

# Dr Agha & Siddique

## 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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Agha and Siddique on 03 February 2016. Overall the practice is rated as requires improvement. The practice is rated as good for caring, responsive and well led domains. The practice is rated as requires improvement for safe and effective.

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

- The practice referred to and used published safety information to monitor and improve safety outcomes for patients. Staff reported concerns about patient safety and when things went wrong these were fully investigated. Learning from safety incidents was shared with staff to minimise recurrences.
- All equipment was routinely checked, serviced and calibrated as needed. However risks to patients and staff were not always assessed and managed. There were no risk assessments in place for areas including

fire safety, health and safety including premises or equipment. There was limited information available in relation to the Control of Substances Hazardous to Health (COSHH) such as cleaning materials.

- There was no business continuity plan in place to deal with any untoward incidents which may disrupt the running of the practice.
- Appropriate checks including employment references and DBS checks were not made when some staff were employed to work at the practice.
- Staff training was not updated and some staff had not undertaken training in fire safety and infection control.
- There were arrangements in place for managing medicines. However we found some medicines were out of date.
- The practice used published guidelines, reviews and audits to monitor how patients' needs were assessed and the delivery of care and treatment.
- Patients consent to care and treatment was not routinely recorded within their patient records.

# Summary of findings

- Patients said they were treated with respect and care. They said that all staff were helpful and caring.
- Information about how to complain / escalate concerns should patients remain dissatisfied was not available.
- Complaints were investigated and responded to appropriately and apologies given to patients when things went wrong or they experienced poor care or services.
- Patients said they found it easy to make an appointment with their GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider MUST:

- Ensure that risks to patients and staff are assessed and managed. These relate to risks associated with premises, fire, medicines, and hazardous substances.

- Ensure that staff undertake training appropriate to their roles and responsibilities and for the safe running of the practice.
- Ensure that all of the appropriate checks including employment references and DBS checks in relation to the fitness and suitability of staff are carried out as part of the recruitment procedure.

The practice SHOULD

- Implement a business continuity plan to deal with foreseeable incidents which may disrupt the running of the practice.
- Carry out a risk assessment to support the decision if a defibrillator is not available for use in medical emergencies
- Keep records of patients consent to care and treatment where this is sought and obtained.
- Provide accessible information to advise patients how they can complain and how to escalate their concerns should they be dissatisfied with the outcome or the way in which their complaint was handled.
- Update policies and procedures so that they are practice specific.

**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. There were systems in place to monitor safety and to act when things went wrong. Lessons were learned and communicated with staff to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.

There were procedures in place to safeguard patients from abuse or harm. Staff were trained and knew how to recognise and report concerns about the safety and welfare of vulnerable adults and children.

There were limited policies, procedures and risks assessments to identify risks to patients and staff. For example there were no health and safety assessments in place to identify the risks associated with the premises, equipment, hazardous substances (such as cleaning materials) or fire safety. Some staff had not received training in fire safety and non-clinical staff did not have infection control training.

There were arrangements in place to manage medicines. However some medicines were out of date and there were no systems in place to monitor the use of prescription pads to minimise the risk of misuse.

Some staff were not recruited consistently. All of the appropriate checks including proof of identify, employment references and Disclosure and Barring Services (DBS) checks were not carried out when some new staff were employed.

Requires improvement



### Are services effective?

The practice is rated as requires improvement for providing effective services. Data for 2014/15 showed that the practice performance for the management of the majority of long term conditions and disease management such as heart disease, dementia and diabetes was similar to other practices both locally and nationally. Where the practice performance was lower than other GP practices we saw that appropriate action had been taken to address this and that performance in these areas had improved.

GPs and the practice nurse referred to published guidance and used this in the assessment and treatment of patients. However we found that patients consent to care and treatment was not always recorded.

Requires improvement



# Summary of findings

Staff were proactive in health promotion and disease prevention and provided patients with information on diet and lifestyle. They also encouraged patients to attend the practice for regular routine health checks, screening and reviews for medication long term conditions.

The practice worked with other health services and ensured that information was shared and reviewed to ensure that patients received coordinated and appropriate care and treatment.

Some staff had not received training in areas including infection control and fire safety. Some staff had not undertaken training since 2013.

