

Dr Rajan Mohile

Quality Report

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Date of inspection visit: 31 January 2017

Date of publication: 04/05/2017

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?

Good 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Inadequate 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Rajan Mohile, also known as Chadwell Medical Centre on 21 March 2016. The overall rating for the practice at that time was inadequate. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Dr Rajan Mohile on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection following a rating of special measures carried out on 31 January 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 31 March 2016. As this was a comprehensive inspection following a rating of special measures, we revisited all key questions and population groups as well as following up on the previous breaches of regulation identified.

We carried out an announced comprehensive inspection at on 31 January 2017. Overall the practice is rated as inadequate.

Our key findings were as follows:

- Although significant events were reported and recorded, learning was not implemented and patients were at risk.
- The practice did not act upon MHRA alerts.
- Data showed some patient outcomes were low compared to the locality and nationally. There had been little or no improvement since our previous inspection.
- Steps had been taken to monitor patients taking some high risk medicines, as identified by our previous inspection. However, not all patients taking high risk medicines were being effectively monitored to ensure their medicines were prescribed at the correct and safe dosage.
- Not all referrals were made in a timely manner. Opportunities to physically examine patients who were at risk were missed.
- Although some administrative audits had been carried out, these had not identified and rectified all serious risks.
- Staff carrying out chaperone duties now had a DBS check in place to assess their suitability for the role.

Summary of findings

- Patients continued to praise staff, but there was concern with the availability of GP appointments. There was a two week wait for routine appointments with the GP.
- Feedback from the GP survey was below national and local averages in respect of access to the practice, and in line with averages in relation to care and treatment by the clinicians.
- The practice was not pro-active in supporting patients to live healthy lifestyles and systems in place to recall patients for health checks and reviews were not robust.
- Effective improvements had not been implemented.
- There was now a legionella risk assessment in place.
- Information about services and how to complain was available and easy to understand.
- Patients' records were still incomplete. There had been seven significant events relating to incomplete patient records in the last year, but effective learning had not been implemented.
- There had been no improvement which sought to ensure that all clinicians were keeping up to date with and implementing NICE guidelines. We found evidence where NICE guidelines were not being followed in relation to diabetes checks.
- Measures had been put in place to monitor prescription stationery.
- There continued to be insufficient nursing provision.
- Nurses were not using the most up to date Patient Group Directions (PGDs) to authorise them to administer vaccines safely. These were not all signed.
- Care plans were either incomplete or not being used.
- There were not effective procedures in place to recall patients for cervical screening. The practice did not follow up children who did not attend for their vaccinations.
- The practice had identified 54 patients as carers which amounted to 1% of the practice population.
- The practice was in the process of having their contract terminated with NHS England and did not have a vision or a strategy.

As a result of the findings at this inspection, we considered enforcement action against the provider and extending their period of special measures. However, shortly after the inspection the provider applied to de-register all regulated activities with the Care Quality Commission. A new provider is in the process of being

identified by the Clinical Commissioning Group with effect from 1st April 2017 and the practice will receive their support to manage and reduce the risks identified at this inspection, so that the risks to patients are managed.

Had the provider continued to be registered with the Care Quality Commission, we would have issued the provider with requirements notices to make the following improvements; :

- Implement a system to receive, action and respond to safety alerts.
- Review and monitor patients taking all high risk medicines.
- Improve the system for referrals.
- Ensure actions resulting from significant events are implemented to prevent reoccurrence.
- Put in place a robust system of quality improvement including clinical and non-clinical audit.
- Ensure nurses are working with signed, up to date PGDs.
- Put in place up to date care plans for patients experiencing poor mental health.
- Take steps to act on patient feedback raised in the National GP Patient Survey.
- Improve the systems to recall patients to their routine checks and appointments and put systems in place to encourage and advise patients on a healthy lifestyle.
- Ensure all patient records represent a complete and accurate picture of their medicines and attendances at the practice.
- Increase nursing provision.
- Implement systems to ensure clinicians are working in line with NICE and other best practice guidance.

