Acorns PCT Medical Services (PCTMS) Practice

Quality Report

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

Ratings

Overall rating for this service	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Inadequate
Are services responsive to people's needs?	Inadequate
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Acorns PCT Medical Services (PCTMS) Practice on 11 October 2016. The provider of services at Acorns PCT Medical Services (PCTMS) Practice is North Essex Partnership University NHS Foundation Trust. Overall the service is rated as inadequate.

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

- The overarching Trust governance systems had not been effectively embedded into the practice.
- There were no permanent GPs employed by the practice to offer continuity of care.
- The reporting and learning from significant events was not safe.
- There were no systems to receive or respond to Medicine and Health products Regulatory Agency (MHRA) alerts.
- Not all reasonable steps had been taken to improve security, although CCTV had been installed in the reception area in the last year.
- Systems and processes to keep patients safeguarded from abuse were not effective.
- The infection control audit had not identified all risks.
- Medicines had not been reviewed in accordance with guidance.
- The system for recording correspondence into the practice was not safe.
- The business continuity plan did not meet the needs of the practice. Policies did not meet the needs of the practice.
- QOF reviews and health checks were not carried out with an emphasis on monitoring and improving patient outcomes.

Summary of findings

- Medicines, diagnosis and alerts were not routinely coded to ensure a safe hand over of information. Information recorded in the patients' electronic record was unclear.
- Results from the national GP patient survey published in July 2016 showed patients did not always feel that they were treated with compassion, dignity and respect by the GPs.
- Patients spoke 17 different languages but appropriate translation services were not utilised.
- The practice nurse involved communities in their care, educating and informing them about the importance of routine health checks.
- Practice opening times were restricted from 9am until 6pm. Weekend appointments with a GP or nurse could be booked at the local health hub.
- The system of reporting, recording and investigating complaints was not effective.
- There was a lack of GP oversight.
- Locum GPs did not attend practice meetings where safeguarding concerns, significant events, complaints and learning were discussed and it was unclear how the clinical team was being effectively led.

The areas where the provider must make improvement are:

- Assess the risks to the health and safety of patients and do all that is reasonable possible to mitigate any such risks as follows: receive and cascade MHRA alerts and identify patients who may be at risk of the alert; ensure chaperones are DBS checked or risk assessed as to whether this is required; review patient's medicines in line with NICE guidelines and their own policy; ensure patients under the age of 18 who are able to give their consent are receiving appropriate care and treatment.
- Ensure all people providing care have the qualifications, competence, skills and experience to do so safely by putting in place stringent pre-engagement checks of GP locums and review these periodically to ensure these are still valid in the case of later re-engagement
- Put in place systems to mitigate the risks to patients by ensuring the following: a GP is present at the practice every day when a GP surgery is scheduled to take place; all clinicians raise and partake in significant event reporting and recording and discussions relating to on-going safeguarding concerns; policies are accessible and appropriate for the practice and that infection control audits are effective in identifying risk;
- Put in place systems to assess and monitor the risks to patients and others for example by reviewing and improving the system for receiving correspondence, the security of the reception area, storage areas and treatment rooms and the arrangements for GPs to oversee the work completed by locums;
- Maintain an accurate, complete and contemporaneous patients' record by ensuring
- Ensure persons employed are of good character by carrying out appropriate pre-employment checks.

The areas where the provider should make improvements are:

- Identify patients who are carers and offer them appropriate support.
- Encourage uptake for breast and bowel screening programmes.
- Ensure GP locums are aware of where to find shared care protocols.

On the basis of the ratings given to this practice at this inspection, I am placing the practice into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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?

Inadequate

The practice is rated as inadequate for providing safe services.

- There was no effective system in place for reporting and recording significant events
- Lessons were not shared, therefore safety wasn't improved.
- The practice did not have defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were not assessed and well managed.
- There were two days in the summer where no GP was available to work at the practice.
- Recruitment checks were not robust for non-clinical staff or locum GPs.
- There were no systems to receive or respond to Medicine and Health products Regulatory Agency (MHRA) alerts. Patients could not therefore, be identified so that risks could be mitigated.
- Arrangements were in place for planning and monitoring the number of non-clinical staff.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services.

- The practice did not assess needs and deliver care in line with relevant and current evidence based guidance and standards.
- Reviews and health checks took place were carried out systematically, rather than with an emphasis on monitoring and improving patient outcomes.
- Patient outcomes were hard to identify as there was limited evidence of quality improvement including clinical audit.
- The practice nurse had worked with local communities to educate and inform them about the importance of routine health checks.
- Systems to share information were not effective. Medicines, diagnosis and alerts were not routinely coded to ensure a safe hand over of information. Information recorded in the patients' electronic record was unclear.
- There were not appropriate procedures in place to ensure patients under the age of 18 who were able to give their consent were receiving appropriate care and treatment.
- There were no systems in place to encourage patients to attend national bowel screening programmes.