## Are services caring?

The practice is rated as good for providing caring services. The results from the 2015 national GP patient survey, which was published on 07 January 2016, showed that patients were satisfied with how staff at the practice treated them. The practice performance was similar to other GP practices both locally and nationally for several aspects of care. Where areas for improvement were identified the practice had acted on these to improve patients' experience.

Patients who completed comment cards and those we spoke with during the inspection also told us that staff at the practice were respectful and caring. Patients said they were treated kindly with dignity and respect. Patients' privacy was maintained during consultations and treatment and information in respect of patients was treated confidentially. The practice had a dedicated room where patients could speak in private should they wish to.

There was information displayed throughout the practice which advised patients of their right to be involved in their care and treatment and any decisions made in relation to these. Patients told us that they received information about their treatment in a way which they could understand and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible.

The practice recognised the needs of patients who were carers and provided support and information about the range of agencies and organisations available.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

Good



# Summary of findings

Appointment times and availability were flexible to meet the needs of patients. Same and next day appointments were available. Home visits and telephone consultations were provided as needed. The practice had reviewed its appointment system following comments made by patients and the results of the national GP patient survey and from this more book on the day and emergency appointments were available.

The practice had good facilities and was well equipped to treat patients and meet their needs. Accessible toilets and baby changing facilities were available.

The practice responded quickly to complaints raised. The practice offered apologies to patients when things went wrong or the service they received failed to meet their expectations. Learning from complaints was shared with staff and other stakeholders. However there was no information available to advise patients how they could make complaints and how they could escalate their concerns should they remain dissatisfied with the outcome of their complaint or how it had been handled.

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy to provide a responsive service for all its patients. The strategy included planning for the future. Staff were clear about the vision and their responsibilities in relation to this. Information about the practice was available to staff and patients.

There was a clear leadership structure within the practice and staff felt supported by management. The practice had a number of policies and procedures to govern activity. However some of these were not practice specific and they were not reviewed regularly to ensure that they reflected current legislation and guidance.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and met every six to eight weeks with practice staff to discuss any issues and how these could be improved upon. The patient participation group was working proactively to attract new members. They also aimed to provide information to patients about the practice and local support that was available.

Staff told us that they felt supported and that they could raise comments and suggestions, which were acted upon.

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 provider was rated as requires improvement overall and this includes for this population group. The provider was rated as good for caring, responsive and well-led and requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including older people.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered a range of health screening and health promotion services for older people including:

- Dementia screening
- Seasonal flu and shingles vaccinations.

The practice offered proactive, personalised care to meet the needs of the older people including:

- Home visits and rapid access to telephone advice and appointments for those with enhanced needs.
- A named GP for patients over 75 years and those receiving palliative care.

GPs worked with local multidisciplinary teams to reduce the number of unplanned hospital admissions for at risk patients including those with dementia and those receiving end of life palliative care.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement overall and this includes for this population group. The provider was rated as good for caring, responsive and well-led and requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including people with long term conditions.

GPs and nursing staff had lead roles in chronic disease management and provided a range of clinics including asthma, diabetes and chronic obstructive pulmonary disease (COPD). The practice performance for the management of these long term conditions was similar to other GP practices nationally.

The practice:

- Offered dedicated appointments for long term conditions, medicine reviews and health screening.
- Carried out clinical audits and reviews to monitor and improve outcomes for patients.

**Requires improvement**



# Summary of findings

- Referred to and used a range of published guidance to monitor and improve patient care and treatment.
- Provided a range of information to patients about the management of long term conditions including diabetes and heart disease.
- Worked with the patient participation group to hold 'health events' to raise awareness about conditions including dementia.

## Families, children and young people

The provider was rated as requires improvement overall and this includes for this population group. The provider was rated as good for caring, responsive and well-led and requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including families, children and young people.

The practice offered same day appointments for children.

Appointments were available outside of school hours. Post-natal and baby checks were available to monitor the development of babies and the health of new mothers.

There were systems in place 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 A&E attendances.

Immunisation rates were similar to other GP practices for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Information and a range of sexual health and family planning clinics were available.

**Requires improvement**



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

The provider was rated as requires improvement overall and this includes for this population group. The provider was rated as good for caring, responsive and well-led and requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice including working-age people (including those recently retired and students).

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

**Requires improvement**





# Summary of findings

Appointment availability was flexible with same day and emergency appointments and telephone consultations available each day. Appointments were available up to 7.30pm on Monday and Thursday evenings.