In addition the provider should:

- Improve uptake for health checks for patients with learning disabilities.

This service was placed in special measures on 16th June 2016. Insufficient improvements have been made such that there remains a rating of inadequate for effective and well-led. Further risks identified have now resulted in safe being rated as inadequate. The practice therefore remains as inadequate overall and also remains in special measures for a further period of six months.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services. At our previous inspection of 21 March 2016, we rated the practice as requires improvement for providing safe services. We found continued and further risks at the practice.

- The system for reporting and recording significant events had been improved; however, learning from these was not implemented effectively as there were repeated significant events about poor documentation.
- When actions were identified as a result of a significant event analysis, these were not consistently implemented.
- There was poor communication and a lack of transparency throughout the practice due to an on-going dispute with two GPs.
- The practice did not act upon MHRA alerts. We identified two patients who were at risk.
- Staff who acted as chaperones were trained and now had a DBS check to ascertain their suitability for the role.
- The practice had assessed the risk of legionella.
- Nurses were not using the most up to date Patient Group Directions. These had not been signed to allow them to administer medicines in line with legislation.
- There were appropriate recruitment procedures in place.
- The use of prescriptions stationery was now being monitored.

Inadequate



Are services effective?

The practice is rated as inadequate for providing safe services. At our previous inspection of 21 March 2016, we rated the practice as inadequate for providing safe services. We found continued and further risks at the practice.

- Data from the Quality and Outcomes Framework showed patient outcomes were frequently below average compared to the national average.
- Patients taking medicines that required monitoring were not being regularly reviewed. The practice had made improvements in respect of monitoring patients taking some high-risk medicines.
- There continued to be a lack of effective systems to cascade NICE guidelines. NICE guidance was not always followed.
- There was a lack of clinical audit although there were some examples of effective non-clinical audit.

Inadequate



Summary of findings

- Staff received appropriate induction and on-going training.
- There was evidence of appraisals and personal development plans for all staff.
- Care plans were not consistently completed.
- Referrals did not always follow guidelines. There was a lack of evidence of examination.
- Patient records continued to be incomplete and did not accurately reflect medicines and attendances at the practice.
- The practice was not pro-active in supporting patients to live healthy lifestyles.

Are services caring?

The practice is rated as good for providing caring services. At our previous inspection of 21 March 2016, we also rated the practice as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice identified carers and would signpost them to obtain additional support.
- There were eight patients on the learning disabilities register. For the previous year, the practice had completed six out of the eight checks for patients with learning disabilities. The practice was now referring relevant patients to have their checks completed at the local hub.
- Feedback from the GP survey was similar to or better than national and local averages.

Good



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. At our previous inspection of 21 March 2016, we rated the practice as requires improvement for providing responsive services. We found continued issues at the practice.

- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to or slightly lower than local and national averages.
- There was a two week wait for a routine appointment with a GP. Patients that we spoke with told us that they could get an appointment in an emergency.

Requires improvement



Summary of findings

- The number of nursing hours had decreased since our previous inspection. Whereas there were previously 20 hours worked by the nursing team per week, this had reduced to 12.5 hours.
- The practice understood its population profile and had used this understanding to meet the needs of its population. A phlebotomist and midwife held weekly clinics at the practice.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised.

Are services well-led?

The practice is rated as inadequate for providing well-led services. At our previous inspection of 21 March 2016, we rated the practice as inadequate for providing well-led services. We found continued and further risks at the practice.

- The provider had not made the necessary improvements since our last inspection.
- There was no vision and strategy.
- Due to the on-going dispute between the GPs at the practice, there were ineffective governance arrangements.
- Arrangements to monitor and improve quality and identify risk were not effective.
- There had been no further clinical audits since our previous inspection.
- Staff did not feel confident about approaching all clinicians and so there was a culture of mistrust and uncertainty.
- The practice failed to identify a number of further and concerning issues identified by inspectors.