Summary of findings

Are services caring?

Inadequate

The practice is rated as inadequate for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for many aspects of care. 65% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- The practice was performing below averages in relation to most responses relating to involvement in decisions with the GPs and nurse.
- Patient feedback in comment cards and on the day of our inspection was that they were unable to see the same GP twice.
- The reception and administrative team were pleasant and accommodating. Patients said they found the receptionists at the practice helpful.
- Information for patients about the services available was not accessible. Patients spoke 17 different languages but resources were not deployed to ensure that patients could be involved in their care. Appropriate translation serves were not provided.
- The practice nurse was committed to involving communities in their care. They had worked with local communities to educate and inform them about the importance of routine health checks.
- The practice did not have a policy of identifying carers.

Are services responsive to people's needs?

Inadequate

The practice is rated as inadequate for providing responsive services.

- The practice had not reviewed the needs of its local population effectively.
- Patients could not get information about how to complain in a format they could understand. Appropriate translation services were not utilised. Leaflets and information were not provided in any language other than English.
- There had been occasions when the practice was unable to offer GP appointments as there were no locum GPs available.
- Practice opening times were restricted from 9am until 6pm. Weekend appointments with a GP or nurse could be booked at the local health hub.
- Patient feedback indicated that they were unable to see the same GP twice.
- There was no website to enable patients to request services online, translate information or provide useful information such as directions and health promotion advice.

Summary of findings

Are services well-led?

Inadequate

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

- The overarching Trust governance systems had not been effectively embedded into the practice.
- The practice did not have a clear vision and strategy.
- Leaders did not act on risks that they had identified or put appropriate action plans in place to meet the challenges of their practice population.
- The Trust had a number of policies and procedures to govern activity, but these were not tailored to the practice or accessible.
- There was a lack of GP oversight.
- When, GP locums were engaged, the practice did not have sight of all documentation to ensure that the GP locum was safe to work. This was also the case for non-clinical staff.
- Policies and procedures were cumbersome and information was either omitted or difficult to locate within the document.
- The infection control audit had not identified all areas of risk.
- There was often only remote managerial oversight available for most of the week, which was of significant risk considering the repeated issues experienced with aggressive behaviour and the diverse communication needs of the practice population.
- Locum GPs did not attend practice meetings where safeguarding concerns, significant events, complaints and learning were discussed and it was unclear how the clinical team was being effectively led.
- Systems were not in place to support patients to give feedback. Despite there being 17 different languages spoken by the practice population, appropriate translation serves were not provided to enable patients to give feedback.
- There was no practice website and therefore, no technology to support patients who did not speak English.
- The action plan in response to the poor feedback given in the GP survey was not effective.

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

Inadequate

The practice is rated as inadequate for the care of older people.

- Less than 2% of the practice population were aged over 65. There were no patients at the practice who lived in care homes.
- The percentage of patients aged 75 or over with a record of a fragility fracture on or after 1 April 2014 who had a diagnosis of osteoporosis, who were currently treated with an appropriate bone-sparing agent was 100% which was 7% above the CCG and England average.
- The practice offered flu vaccinations to patients over 65.

People with long term conditions

Inadequate

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

- There were no systems to receive or respond to Medicine and Health products Regulatory Agency (MHRA) alerts to ensure that patients with long-term conditions taking certain medicines were safe.
- Medicines were not consistently reviewed in accordance with guidance.
- The percentage of patients with asthma who had an asthma review in the preceding 12 months was 85% which was 10% above the local and England average. However, not all patients taking medicines for their asthma had a regular review of their medicines.
- Performance for diabetes indicators was in line with local and national averages. The percentage of patients with diabetes whose cholesterol was within specified limits was 97%, which was 7% above CCG average and 6% above England average.
- Two patients with atrial fibrillation had not received relevant therapy. There had been no review to check that whether this inaction was appropriate.

Families, children and young people

Inadequate

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

- A midwife held a clinic at the practice once a week.
- Not all systems, processes and practices kept patients safe and safeguarded from abuse. Not all locum GPs working at the practice were trained to safeguarding children level three.

Summary of findings

- There were not appropriate procedures in place to ensure patients under the age of 18 who were able to give their consent were receiving appropriate care and treatment. The nurse would not prescribe contraceptives to patients under the age of 18 without a parent or guardian being present.
- Systems were not effectively updated to record and code the outcome of pregnancy.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working-age people (including those recently retired and students).

- For the year 2015/2016, 84% of females aged 25-64 had attended for their cervical screening tests within the required period. This was 5% above CCG average and 3% above England average.
- There were no systems in place to encourage patients to attend national bowel screening programmes, as only 24 out of 135 relevant patients had attended for this screening in the recommended timeframe. Only 52 out of 150 relevant patients had attended for breast screening.
- Weekend appointments with a GP or nurse could be booked at the local health hub.
- There was no website to enable patients to request services online, translate information and provide useful information such as directions and health promotion advice, for example.
- The practice could give patients a log-in to access appointments online.