The practice was proactive in offering online services including on-line appointment booking and electronic prescribing (where patients can arrange for their repeat prescriptions to be collected at a pharmacy of their choice).

The practice offered a full range of health promotion and screening that reflected the needs for this age group including NHS health checks.

## People whose circumstances may make them vulnerable

The provider was rated as requires improvement overall and this includes for this population group. The provider was rated as good for caring, responsive and well-led and requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including people whose circumstances may make them vulnerable.

Staff undertook safeguarding training and the practice had a dedicated safeguarding lead.

The practice held a register of patients living in vulnerable circumstances including patients with a terminal illness and those with a learning disability. The practice proactively promoted annual health checks for patients with learning disabilities.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. This helped to ensure that patients whose circumstances made them vulnerable were supported holistically and that patients who were at a higher risk of unplanned hospital admissions were supported to and treated in their home.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Requires improvement**



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

The provider was rated as requires improvement overall and this includes for this population group. The provider was rated as good

**Requires improvement**



# Summary of findings

for caring, responsive and well-led and requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including people experiencing poor mental health (including people with dementia).

The practice reviewed and monitored patients with dementia and carried out face-to-face reviews. Staff at the practice were proactive in carrying out dementia screening and liaised with the dementia community nurses to ensure that care was coordinated and effective to meet patient's needs.

Patients with mental health conditions were reviewed and had an annual assessment of their physical health needs. Longer appointments and home visits were provided as required. The practice supported patients who lived at a local hostel and provided same day appointments when required.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016 reflected 110 responses from 247 surveys sent out which represented 45% of the patients who were selected to participate in the survey.

The survey showed that patient satisfaction was as follows:

- 75% found the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.
- 61% found it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 73%.
- 77% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG and a national average of 85%.
- 87% said the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 55% described their experience of making an appointment as good compared with a CCG average of 70% and compared with the national average of 73%.
- 72% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 70% and a national average of 65%.
- 59% felt they did not normally have to wait too long to be seen compared with a CCG average of 63% and a national average of 58%.
- 69% of patients would recommend the practice to someone new compared with a CCG average of 72% and a national average of 78%.

The practice had reviewed the comments from this survey and put in place an action plan to address the areas where their performance was lower than the CCG and national average. This included:

- Reviewing the appointments system to provide more same day appointments.
- Providing a number of five minute emergency face-to-face and telephone triage appointments each day.
- Introducing a computerised software package to send text message reminders to patients with the option to cancel their appointments by text if they were unable to attend. This information was automatically updated on the computerised system so that these appointments were made available to other patients.
- Promoting online bookings for routine appointments to help free up telephone lines.

We were told that this had improved patients levels of satisfaction with access to appointments. We reviewed the results from the recent NHS Friends and Family Test for January 2016 and this showed that 93% of patients who responded were either extremely likely or likely to recommend the practice to friends, family or someone new to the area.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards We also spoke with five patients on the day of the inspection. Patients commented positively about the practice and said that:

- Staff were friendly, empathetic and helpful.
- Appointments were convenient and available at a time that suited them.
- Care and treatment was excellent and that GPs and nurses treated them with respect and provided information in a way that they could understand.

# Summary of findings

## Areas for improvement

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

- Ensure that risks to patients and staff are assessed and managed. These relate to risks associated with health and safety, premises, fire, medicines, and hazardous substances.
- Ensure that staff undertake training appropriate to their roles and responsibilities and the safe running of the practice.
- Ensure that all of the appropriate checks including employment references and DBS checks in relation to the fitness and suitability of staff are carried out as part of the recruitment procedure.
- Carry out a risk assessment to support the decision if a defibrillator is not available for use in medical emergencies
- Keep records of patients consent to care and treatment where this is sought and obtained.
- Provide accessible information to advise patients how they can complain and how to escalate their concerns should they be dissatisfied with the outcome or the way in which their complaint was handled.
- Update policies and procedures so that they are practice specific.

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

- Implement a business continuity plan to deal with foreseeable incidents which may disrupt the running of the practice.

# Dr Agha & Siddique

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser.

## Background to Dr Agha & Siddique

Dr Agha & Siddique is located in a refurbished residential dwelling located in a predominantly residential area of Thorpe Bay in Southend, Essex. The practice provides services for 6500 patients.

The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England and Southend Clinical Commissioning Group. A GMS contract is one between GPs and NHS England and the practice where elements of the contract such as opening times are standardised.