Inadequate



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as inadequate for providing safe, effective, and well led services. It is rated good for providing caring services, and requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- Patients taking high risk medicines commonly used in this population group were now being reviewed effectively prior to receiving repeat prescriptions. However, this was not the case with all medicines that required monitoring.
- The practice visited a local care home on a weekly basis to see patients registered with the practice. Other appointments could be made as the need arose. However, records at the practice were not consistently updated after these visits.
- There were regular meetings with other professionals to identify and manage older patients.

Inadequate



People with long term conditions

The practice is rated as inadequate for providing safe, effective, and well led services. It is rated good for providing caring services, and requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- Nationally reported data showed that outcomes for patients with long-term conditions was worse for the monitoring of diabetes. There had been improvements in relation to asthma and hypertension.
- Referrals to other healthcare providers were not always effective.
- There was inadequate nursing provision which meant that people with long-term health conditions were not always have their health checks done.
- Patients on high risk medicines commonly used in this population group were now being reviewed effectively prior to receiving repeat prescriptions. However, this was not the case with all medicines that required monitoring.
- The practice worked with community nurse specialists in the on-going management of patients with long-term conditions.

Inadequate



Summary of findings

Families, children and young people

The practice is rated as inadequate for providing safe, effective, and well led services. It is rated good for providing caring services, and requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- There were no systems to follow up children who persistently failed to attend for their vaccinations.
- Parents that we spoke with told us that they were always able to get an appointment for their child in an emergency.
- The practice worked closely with midwives and health visitors. A midwife held a weekly clinic at the practice.
- Staff were aware of Gillick competence in relation to children under the age of 16 attending the practice without a parent or guardian.

Inadequate



Working age people (including those recently retired and students)

The practice is rated as inadequate for providing safe, effective, and well led services. It is rated good for providing caring services, and requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- The practice's uptake for the cervical screening programme was 64%, which was lower than the national average of 82%.
- Weekend appointments were available at the Tilbury health hub for patients who could not access the surgery during working hours.
- The practice offered online services, such as prescription requests. There was a text message reminder service for routine health checks.
- An immunisation service was available for patients to access, although nurses did not have up to date, signed patient group directions available to support the administration of vaccines.

Inadequate



People whose circumstances may make them vulnerable

The practice is rated as inadequate for providing safe, effective, and well led services. It is rated good for providing caring services, and requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

Inadequate



Summary of findings

- The practice no longer provided health checks for patients with learning disabilities, and directed these patients to the local hub.
- Carers were identified and the practice informed vulnerable patients about how to access
- various support groups and voluntary organisations.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.

People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for providing safe, effective, and well led services. It is rated good for providing caring services, and requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- Data available to us reflected that the practice was considerably below the local and national average for people with poor mental health, although there had been improvements in relation to patients experiencing dementia.
- The practice manager had conducted an audit of patients with dementia to ensure that they had a care plan in place.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record was 23%, which was significantly lower than the England average of 89%.
- There were 46 patients on the mental health register, none of which had a care plan.
- Patients taking high risk medicines commonly used in this population group were not being reviewed effectively prior to receiving a repeat prescription.

Inadequate



Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice was performing largely in line with local and national averages 281 survey forms were distributed and 104 were returned. This was a response rate of 37%.

- 92% had confidence and trust in the last GP they saw or spoke to, compared to a CCG average of 91% and a national average of 92%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and national average of 82%.
- 69% found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 82% and a national average of 85%.

- 81% described the overall experience of their GP surgery as good compared to a CCG average of 80% and a national average of 85%.
- 58% feel they don't normally have to wait too long to be seen compared to a CCG average of 55% and national average of 58%.

We spoke with six patients about the care they received at Chadwell Medical Centre. All of the patients we spoke with told us that they were pleased with the care they received from all of the clinicians at the practice, although they often had to wait three to four weeks for an appointment with a GP. They told us that the GPs were supportive, and that they could obtain advice from a GP over the phone if required.

