence's.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of joint working arrangements, and shared services, promoted co-ordinated person-centred care.
- Staff were clear on their accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

Are services well-led?

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. The practice manager assured us that improving all quality indicators was their next priority and showed us recently printed patient lists from their disease registers to improve the recall process. Unverified data taken from the practice computer system for the first five months of 2018 showed the practice had improved on their quality achievements in relation to patients suffering with poor mental health and were on track to achieve the maximum points for previously low scoring indicators. However, data for patients with long-term conditions had not improved.
- Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact to change procedures and improve clinical quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was in the process of being gathered to improve quality performance. Previous lack of mental health and long-term condition management reviews, were part of the performance and quality sustainability discussed in practice meetings.
- Performance information was combined with the views of patients.
- The practice used performance information which the practice manager reported during meetings to hold the practice team to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice used information technology systems to monitor and improve the quality of care.

- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. We found staff had a good understanding of their responsibility of patient identifiable data.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was a virtual patient participation group that the practice manager contacted regarding practice issues to request patient opinions.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a strong focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. These were shared in practice meetings and learning used to make improvements.
- Staff were encouraged to review their individual objectives, processes and performance.

Please refer to the evidence tables for further information.