The practice population is similar to the national average for younger people and children under four years, and for those of working age and those recently retired, and slightly higher for older people aged over 65 years. Economic deprivation levels affecting children, older people are lower than the practice average across England. Life expectancy for men is slightly lower than the national average and similar to the national averages for women. The practice patient list is similar to the national average for long standing health conditions. It has a similar to the national average for working aged people in employment or full time education lower numbers of working age people that are unemployed.

The practice is managed by two GP partners who hold financial and managerial responsibility. The senior GP partner is the Registered Manager. A Registered Manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The practice employs one salaried GP and one long term locum GP. In total two male and two female GPs work at the practice. The practice also employs one nurse prescriber, two practice nurses and one healthcare assistant. These staff work on a part time basis. In addition the practice employs a management team including a practice manager and a team of receptionists and administrative staff.

Dr Agha and Siddique is a fully accredited training practice for the East of England Deanery. This means that the practice has GP Registrars who are fully qualified doctors who are undertaking GP training in the practice. One GP at the practice is a GP trainer. At the time of our inspection the practice was supporting two GP registrars.

The practice is open from 8.30am to 7.30pm on Mondays and Thursdays, 8.30am to 6.30pm on Wednesdays and Fridays and 8.30am to 1pm on Tuesdays. Appointments are available from 9am to 12.30pm and 3pm to 6.20pm with extended evening opening on Monday and Thursday evenings.

The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by IC24 and patients who contact the surgery outside of opening hours are provided with information on how to contact the service.

# Detailed findings

## Why we carried out this inspection

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

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.

## 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
- 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 visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 03 February 2016. During our visit we spoke with a range of staff including the GPs, nurses, practice management and reception / administrative staff. We also spoke with five patients who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We reviewed a number of documents including patient records and policies and procedures in relation to the management of the practice.

# Are services safe?

## Our findings

### Safe track record and learning

The practice monitored patient safety and referred to a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. There were systems in place for the receipt and sharing of safety alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts have safety and risk information regarding medication and equipment often resulting in the review of patients prescribed medicines and/or the withdrawal of medication from use in certain patients where potential side effects or risks are indicated. We found that safety information and safety alerts were shared with staff and used to modify treatment where this was clinically indicated.

The practice had systems in place for investigating and learning from when things went wrong. This was done through a process for reporting, investigating and learning from significant events. When things went wrong that affected the safety of patients or staff these were investigated and the outcomes and learning was shared with staff. Safety incidents were reviewed periodically to ensure that learning arising from these was imbedded into practice and that similar incidents were minimised.

### Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices in place to keep people safe. However there were areas where improvements were needed to keep people safe:

- Arrangements were in place to safeguard adults and children from abuse. Staff had undertaken role specific training and had access to appropriate policies and procedures which reflected relevant legislation and referred to the local safeguarding team reporting systems. Staff we spoke with were able to demonstrate that they understood their roles and responsibilities for keeping patients safe. The practice had dedicated leads GPs for overseeing safeguarding procedures and liaising with the local safeguarding teams as required. Computerised software helped to identify those patients who were vulnerable so that staff were alerted when patients telephoned or visited the practice.
- The practice had procedures in place for providing chaperones during examinations and notices were displayed to advise patients that chaperones were available, if required. Chaperone duties were carried out by nursing and reception staff. Records showed that staff had undertaken chaperone training and they were aware of their roles and responsibilities. However some staff including one nurse did not have a Disclosure and Barring Services (DBS) check. These 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.
- There were limited procedures in place for monitoring and managing risks to patient and staff safety. The practice did not have in place a health and safety policy and while there was some product information available there were no assessments in place in respect of the risks associated with the control of substances hazardous to health (COSHH) such as cleaning materials. There were no assessments of risks associated with the premises.
- There was no risk assessment in place in relation to fire safety and staff had not undertaken fire safety training since 2013. Appropriate fire safety equipment including extinguishers were located throughout the practice. Fire exits were clearly signposted and a fire evacuation procedure was displayed in various areas.
- All electrical equipment was checked to ensure that it was safe to use. Clinical and diagnostic equipment was checked and calibrated to ensure it was working properly. An external assessment had been conducted to identify risks in relation to legionella.
- The practice had suitable policies and procedures in place for infection prevention and control. We observed the premises to be visibly clean and tidy. One practice nurse was the infection control clinical lead and they took responsibility for overseeing infection control procedures within the practice. There were cleaning schedules in place and infection control audits had been carried out. Clinical staff had access to personal protective equipment such as gloves and aprons and undergone screening for Hepatitis B vaccination and immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations

## Are services safe?

to minimise risks of blood borne infections. However only some members of clinical staff had undertaken infection control training and non-clinical staff had not received training in this area.