Areas for improvement

Action the service **MUST** take to improve

- Implement a system to receive, action and respond to safety alerts.
- Review and monitor patients taking all high risk medicines.
- Improve the system for referrals.
- Ensure actions resulting from significant events are implemented to prevent reoccurrence.
- Put in place a robust system of quality improvement including clinical and non-clinical audit.
- Ensure nurses are working with signed, up to date PGDs.
- Put in place up to date care plans for patients experiencing poor mental health.

- Take steps to act on patient feedback raised in the National GP Patient Survey.
- Improve the systems to recall patients to their routine checks and appointments and put systems in place to encourage and advise patients on a healthy lifestyle.
- Ensure all patient records represent a complete and accurate picture of their medicines and attendances at the practice.
- Increase nursing provision.
- Implement systems to ensure clinicians are working in line with NICE and other best practice guidance.

Action the service **SHOULD** take to improve

- Improve uptake for health checks for patients with learning disabilities.

Dr Rajan Mohile

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 and a practice nurse specialist adviser.

Background to Dr Rajan Mohile

Dr Rajan Mohile, also known as Chadwell Medical Centre is situated in Grays in Essex. It provides GP services to approximately 5000 patients living in Chadwell St. Mary and Tilbury.

The practice holds a Personal Medical Services contract (PMS) with the NHS. This contract is being terminated at the end of March 2017. The practice is registered with the Care Quality Commission as an individual provider. The lead GP is supported by another male GP who is a partner to the NHS contract, a female long-term locum GP, a part-time practice nurse and a part-time healthcare assistant.

The practice population has a slightly lower number of children aged 0 to 4 years than the England average. It has more patients aged over 65 years and over 75 years. Economic deprivation levels affecting children and older people are significantly higher than average and unemployment levels are lower. The life expectancies of men and women are lower than the local average by one year. There are a higher number of patients on the practice's list who have long standing health conditions. The local area is on the more deprived decile on national indicators, which may indicate a higher demand for services.

Administrative support consists of a part-time practice manager as well as an assistant practice manager, a head receptionist and a number of reception and administrative staff.

The practice is open from 8am until 6.30pm every weekday. Appointments are available with a GP or nurse from 9:00am to 10:30am in the morning and from 4:30pm to 6:30pm, Monday to Friday.

The practice has opted out of providing 'out of hours' services which is now provided by Integrated Care 24, another healthcare provider. Patients can also contact the NHS 111 service to obtain medical advice if necessary. Patients could attend the Health Hub at Tilbury Health Centre on a Saturday and Sunday morning for pre-bookable appointments with a GP or nurse.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Rajan Mohile, also known as Chadwell Medical Centre on 21 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing effective and well led services and was placed into special measures for a period of six months. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Dr Rajan Mohile on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Dr Rajan Mohile on 31 January 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

Detailed findings

How we carried out this inspection

Before our visit to Dr Mohile, we reviewed a range of information that we hold about the practice. We carried out an announced visit on 31 January 2017 and during our visit we spoke with two GPs, two reception/administrative staff, the practice manager, the deputy practice manager and the nurse. We also spoke with six patients who used the service

We viewed a number of documents including policies and procedures, audits and risk assessments. We also looked at patients' records.

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

- Is it safe?
- Is it effective?
- Is it caring?

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

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

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

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

Are services safe?

Our findings

At our previous inspection of 21 March 2016, we rated the practice as requires improvement for providing safe services. This was because there was not an effective process to record and report significant events, the location of prescription stationery was not being monitored and the risk of legionella had not been assessed. At our inspection of 31 January 2017, we found that whilst the practice had improved procedures for monitoring prescription stationery and had assessed the risk of legionella, there were continued issues with implementing learning from significant events; we found further risks, as detailed below and the practice is now rated as inadequate for providing safe services.

Safe track record and learning

At our inspection of March 2016, we found that significant events were not always recorded. At this inspection we found there had been improvements relating to the recording and reporting of significant events, although insufficient action was taken after such events to mitigate the risks of these happening again. For example, seven significant events had been recorded through the course of the year which related to poor documentation in clinical notes. As these significant events were all similar in nature, it was evident that no appropriate action had been taken to mitigate the chances of these events happening again. The learning from significant events was not effective as all staff did not attend meetings where significant events were discussed.