People whose circumstances may make them vulnerable

Inadequate

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

- The practice nurse had worked with local communities to educate and inform them about the importance of routine health checks, and told us of improved uptake as a result.
- There was no hearing loop.
- Despite the identified diversity of the practice population, appropriate translation services were not utilised. Leaflets and information was not provided in any other language than English.
- Patients spoke 17 languages yet resources were not deployed to ensure that patients could be involved in their care, as appropriate translation serves were not provided.

Summary of findings

- Carers were not routinely identified, nor were there any additional services offered by the practice to support them.
- The practice had carried out health checks for 10 of their 15 patients with learning difficulties.
- There were no systems to alert clinicians if patients had a weakened immune system.

People experiencing poor mental health (including people with dementia)

Inadequate 

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia).

- No patients diagnosed with dementia had been reviewed in a face-to-face review in the preceding 12 months. This was 78% below England average and 84% below the England average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a care plan documented in the record in the 12 months was 100% which was higher than the local average by 12% and England average of 20%.
- Clinicians could refer patients to the dementia clinic for screening and for on-going support by the community geriatrician.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. Surveys were sent to patients in January and July 2015. Responses about getting through on the phone, waiting times and the involvement and care from the GPs was poor. Responses about the care provided by the nurse and the helpfulness of the reception staff were in line with local and national averages. 357 survey forms were distributed and 81 were returned. This represented a completion rate of 23%.

- 63% of patients found it easy to get through to this practice by phone compared to the local average of 73% and a national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 82% and the national average of 85%.
- 69% of patients described the overall experience of this GP practice as good compared to the local average of 80% and national average of 85%.
- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 70% and the national average of 78%.
- 45% of patients said that they don't normally have to wait too long to be seen compared to the local average of 62% and national average of 65%.
- 41% of patients said that they usually wait 15 minutes or less after their appointment time to be seen compared to a local average of 55% and the national average of 58%.

We spoke with two patients during the inspection. Feedback from these patients was varied, with one patient telling us they had could get an appointment when they needed one, although patients experienced difficulty getting through on the phone to make an appointment. Concerns were raised about not being able to see the same doctor twice. We asked for patients to complete comment cards prior to our inspection, although none had been completed.

We reviewed the results of the NHS Friends and Family test. We reviewed 26 cards. 11 patients said that they would be extremely likely to recommend the practice, 13 said they would be likely to do so, one response indicated they would be unlikely to recommend the practice and commented about the inability to see the same GP; this response was mirrored in the responses by the three patients who indicated they would neither be likely or unlikely to recommend the practice.

Areas for improvement

Action the service MUST take to improve

- Assess the risks to the health and safety of patients and do all that is reasonable possible to mitigate any such risks as follows: receive and cascade MHRA alerts and identify patients who may be at risk of the alert; ensure chaperones are DBS checked or risk assessed as to whether this is required; review patient's medicines in line with NICE guidelines and their own policy; ensure patients under the age of 18 who are able to give their consent are receiving appropriate care and treatment.
- Ensure all people providing care have the qualifications, competence, skills and experience to do so safely by putting in place stringent pre-engagement checks of GP locums and review these periodically to ensure these are still valid in the case of later re-engagement
- Put in place systems to mitigate the risks to patients by ensuring the following: a GP is present at the practice every day when a GP surgery is scheduled to take place; all clinicians raise and partake in significant event reporting and recording and discussions relating to on-going safeguarding concerns; policies are accessible and appropriate for the practice and that infection control audits are effective in identifying risk;

Summary of findings

- Put in place systems to assess and monitor the risks to patients and others for example by reviewing and improving the system for receiving correspondence, the security of the reception area, storage areas and treatment rooms and the arrangements for GPs to oversee the work completed by locums;
- Maintain an accurate, complete and contemporaneous patients' record by ensuring
- Ensure persons employed are of good character by carrying out appropriate pre-employment checks.

Action the service SHOULD take to improve

- Identify patients who are carers and offer them appropriate support.
- Encourage uptake for breast and bowel screening programmes.
- Ensure GP locums are aware of where to find shared care protocols.

Acorns PCT Medical Services (PCTMS) Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector**.** The team included a GP specialist adviser.

Background to Acorns PCT Medical Services (PCTMS) Practice

Acorns PCT Medical Services (PCTMS) Practice is located in Grays, Essex and provides GP services to 3050 patients living within the practice boundary. The practice is one of 33 practices located within the Thurrock Clinical Commissioning Group.

Within Thurrock CCG, income deprivation affecting children and older people is higher than average, and 20% of children living in the area live in low income families, which is greater than the national average. The practice population is ethnically diverse, speaking 17 languages other than English.