- Medicines were stored securely and only accessible to relevant staff. Prescription pads were securely stored securely. However there were no systems in place to monitor their use and minimise the risk of misuse. The majority of medicines we saw were within their expiry date. However we found that some medicines including a salbutamol inhaler and nicotine based products used in smoking cessation had expired.
- Medicines which required cold storage including vaccines were handled and stored in line with current guidelines. Fridge temperatures were monitored and recorded to ensure that they remained within the acceptable ranges for medicines storage.
- The practice had a policy for employing clinical and non-clinical staff. However this lacked detail and did not describe the checks to be undertaken as part of the recruitment process. We reviewed nine staff files including those for the four most recently employed staff. We found that the recruitment procedures had not been followed consistently. Checks including proof of identification, qualifications, registration with the appropriate professional body where appropriate had been obtained. However employment references and Disclosure and Barring Service (DBS) checks had not been undertaken prior to employment for all clinical staff.
- New staff undertook a period of induction which included an opportunity for new staff to familiarise themselves with the practice policies and procedures.

- Arrangements were in place for planning and monitoring the number and skill mix of staff 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. Staff we spoke with told us that there were always enough staff cover available for the safe running of the practice and to meet the needs of patients.

### **Arrangements to deal with emergencies and major incidents**

The practice did not have policies in place for dealing with medical emergencies and major incidents. Records showed that all staff received annual basic life support training and those we spoke with including the receptionists were able to describe how they would act in the event of a medical emergency. There was a range of emergency medicines available. All but one of these medicines (a salbutamol inhaler) we checked were in date and fit for use. The practice had oxygen for use in medical emergencies. There was no automated external defibrillator (AED) available and there was no risk assessment in place to support this decision. According to current external guidance and national standards, practices should be encouraged to have defibrillators.

The practice did not have a business continuity plan in place for major incidents such as power failure or building damage which could affect the day to day running of the practice. The GP partners were also partners at in a second practice located in central Southend and they told us that these premises would be used where possible in the event of any major event that disrupted the running of the business.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice GPs kept up to date with; referred to and used relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. These were used routinely in the assessment and treatment of patients to ensure that treatment was delivered to meet individual's needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### 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. Data from 2014/15 showed;

Performance for the treatment and management of diabetes was as follows:

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 63% compared to the national average of 77%.
- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 65% compared to the national average of 78%
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 60% compared to the national average of 81%
- The percentage of patients with diabetes who had a foot examination and risk assessment within the preceding 12 months was 83% compared to the national average of 88%

These checks help to ensure that patients' diabetes is well managed and that conditions associated with diabetes such as heart disease are identified and minimised where possible. We discussed these results where the practice performance had been lower than GP practices nationally.

We were told that this was due to issues with availability of nursing staff due to illness. GPs told us that improvements had been made and a review of current data for 2015/16 showed improvements. For example:

- The percentage of patients with diabetes whose blood cholesterol levels were managed within acceptable limits was 70%.

The practice performance for the treatment of patients with conditions such as hypertension (high blood pressure), heart conditions and respiratory illness was:

- The percentage of patients whose blood pressure was managed within acceptable limits was 81% compared to the national average of 83%.
- The percentage of patients who were identified as being at risk of stroke (due to heart conditions) and who were treated with an anticoagulant was 93% compared to the national average of 98%.
- The percentage of patients with asthma who had a review within the previous 12 months was 70% compared to the national average of 75%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who has an assessment of breathlessness using the Medical Research Council scale was 94% compared with the national average of 90%.

The practice exception reporting was in line with GP practices nationally and locally. Exception reporting is a process whereby practices can exempt patients from QOF in instances such as where despite recalls, patients fail to attend reviews or where treatments may be unsuitable for some patients. This avoids GP practices being financially penalised where they have been unable to meet the targets a set by QOF.