Action identified from one significant event was to audit patients taking a certain medicine and then decide whether these patients would require a three or six monthly medicine review. This audit had not taken place and no changes had been implemented. We looked at three relevant patient records and found that none of these patients were being reviewed, contrary to the findings of the significant event investigation, and patients continued to be at risk.

There was a lack of effective systems to receive and manage safety alerts, including MHRA (Medicines and Healthcare Products Regulatory Agency) alerts. We were informed that alerts were sent to the practice manager who would then cascade these to all staff, who then took action and acknowledged safe receipt. However, we looked at two

recent MHRA alerts and found that no searches had been undertaken to identify patients who may be at risk. One alert related to prescribing two groups of medicines together. We reviewed four relevant patient records and identified two patients who would have required a review as a result of the alert. This had not taken place. Further, in relation to another alert relating to a faulty device, we reviewed three records and found two patients who were at risk. There had been no action taken by the provider to mitigate these risks.

Overview of safety systems and processes

The practice had processes and practices in place to keep patients safe and safeguarded from abuse, although there continued to be improvements required:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff, which outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and knew where to locate relevant telephone numbers and policies. GPs and staff were trained to an appropriate level.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role. Steps had been taken to ensure that chaperones received a Disclosure and Barring Service check (DBS check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).

Are services safe?

- Prescription paper was securely stored safely and was now being handled in accordance with national guidance.
- Nurses were not using the most up to date Patient Group Directions, and these had not been signed to allow them to administer medicines in line with legislation.
- Appropriate recruitment checks were undertaken prior to employment, for example in relation to proof of identification and references.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety at the premises:

- Staff received health and safety training. The practice had a fire risk assessment and fire safety equipment in place which was regularly checked to ensure it was fit for use. Regular fire drills took place. All electrical equipment was checked to ensure this was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had most risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and 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 practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- 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. A first aid kit was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines were in date.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection of 21 March 2016, we rated the practice as inadequate for providing effective services. This was because data from the Quality and Outcomes Framework showed patient outcomes were below average, patients taking high risks medicines were not being effectively reviewed and monitored, clinical staff were not kept up to date with NICE guidelines, there was a lack of clinical audit, patient records were incomplete and the practice were not proactive in supporting patients to live health lifestyles. At our inspection of 31 January 2017, we still had these concerns and found further risks, as detailed below. The practice continues to be rated as inadequate for providing effective services.

Effective needs assessment

At our March 2016 inspection, we found that although the practice had some systems in place to keep clinical staff up to date with best practice guidelines through meetings and email cascade, communication was not effective due to an on-going management dispute. Not all GPs from the practice regularly attended meetings where these guidelines were discussed. At this inspection we found continued examples of NICE guidelines not being followed in relation to diabetes monitoring, as detailed below.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice.

Since our March 2016 inspection there had been little improvement in relation to QOF indicators and although the practice had improved its overall achievement, this remained below averages. Most recent data available for the year 2015/2016 showed that the practice had achieved 78% of the total points available, compared to a CCG average of 94% and England average of 95%. The results available at our previous inspection showed that the practice had achieved 69% of the total number of points available.

Data for 2015/2016 showed;

- Performance for diabetes indicators continued to be lower than the national average. The percentage of patients with diabetes whose last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 46.37% compared to the England average of 78%. We reviewed the records of six relevant patients and found that three of these patients were not being treated in line with NICE guidelines.
- Performance for hypertension indicators had improved since our previous inspection. Whereas data for the year 2014/2014 indicated that the percentage of patients with hypertension having regular blood pressure tests was lower than the national average, for 2015/2016 this was now 78% which was in line with the England average of 83%.
- There continued to be underperformance in relation to The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record was 23%, which was significantly lower than the England average of 89%. On the day of our inspection there were 46 patients on the mental health register, none of which had a care plan.
- Other areas of low performance data had been identified in our previous inspection of 31 March 2016 relating to dementia and asthma. Data suggested that there had been improvement in both of these areas, which were now in line with averages.