GP services at Acorns PCT Medical Services (PCTMS) Practice are provided by North Essex Partnership University NHS Foundation Trust. Further details about the rating of the trust provider can be found on the CQC website.

There are no permanent GPs employed at Acorns PCT Medical Services (PCTMS) Practice PCT Medical Services, and the practice engages GP locums as they become available. There is a permanent part-time nurse employed at the practice.

The practice manager works across all three of the provider's practices in Grays, including Acorns PCT Medical Services (PCTMS) Practice PCT Medical Services, Dilip Sabnis on Linford Road and St Clements Health Centre on London Road. St Clements Health Centre is located 1.5 miles away, and Dilip Sabnis is located 2.2 miles away. When there are no appointments available at the practice, patients are advised to attend these practices.

The practice also employs six reception and administrative staff. There is a permanent GP employed at St Clements Health Centre who is used to provide remote assistance.

The practice is located within the Queensgate Centre. The practice is open from 9am until 6pm on a Monday to Friday, after which time the shopping centre and practice are closed. Weekend appointments with a GP or nurse can be booked through the practice at the Thurrock Hub, which is located in Thurrock Community Hospital.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 October 2016. During our visit we:

- Spoke with a range of staff including reception staff, the practice manager and a locum GP. We also spoke with patients who used the service.
- Reviewed policies, procedures and other documents.
- Observed how patients were being cared for whilst waiting for their appointments.
- Spoke with patients.
- Reviewed personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Inadequate

Are services safe?

Our findings

Safe track record and learning

We reviewed the significant events reported in the last twelve months. There were seven significant events raised and six of these related to incidents that related to security, abuse from patients and other non-clinical incidents. One related to a clinical incident that was raised by the nurse. There were no significant events that had been reported by or that involved a GP working at the practice. Significant events were reviewed and investigated by the service integration manager who was an employee of the Trust.

Administrative staff we spoke with were clear about how to report and record significant events, but the transient nature of the locum GPs working at the practice meant that they were not involved in and did not meaningfully partake in the reporting of significant events or the subsequent learning. The locum GP that we spoke with on the day of our inspection told us that they did not attend practice meetings, where incidents were discussed.

There were no systems to receive or respond to Medicine and Health products Regulatory Agency (MHRA) alerts (the MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice). Accordingly, no searches had been undertaken to identify patients who may be at risk. In respect of one alert raised in February 2016, we found four patients who may have been affected by the alert and there was no evidence that these patients had been reviewed to ensure that the treatment they were receiving was safe.

Overview of safety systems and processes

Not all systems, processes and practices kept patients safe and safeguarded from abuse. For example:

- Although there was a safeguarding adults and safeguarding child policy available, this was a cumbersome trust document rather than being practice specific. It identified the Chief Executive of the Trust as the lead for safeguarding, although staff that we spoke with on the day told us that they would report safeguarding concerns to the nurse.
- We looked at the training certificates for two locum GPs who were engaged to work at the practice. We found that neither of these locums was trained to safeguarding level three for adults or children. The practice nurse and reception staff had all completed safeguarding training to the relevant level.
- When the practice identified patients at risk of abuse, an alert was placed on the appropriate electronic patient record. There was evidence that safeguarding incidents were discussed at practice meetings which were attended by the nurse who was trained to an appropriate level. We saw that these meetings were used to alert staff when identified patients presented at the practice who were the subject of safeguarding concerns; however as the GP locum told us on the day that they did not attend practice meetings, they were not part of relevant learning and discussion.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. We were advised that they had a Disclosure and Barring Service (DBS) check but this was not present on their staff file. We were informed that this had been received but not retained on file. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice had completed an infection control audit. However, when we inspected the cleaning cupboard, we identified that only one mop was used. This meant that the same mop was used in the toilet, for spillages and in the surgeries. This was not in accordance with recognised guidance. This had not been identified and actioned in the infection control audit. There was an infection control protocol in place and staff had received training in infection control.
- Arrangements for managing emergency medicines and vaccines kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- The repeat prescribing protocol had been drafted by the Trust as opposed to a clinician working at the practice. The person responsible for monitoring the policy was not a person who worked at the practice or at the other related practices and there was no evidence that this had been reviewed since it had been written in 2014.

This was a risk considering the lack of continuity of GPs at the practice. The policy was unclear and did not detail who had responsibility for each action from receipt of the repeat prescription to its issue.