As part of its quality monitoring and improvement the practice carried out clinical audits to monitor and make changes to patient care and treatment. All relevant staff were involved to improve care and treatment and people's outcomes. We looked at a sample of completed audits which had been carried out and reviewed within the previous three years which included:

- An ongoing audit to review patients who were at risk of stroke due to cardiac conditions. The review checked the number of at risk patients who were treated with

# Are services effective?

## (for example, treatment is effective)

anticoagulant medicines. The audit resulted in an increase in patients who were receiving this treatment from 74% to 94% demonstrating improvements in treatments for patients.

- An audit of minor surgical procedures was carried out between 2011 and 2015 (with four audit cycles). The results from this showed that there were no infections reported following these surgical procedures.

Other clinical audits were carried out to review and improve outcomes and treatments for patients and these included inadequate cervical smear test results and monitoring patient uptake for the seasonal influenza vaccines. Each of the clinical audits we reviewed demonstrated that learning was shared and improvements were in patient treatment and outcomes.

Medicine reviews were carried out every six months or more frequently where required. A community pharmacist assisted with these reviews for patients with complex medical needs and those who were prescribed combinations of medicines. The practice performance for prescribing medicines such as front line antibiotics, non-steroidal anti-inflammatory medicines and hypnotics (anti-depressant type medicines) was similar to GP practices nationally.

### Effective staffing

Improvements were needed to ensure that staff received training and that reflected their roles and responsibilities. We found:

- The practice had an induction programme for newly appointed members of staff which included a period of 'shadowing' experienced staff so as to help familiarise themselves with the practice policies and procedures.
- Staff we spoke with told us that they felt supported. Staff had undertaken training which included safeguarding, information governance and basic life support. However some staff had not undertaken refresher / updates for training since 2013. Some staff had not undertaken training around fire safety, health and safety and non-clinical staff had not undertaken infection control training relevant to their role.
- Nursing staff received an appraisal of their performance and were trained to carry out assessments and deliver patient screening and treatment programmes including immunisations, vaccinations and cervical screening.

- Nursing and GP staff had ongoing clinical support and supervision. Nurses working at the practice were currently registered with the Nursing and Midwifery Council (NMC). All GPs had or were preparing for their revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). We saw that the GPs and nurses undertook refresher training courses to keep their continuous professional development up to date and to ensure that their practice was in line with best practice and current guidance.
- The practice had training accreditation and trained GP registrars (fully qualified doctors who are undertaking GP training). We spoke with both GP registrars who were working at the practice and they told us that they felt supported by their GP trainers.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

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

We saw evidence that multi-disciplinary team meetings took place on a regular basis and information about patients' needs was also shared through tasks within the practice computerised system to which external healthcare professionals had access to. The care and treatment of patients who were receiving palliative care, those who were identified as being at risk of unplanned hospital admission and other vulnerable patients was discussed and reviewed.

# Are services effective?

## (for example, treatment is effective)

We saw that patient records and care plans were routinely reviewed and updated so as to ensure that appropriate and relevant information was available to all the agencies involved in patients care and treatment.

### Consent to care and treatment

The practice had policies and procedures around obtaining patients consent to treatment. Staff we spoke with could demonstrate that they understood these procedures. GPs and nurses we spoke with understood current guidelines in respect of obtaining consent in the care and treatment for children, young people or where a patient's mental capacity to consent to care or treatment was unclear. Staff had an awareness of the provisions of the Mental Capacity Act 2005, Gillick competence and Fraser guidelines. However we saw that consent was not always recorded within patient's records. For example consent was not consistently recorded where children had received childhood vaccines and immunisations.

### Health promotion and prevention

GPs we spoke with told us that the practice was proactive in promoting patients' health and disease prevention. The practice had systems in place for identifying patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice promoted current national screening programmes. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening. The results for 2014/15 were:

- The practice's uptake for the cervical screening programme was 78%, compared to the national average of 82%.

- The percentage of female patients aged between 50 and 70 years who had been screened for breast cancer was the same as the local CCG average at 69% compared with national average of 72%
- The percentage of patients aged between 60 and 69 years who were screened for bowel cancer was the same as the national average at 58% compared to the local CCG average of 53%

Childhood immunisation rates for the vaccinations given and flu vaccines for older people and at risk groups of patients who were under 65 years were:

- The percentage of infant Meningitis C immunisation vaccinations and boosters given to under two year olds was 92% compared to the CCG percentage at 97%.
- The percentage of childhood Mumps Measles and Rubella vaccination (MMR) given to under two year olds was the same as the CCG percentage of 93%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was the same as to the CCG percentage at 95%.
- Flu vaccination rates for the over 65s was 60%, compared to national average of 73%. Seasonal flu vaccination rates for patients under 65 years with a clinical risk factor was 39% compared to the national average at 46%.