At our inspection of 31 March 2016, we identified that there was no system in place to ensure that patients who took certain high risk medicines were being appropriately reviewed prior to a repeat prescription being issued. This included medicines prescribed to thin the blood, for thyroid function, hypertension and a medicine used to suppress the immune system. Following that inspection, the practice had implemented a system of regular search, identification, and hospital and patient discussion to ensure that appropriate monitoring was in place prior to authorising these prescriptions.

However, these systems were not in place for all patients whose medicines required additional monitoring. For example, we looked at the records for four out of the 12 patients taking a medicine prescribed to manage the symptoms of certain mental illnesses. We found that two of the four patients had not had their medicines reviewed in accordance with guidance.

Are services effective?

(for example, treatment is effective)

Further, as a result of a significant event, there was an action identified to ensure patients taking a potentially habit-forming medicine were reviewed every three months. We found that there were 50 patients who had a repeat prescription for this medicine. We reviewed three patient records and found that none of these had their prescriptions reviewed and authorised in line with the revised protocol.

There continued to be some positive examples of non-clinical audit, although these had not identified and actioned the issues detailed above. For example, prior to our inspection, the practice manager had audited patients on the dementia register to ensure that they had been allocated a correct Read code and establish what reviews were outstanding. Action was then taken to improve performance and most recent QOF data indicated this was no longer an outlier.

However, no further clinical audits had been completed since our last inspection, when we found that there had been one initial clinical audit in March 2014 and a re-audit three months later.

Effective staffing

- The practice had an induction programme for all newly appointed staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example receptionists had received training in customer care.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had had an appraisal within the last 12 months and where training was requested and identified, this was provided.
- Staff received training that included basic life support, health and safety 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

There continued to be issues with patient records. At our inspection of March 2016, we found that patient records were often incomplete and did not consistently represent a complete and accurate account of patient's medicines, attendances and care plans. At our most recent inspection, we saw that these concerns continued. There had been seven significant events reported since our last inspection

relating to incomplete patient records with issues again relating to a lack of Read codes, clinical entry and recording of attendance. This was of particular risk as there was on-going disagreement between two GPs at the practice, and in the absence of verbal communication, patient records were relied upon to co-ordinate patient care.

We looked at five two week wait referrals. In two of these, we found that there had been a lack of examination by the GP which could have delayed the referral. In one case, we found that no examination had been documented despite the patient's iron levels decreasing over a period of a year. We looked at five Choose and Book referrals. Whereas four out of the five of these were within guidelines, one referral did not follow guidelines to ensure that this secured a timely appointment.

Consent to care and treatment

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

- Records were updated when consent was given.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance.

Supporting patients to live healthier lives

Information was available on the practice's website about minor illnesses and what services were available in the community, such as the pharmacy, to enable patients to manage their own health where appropriate.

At our March 2016 inspection, we found large variations with the number of patients with mental and physical health conditions having their smoking and alcohol consumption recorded. This continued to be the case at our most recent inspection, and required improvements had not been made. At our most recent inspection, the percentage of relevant patients who had their alcohol consumption recorded was 14%, compared to the England average of 89%. This was lower than the data available on our March 2016 inspection, where 42% of relevant patients had their alcohol consumption recorded, compared to a national average of 90%.

Are services effective?

(for example, treatment is effective)

At our recent inspection, a variation was identified in relation to the percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months. The practice value was 82%, compared to the England average of 95%

A very large variation was also identified relating to routine cervical screening tests. This was the also the case in our March 2016 inspection. Current data available showed that the practice's uptake for the cervical screening programme was 64%, which was lower than the national average of 82%. The results available in our most recent inspection were lower than those that were available on our previous inspection, which identified an uptake rate of 68%. The practice had extending the text message reminder service, but this was yet to improve performance. The practice

manager had performed an audit of patients who required cervical screening in November 2016 and further reminder letters were sent out. However, we found that the amount of nursing provision had decreased since our previous inspection and therefore, there was little time for staff to contact patients to provide additional reminders.