- There was evidence that the practice was not following their repeat prescribing policy. On the day of our inspection, 34 patients were identified as requesting a repeat prescription for salbutamol in the last three months. Ten of these patients were not invited for a review in accordance with the policy. Three had no coded medication reviews at all.
- In relation to records of patients who were prescribed high-risk medicines, we found that reviews had been carried out in the required timeframe. However, we reviewed patients taking medicines to regulate their thyroid function. Out of 40 patients, six had not had a thyroid function test performed in the last year. This was contrary to NICE guidance and the practice's repeat prescribing policy. Patients taking medicines to regulate their thyroid function had not been safely monitored nor was their optimum treatment being reviewed. Further, we found 12 patients who had been prescribed thyroxine in the last six months without having a coded diagnosis.
- The locum GP we spoke with was unsure how they would access a shared-care protocol in relation to a high-risk medicine to ensure they were prescribed safely. Shared care protocols identify the responsibilities of the primary care providers (such as GP) and secondary care provider (such as the hospital) in patient care. There was nothing on the patient's record to highlight if there was a shared-care protocol in place. The practice had prepared guidelines for prescribing medicines to thin patients' bloods. However, these did not refer to the anticoagulation clinic at the local hospital nor who had responsibility at each stage of the monitoring.
- Systems for recording incoming correspondence were not safe. The relevant protocol was written in 2014, and only detailed how to deal with post. There was no reference to emails, fax or telephone messages, for example. The protocol stated that the paper correspondence would be stamped on receipt and left for a GP to review. It would then be sent for filing. However, the actual process involved stamping the post with six boxes to be ticked when actions had been completed. Administration staff were unclear what each box meant and what action to take. After the letter had been reviewed by the GP, this would be passed back to reception staff for scanning. This policy was not safe as the correspondence was not scanned on arrival which would mitigate the risk of it being lost. Further, there was a lack of clarity as to how to record a new diagnosis, how to code this, and how the addition of new medication would be dealt with.
- We reviewed two personnel files and found appropriate recruitment checks had not been undertaken prior to employment, for example, conduct in previous employment and employment history, proof of identification and checks through the Disclosure and Barring Service (DBS). We were advised that the DBS check had been received by the provider although we saw no evidence of this. 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.

Monitoring risks to patients

Risks to patients were not well managed.

- There were two days over the summer where no GP locums were available and therefore, the practice opened with no GP to see patients or offer appropriate clinical oversight. During this time, patients were advised to travel to the providers other practices, Dilip Sabnis or St Clements.
- We found that GP locums were engaged without appropriate checks being undertaken to mitigate risks to patients. The practice did not routinely ask the GP locum or their referring agency for evidence of a DBS check, references, proof of training and indemnity. For long term locums, there were no systems of audit to check when training or insurance indemnities were due to expire.
- In terms of non-clinical staff, arrangements were in place for planning and monitoring the number of staff. The provider had identified that there was a shortage of suitably qualified administrative staff at the practice, and was in the process of advertising for further staff to be recruited and trained to a more senior level.
- There were procedures in place for monitoring and managing risks to patient and staff in respect of safety at the premises, although issues were identified with the

infection control audit as detailed above. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

The arrangements in place to respond to emergencies and major incidents were not safe.

- There were four incidents of threatening and abusive behaviour by patients reported and recorded as significant events in the last year. However, although we were informed that the provider was in the process of putting in place more secure arrangements in the reception area, it was not clear when this was to take place.
- There were not appropriate security arrangements to ensure that all consultation rooms and cupboards could not be accessed by unauthorised persons.
- There was no first aid kit available at the practice.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There was a caretaker in the shopping precinct who could be called in the event of abuse or threatening behaviour.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The provider had a business continuity plan, but this was drafted for the trust as opposed to the practice and did not deal with foreseeable events at the practice. It did not include included emergency contact numbers for staff and suppliers.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice did not assess needs and deliver care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

There were no processes for cascading NICE guidelines. These were not being received into the practice and there was no evidence that these were being discussed at team meetings. NICE guidelines were not being followed in respect of repeat prescribing.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a voluntary system intended to improve the quality of general practice and reward good practice). The practice had achieved 517 out of 559 QOF point for the year 2014/2015. This was 3% above the CCG average and 2% below the England average.

As the only permanent member of clinical staff employed at the practice, the practice nurse had oversight of QOF indicators, albeit without appropriate GP input. We saw that these indicators were regularly discussed at team meetings and the practice nurse had a clear understanding of practice performance in relation to these indicators.

Data from 2014/2015 showed:

- The percentage of patients with asthma who had an asthma review in the preceding 12 months was 85% which was 10% above the local and England average.
- Performance for mental health indicators was higher than local and national averages. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a care plan documented in the record in the 12 months was 100% which was higher than the local average by 12% and England average of 20%. Exception reporting, whereby patients are excluded from the data for reasons beyond the practice's control, was 3% above CCG average and 5% below the England average.
- Performance for diabetes indicators was in line with local and national averages. The percentage of patients with diabetes whose cholesterol was within specified limits was 97%, which was 7% above CCG average and 6% above England average

As there was no permanent GP employed at the practice, we were told that GP oversight was provided by the permanent GP working at St Clements, another of the provider's GP practices. However, we did not find any evidence of this influencing and improving outcomes for patients. For example, we found that when QOF reviews and health checks took place, these were carried out as a process, rather than with an emphasis on monitoring and improving patient outcomes; for example, whereas we found that asthma health checks were being carried out, this was in accordance with the standard template and there was no evidence of an appropriately coded medicine review. Due to the lack of continuity of GPs, there was a reliance on the nurse to provide continuity of care and clinical oversight of patients, which was of concern.