We discussed with the practice the lower than local and national performance for seasonal flu vaccinations and they attributed this to local pharmacies providing these vaccines and this information not being captured to show that patients had received their vaccination.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74 years. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were polite and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Reception staff were mindful when speaking on the telephone not to repeat any personal information. Staff we spoke with told us that patients would be offered a room to speak confidentially if they wished to do so.

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.

All of the 30 patients CQC comment cards we received were positive about the service they received. Patients said they were happy how they were treated by GPs and nurses. They also commented that they were treated with respect and listened to by GPs and other staff. Patients we spoke with said that receptionists were helpful and courteous. They also commented that GPs and nurses were caring and that they took time to listen to them and to explain tests and treatments.

Results from the national GP patient survey, which was published on 07 January 2016 showed that:

- 89% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 83% said the GP gave them enough time. This was the same as the CCG average and compared to the national average of 87%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG of 93% and national average of 95%
- 81% said the last GP they spoke to was good at treating them with care and concern which was the same as the CCG average and compared to the national average of 85%.

- 90% said the last nurse they spoke to was good at treating them with care and concern. This was the same as the CCG average of and compared to the national average of 91%.
- 75% patients said they found the receptionists at the practice helpful compared to the CCG of 84% and the national average of 87%.

Each of the five patients we spoke with and the 30 patients who completed comment cards made positive comments about the helpfulness and attitude of reception staff. Some said that receptionists went out of their way to book appointments that suited their needs. Patients said that they were happy with the excellent care and treatment that they received from GPs and nursing staff.

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

There were posters and information displayed within the waiting areas which advised patients about their right to be involved in making decisions about their care. Each of the five patients we spoke with told us that they were happy with how the GPs and nurses explained their health conditions and treatments. Patients said that they felt listened to and that clinical staff answered any questions they had in relation to their treatment. They also told us they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the 30 comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey, which was published on 07 January 2016, showed that:

- 83% 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%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.

Staff told us that the majority of patients at the practice spoke English. They told us that access to translation services was available for patients who did not have English as a first language.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

The practice had procedures in place for supporting patients and carers to cope emotionally with care and treatment. There was information in the patient waiting room, on the practice website and within the practice newsletter advising patients how they could access a number of support groups and organisations including counselling services, advice on domestic and elder abuse and cancer support services. The practice patient participation group had recently organised an event around dementia care to which Dementia Friends were invited to offer support and practical advice to patients and carers. Members of the patient participation group who we spoke with on the day reported that the event was well attended and appreciated by patients and carers who attended.

The practice identified patients who were also a carer. There was a practice register of all people who were carers. This information was used on the practice's computer system to alert GPs when the patient attended appointments. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us the practice had a protocol for supporting families who had suffered bereavement. GPs told us that they following bereavement, families were sent a condolences card and an appointment or a home visit as was provided needed.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and the increase in demand for services to help provide ensure flexibility, choice and continuity of care. For example;

- The practice aimed to meet the needs of its patient population and offered flexibility in appointments and offered pre-bookable, next day and same day appointments where possible.
- There were longer appointments available for patients including those with dementia or a learning disability or those who needed extra support.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available each day for children and those with serious medical conditions.
- Telephone consultations and emergency appointments were available each day.
- The practice reviewed comments, complaints and the results from patient surveys and adapted the appointments system to take these into account.
- Accessible facilities including adapted toilets were available.

### Access to the service

The practice was open from 8.30am to 7.30pm on Mondays and Thursdays, 8.30am to 6.30pm on Wednesdays and Fridays and 8.30am to 1pm on Tuesdays. Appointments were available from 9am to 12.30pm and 3pm to 6.20pm with extended evening opening on Monday and Thursday evenings.

Results from the national GP patient survey, which was published on 07 January 2016 showed that:

- 55% of patients described their experience of making an appointment as good compared to the CCG average of 70% and the national average of 73%.
- 72% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 70% and the national average of 65%.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG of 74% and national average of 75%.
- 61% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and the national average of 73%.