An outlier was identified in relation to patients who had atrial fibrillation, as there were no patients with atrial fibrillation who had been identified as being treated with anti-coagulation drug therapy or anti-platelet therapy. We reviewed the records of six patients who had atrial fibrillation and identified that there were two patients who had not received relevant therapy. As there was no GP oversight, there had been no review to check that whether this inaction was appropriate.

There was no evidence of quality improvement. Minimal audits were completed by the practice nurse without GP input. These included audits to check that certain medicines were being appropriately prescribed, a review of nursing time and a list of inadequate smear rates. These all demonstrated an unclear criteria, aims, outcome and learning. There were no two cycle audits.

Effective staffing

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

- The practice had an induction programme for all newly appointed administrative staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Inadequate

Are services effective?

(for example, treatment is effective)

- The learning needs of administrative staff were identified through a system of appraisals and meetings. New staff received an appraisal of their performance after three months, and all staff received an annual appraisal.
- Staff received training that included: safeguarding, fire safety awareness and infection control. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Systems to share information were not effective. The practice relied on the accuracy of the patient's electronic record being maintained by the previous locum GP. There were no systems in place to check on the accuracy of the information recorded. On the day of our inspection, we found that medicines and diagnosis were not routinely coded to ensure a safe hand over of information. There were no systems to alert clinicians if patients had a weakened immune system, or the outcome of a pregnancy. Further, the summary screens in patients' records were dominated by irrelevant and dated information, which meant that it was difficult to identify current and significant problems and diagnosis. This was of particular risk in this practice due to the lack of continuity of care provided by the changing GP locums employed.

We saw evidence that the practice nurse attended a multi-disciplinary meeting with other healthcare providers every three months to discuss patients who had palliative or complex health needs, although it was apparent that these meetings were not attended by the locum GPs who worked at the practice. The locum GP told us that they did not attend practice meetings, so there were no stringent procedures in place to ensure that if a locum GP had concerns about a patient, these concerns were effectively shared.

Consent to care and treatment

There were not appropriate procedures in place to ensure patients under the age of 18 who were able to give their consent were receiving appropriate care and treatment. Although the nurse we spoke with had an understanding of how to assess the capacity of patients under the age of 18 to give their consent in line with relevant guidance, they told us that they would not prescribe contraceptives to patients under the age of 18 without a parent or guardian being present. They said that they would direct relevant patients to the local family planning clinic. There were no systems to check whether this had occurred.

Supporting patients to live healthier lives

We found that for the year 2015/2016, 84% of females aged 25-64 had attended for their cervical screening tests within the required period. This was 5% above CCG Average and 3% above England average. The practice nurse had worked with local communities to educate and inform them about the importance of routine health checks, and told us of the improved uptake as a result.

However, there were no systems in place to encourage patients to attend national bowel screening programmes, as only 24 out of 135 relevant patients had attended for this screening in the recommended timeframe. Similarly, only 52 out of 150 relevant patients had attended for breast screening.

Inadequate

Are services caring?

Our findings

Kindness, dignity, respect and compassion

- The waiting area was open and there were no areas where patients could be taken if they wished to discuss something private.
- Although there had been four incidents involving abusive and threatening behaviour to administration staff in the past year, not all reasonable steps had been taken to improve security, although CCTV had been installed in the reception area in the last year.
- Results from the national GP patient survey published in July 2016 showed patients did not always feel that they were treated with compassion, dignity and respect by the GPs. Responses regarding the care provided by the nurse were better, as these were in line with averages. For example:
- 65% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.
- 75% of patients said the GP was good at listening to them compared to the CCG average of 82% and the national average of 89%.
- 87% of patients said the nurse was good at listening to them compared to the CCG average of 90% and the national average of 91%.
- 72% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 83% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.

Care planning and involvement in decisions about care and treatment

The practice was performing below averages in relation to most responses relating to involvement in decisions with the GPs and nurses, detailed as follows:

- 73% of patients said the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 86% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 90% and national average of 91%.
- 62% of patients said that the last GP they spoke to was good at involving them in decisions about their care, compared to the CCG average of 74% and national average of 82%.
- 83% of patients said that the last nurse they spoke to was good at involving them in decisions about their care, compared to the CCG average of 85% and national average of 85%.

We spoke about this with the practice manager. They told us about the continued efforts to recruit a permanent GP. The practice manager felt that if a permanent GP was recruited, this would have a positive effect on the responses as detailed above. This accorded with the feedback from patients in the Friends and Family comment cards and on the day of our inspection: patients said that they were unable to see the same GP twice. The practice had advertised for a permanent GP and offered financial incentives to a successful candidate. However, the practice were yet to secure a successful applicant.

The reception and administrative team were pleasant and accommodating. We observed them to be helpful and pleasant, responding to patient's queries and concerns effectively. This was reflected in the GP survey data:

- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice did not have facilities to help patients be involved in decisions about their care when a need was identified: we were informed that patients spoke 17 languages. However, resources were not deployed to ensure that patients could be involved in their care, as appropriate translation serves were not provided. The practice manager could not recall when an interpreter had last been used, and there was no literature displayed advising of translation services or in any language other than English. There was no practice website and therefore, no technology to support patients who did not speak English.

Inadequate

Are services caring?

However, we found the practice nurse to be committed to involving communities in their care. They had worked with local communities to educate and inform them about the importance of routine health checks, to dispel myths and create a trusted relationship. They had met with two community leaders over the past three years who had facilitated these discussions.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3 patients as carers, which amounted to 0.1% of the practice list. The practice did not have a policy of identifying carers and therefore, did not offer a routine carer's health check or have any other means of supporting them.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Although the practice had identified that their practice population were younger, transient, that many spoke English as a second language and that social deprivation was evident in their community, effective measures had not been implemented to respond and meet these identified needs. Whereas the practice nurse had demonstrated commitment at communicating with different groups to ensure routine health checks were carried out, serious issues were identified with the routine communications and services available. For example:-

- The practice was located in a shopping centre and therefore, practice opening times were restricted from 9am until 6pm. The locum GP we spoke with told us this made it difficult to complete additional work required.
- There were no late night or early morning appointments provided by the practice, although weekend appointments with a GP or nurse could be booked at the local health hub.
- There had been occasions when the practice was unable to offer GP appointments as there were no GPs available. Patients were directed to go to another of the provider's surgeries in Grays, Dilip Sabnis or St Clements. The practice manager informed us that there had been problems getting appointments at St Clements, impacting on the options available to patients.
- Nearest parking was at a local multi-storey car park.
- The practice population had complex needs and yet there was limited continuity of care to ensure these needs were met. The practice nurse was committed and offered a degree of continuity of care, but she did not work on a Thursday so this was not continuous either. The practice tried to ensure that the same locums were used, but patient feedback indicated that they could not see the same GP twice.
- There was no website to enable patients to request services online, translate information and provide useful information such as directions and health promotion advice, for example. The practice could give patients a log-in to access appointments online, but uptake was poor and this was not advertised in the reception area.
- There was no hearing loop.
- Despite the identified diversity of the practice population, appropriate translation services were not utilised. Leaflets and information was not provided in any other language than English.
- The practice nurse would not provide contraceptives to patients under the age of 18 and directed them to the local family planning clinic.

Access to the service

The practice was open from 9am to 6.00pm Monday to Friday. GP appointments were from 9.00am to 12.00pm and 14.30pm to 17.30pm Monday to Friday. Appointments with the nurse from 9:.00am to 12.00pm and 14.30pm to 17.30pm on a Monday, Tuesday, Wednesday and Friday.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment were lower than local and national averages:

- 65% of patients were satisfied with the practice's opening hours compared to the national average of 71% and CCG average of 76%.
- 63% of patients said they could get through easily to the practice by phone compared to the national average of 73% and CCG average of 73%.

We had sight of the practice's action plan in response to the concerns raised. This detailed a review of the phone system. We explored this with the practice manager who advised us that they had reduced the amount of phone lines coming into the practice. As there were no staff to answer these phones, these would continuously ring; however, it was unclear how this would ensure that patients would be able to get through to the practice and therefore, improve patient experience.

Listening and learning from concerns and complaints

The system of reporting, recording and investigating complaints was not effective. We saw a poster behind the reception desk which advised patients to speak to the practice manager to discuss their experience, or alternatively, leave their details for the practice manager to make contact with them. We were told that patients were given the practice manager's email address as a method of contact. The practice manager was employed to work across all three sites, Acorns PCT Medical Services (PCTMS)

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Practice, Dilip Sabnis and St Clements and so was often unavailable to deal with complaints in person. Further, despite the practice identifying that many of the practice population did not speak English as a first language, there were no systems in place to support patients if they were unable to write or speak English to make a complaint.

The recording of complaints was confused. The practice manager kept emails relating to all complaints on their email account. There were no systems to record verbal complaints, should these arise. It was difficult to identify which complaint related to which practice and this could only be done by searching through the inbox. Whilst we were provided with a schedule of complaints received in the last year, we could not be satisfied that this accurately identified all complaints raised at the service, as recording was not effective.