We spoke with the practice staff and members of the patient participation group. They told us about the improvements made as a result of patient's comments and survey results. These included:

- Reviewing the appointments system to provide more same day appointments.
- Providing a number of five minute emergency face-to-face and telephone triage appointments each day.
- Introducing a computerised software package to send text message reminders to patients with the option to cancel their appointments by text if they were unable to attend. This information was automatically updated on the computerised system so that these appointments were made available.
- Promoting online bookings for routine appointments to help free up telephone lines.

We were told that this had improved patients levels of satisfaction with access to appointments. We reviewed the results from the recent NHS Friends and Family Test for January 2016 and this showed that 93% of patients who responded were either extremely likely or likely to recommend the practice to friend, family or someone new to the area.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that while patients were advised that they could complain by speaking with reception staff, information was not available to help patients understand the complaints system or the process for how complaints were handled and responded to. Each of the five patients we spoke with were aware of the process to follow if they wished to make a complaint.



## Are services responsive to people's needs? (for example, to feedback?)

We looked at a sample of complaints received within the previous twelve months. These included complaints about the attitude and helpfulness of reception staff, access to appointments and treatment.

Records showed that complaints had been acknowledged, investigated and responded to within the complaints procedure timeline. Learning from complaints was shared with staff through meetings so as to improve patient's experiences.

We saw that a while a suitable apology was given to patients when things went wrong or their experience fell short of what they expected, patients were not informed of how they could escalate their concerns should they remain dissatisfied with the outcome or how their complaint was handled.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision and ethos, which was described in their Statement of Purpose. The ethos within the practice was to provide personalised care to meet the needs its patients. The strategy included planning for the future. Staff were clear about the vision and their responsibilities in relation to this. Information about the practice was available to staff and patients.

### Governance arrangements

The practice had an overarching governance framework to support the delivery of good quality care:

- There was a clear staffing structure and accountability.
- The GP and nurses had lead roles and special interests in a number of long term conditions and health promotion to improve treatments and outcomes for patients.
- Practice policies and procedures were available to all staff. However these were not practice specific and they had not been regularly reviewed or amended so that they reflected any changes in legislation and guidance.
- The quality of services provided was monitored and improved where required through a system of clinical audits, reviews and benchmarking against local CCG performance criteria.

### Leadership, openness and transparency

GPs and staff we spoke with demonstrated that the practice encouraged a culture of openness and honesty. There were clear lines of responsibility and accountability

and staff were aware of these. Staff said that they were well supported and they felt able to speak openly and raise issues as needed. They told us that GPs were approachable and caring.

A range of clinical and non-clinical practice meetings and informal discussions were held during which staff could raise issues and discuss ways in which the service could be improved. Complaints and any other issues arising were discussed and actions planned to address these during the practice meetings.

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

The practice encouraged and valued feedback from patients. Information displayed in the waiting area and in the patient folder advised patients how they could give feedback and make comment about the practice. Patient feedback had been sought through surveys, complaints and informal comments and received. There was an active Patient Participation Group (PPG) which met on a regular basis. We spoke with representatives of the group and they told us that the practice staff were open to suggestions and took appropriate actions following patients comments:

The practice actively encouraged patients to participate in the NHS Friends and Family Test and monitored these results. We saw that 93% of patients who completed this survey were either extremely likely or likely to recommend the practice to their friends and family.

The practice had also gathered feedback from staff through staff meetings and discussions. Staff told us they were encouraged to give feedback and discuss any concerns or issues with colleagues and management. They also told us they felt involved and engaged to improve how the practice was run.



## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>Patients were not protected against the risks of unsafe care and treatment because risks were not assessed and managed. These included risks associated with fire, premises and substances which may be hazardous to health. Appropriate measures were not in place to safely manage medicines as some medicines were out of date.</b>  Regulation 12 (1) (2) (a) (b) (c) (g)
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing  <b>Staff were not trained to fulfil their roles. Staff had not undertaken fire safety training. Non-clinical staff had not undertaken infection control training. Staff had not undertaken refresher training updates and some training had not been updated since 2013.</b>  Regulation 18 (2) (a)
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  <b>The recruitment procedure did not detail the appropriate checks to be carried out when employing new staff. Checks including employment references and Disclosure and Barring Service (DBS) checks had not been carried out for staff including nursing staff.</b>  Regulation 19 (2) (3)