We reviewed the schedule of complaints sent to us by the provider. These detailed two complaints, one administrative in nature and the other clinical. Whilst complaints were discussed at the monthly practice meeting, these were not attended by the locum GPs. There was no further evidence that the relevant clinician was involved in the learning process, or that they had contributed to the investigation.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The values of the practice were presented as those of the Trust provider, which were humanity, strive for excellence, commercial head, community heart, our cause, our passion, creative collaboration and keep it simple.

We found that staff were unclear about the vision and values of the practice, and saw few examples of how these values had positively impacted on the patient care and experience at Acorns PCT Medical Services (PCTMS) Practice. Within their values, the provider told us of their commitment to the community and delivering an integrated approach. However, during the course of our inspection we found that although the provider had identified challenges within their practice community, they had failed to respond effectively to these, and therefore provide an integrated approach to the care they provided.

Governance arrangements

The overarching Trust governance systems had not been effectively embedded into the practice, or tailored to meet the needs of this small GP surgery which routinely employed transient GP locums. Policies and procedures were unsuitable and written for the trust as opposed to a GP practice. These would not have been immediately accessible to a GP locum employed at the practice, as required information was either omitted or difficult to locate within the document. These were not written by staff who worked at Acorns PCT Medical Services (PCTMS) Practice and did not detail lead roles within the practice but rather those at wider Trust level. The business continuity plan and the policy that related to correspondence did not meet the needs of the practice. The infection control audit had not identified all areas of risk. There were not appropriate security arrangements to ensure that all consultation rooms and cupboards could not be accessed by unauthorised staff.

During our inspection we spoke with a Senior Manager from Service Improvement and were presented with information from the Service Integration Manager. They informed us of the challenges that had been identified within the practice, including recruitment of a GP and managing the demand required of the practice. Although there had been attempts to recruit a GP, these had been unsuccessful.

We found continued risks associated with the lack of GP oversight. There were no checks to ensure that the GP locums were accurately completing the patient's electronic record, and on the day of our inspection, we found that medicines, diagnosis and alerts were not routinely coded to ensure a safe hand over of information. We found examples of the repeat prescribing policy and NICE guidelines not being followed, although this had not been identified by the provider. There was no oversight of administrative staff who summarised patients' records. Further, when GP locums were engaged, the practice did not have sight of all documentation to ensure that the GP locum was safe to work. This was also the case for the recruitment of non-clinical staff.

Leadership and culture

The practice was managed by a practice manager who divided their time between three of the provider's GP practices in Grays. The provider had identified that managerial oversight was required when the practice manager was not available and was in the process of recruiting a more senior administrator to fill this role. However, while this was taking place, there was often only remote managerial oversight available, which was of significant risk considering the repeated issues experienced with aggressive behaviour and the diverse communication needs of the practice population.

Although there was a permanent GP located at St Clements, we did not see evidence of them providing appropriate GP oversight at Acorns PCT Medical Services (PCTMS) Practice as risks were identified with records, prescribing and monitoring. Locum GPs did not attend practice meetings where safeguarding concerns, significant events, complaints and learning were discussed and it was unclear how the clinical team was being effectively led. Despite this, we found that there were support structures in place for administrative staff who had regular one to one sessions, training and appraisals.

Leaders did not act on risks that they had identified or put appropriate action plans in place to meet the challenging needs of their practice population.

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

Systems were not in place to support patients to give feedback. Despite their being 17 different languages spoken by the practice population, appropriate translation

Are services well-led?

Inadequate

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

serves were not provided. Literature displayed advising of how to give feedback was not in any language other than English. There was no practice website and therefore, no technology to support patients who did not speak English.

Patients were advised to email the practice manager if they had a complaint and were provided with their email address. The system of reporting, recording and investigating complaints was not effective, as there was no support for patients who were not able to write in English, or those who did not have access to a computer. As the practice manager worked across all three sites, they were frequently not present to deal with patients who wished to speak with them face to face.

The action plan in response to the poor feedback given in the GP survey was not effective. The number of telephone lines into the practice had been reduced in response to the issue of not being able to get through on the telephone, which meant that patients waiting to speak to a receptionist would not hear the phone line continually ringing. However, this did not deal with the issue of patients being unable to get through on the phone. Further, the action plan said that the practice had recruited locums to work on regular days, although patient feedback was still that they were unable to see the same GP twice.

Continuous improvement

There was no evidence of continuous improvement, particularly as the practice were not meeting the current needs of their practice population and had failed to out in place a suitable action plan to address these concerns.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person did not ensure that staff recruited were of good character as necessary pre-employment checks were not carried out. This was in breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not assess the risks to the health and safety of patients and do all that was reasonable possible to mitigate any such risks. The provider did not ensure that persons providing care or treatment had the qualifications, competence, skills and experience to do so safely. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had not established systems or processes to assess, monitor and improve the service or to assess and monitor the risks to patients. The provider did not maintain an accurate, complete and contemporaneous patients' record. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.