A variation was identified in relation to one of the four vaccinations given to children under two. We explored this further with the practice manager and practice nurse. Whereas there was another provider who sent out correspondence to parents and guardians to remind them to attend for their vaccinations, there was no system at the practice to follow up non-attenders, despite them being notified of this.

Are services caring?

Our findings

At our previous inspection of 21 March 2016, we rated the practice as good for providing caring services. The practice continues to be rated as good for providing caring services.

Kindness, dignity, respect and compassion

During this inspection we observed members of staff being courteous and sensitive to patients. Patients that we spoke with were all positive about the friendly, kind attitude of all staff at the surgery.

- Receptionists introduced themselves to patients when answering the phone, to put patients at ease.
- There was a notice in the waiting room advising patients that there was a room available should they wish to discuss anything private.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Whilst the reception desk was situated in the waiting room, this was positioned away from the waiting area so that discrete conversations could take place if required. Music was played to avoid discussions being overheard.

Results from the national GP patient survey showed patients were satisfied with their treatment from the GPs, nurses and receptions, as the practice performed better than local averages. These results are comparable to those available on our previous inspection:

- 90% said the GP was good at listening to them compared to the CCG average of 82% and national average of 89%.
- 87% said the GP gave them enough time compared to the CCG average of 80% and national average of 87%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and national average of 95%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and national average of 85%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 91%.
- 91% said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Results from the most recent national GP patient survey, published in July 2016 showed that Dr Mohile was performing better or in line with local and national averages in relation to questions about patient involvement in planning and making decisions about their care and treatment. These results were comparable to those available on our previous inspection. For example:

- 88% 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%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and national average of 82%.
- 93% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

We spoke with six patients about the care they received at Chadwell Medical Centre. All of the patients we spoke with told us that they were pleased with the care they received from all of the clinicians at the practice. They told us that the GPs were supportive, and that they could obtain advice from a GP over the phone if required.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. 54 carers had been identified as of the date of our inspection, which was 1% of the practice population. The GP provided these patients with further information and organisations to contact for support and offered a flu vaccination.

There were eight patients on the learning disabilities register. We looked at three records and found that one patient had received an initial assessment with a health care assistant although none had received an annual health check by a GP or nurse for the year ending April 2017. For the year ending April 2016, the practice had completed six out of the eight checks for patients with learning disabilities. We were advised by the practice manager that the practice was no longer signed up for this service so these reviews were now being booked to take place at the hub.

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. Further, two receptionists had received training in sign language so that they could communicate with patients who were deaf.

- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Staff showed us how they recorded the death of a patient, so that their relatives could be treated sympathetically and appropriately.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection of 21 March 2016, we rated the practice as requires improvement for providing responsive services. This was because results from the GP survey showed that patients were not satisfied with how they could access care and treatment, there was a three week wait for routine appointments with the nurse and the practice relied on the GP walk-in centre which has since closed. At our inspection of 31 January 2017, we found many of these concerns remained and found other issues in accessing services, as detailed below. The practice continues to be rated as requires improvement for providing effective services.

Responding to and meeting people's needs

The practice had an understanding of the needs of the practice population.

- There was a car parking space available on site for patients who were registered disabled.
- Home visits were available for patients who were unable to attend the surgery in person.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were phlebotomy clinics (blood tests) at the surgery on a Monday morning.
- Appointments could be made or cancelled in person, on-line or over the telephone.
- Text reminders were used to remind patients to book in for their health checks.
- Repeat medicines could be requested at the practice, over the internet or by telephone.
- There were translation services and a hearing loop available. Two of the receptionists were learning sign-language to enable them to communicate with deaf patients.
- A midwife held weekly clinics at the surgery.

Access to the service

The practice was open from 8am until 6.30pm every weekday. Appointments were available with a GP or nurse from 9:00am to 10:30am in the morning and from 4:30pm to 6:30pm, Monday to Friday. Patients could attend the

Health Hub at Tilbury Health Centre on a Wednesday evening from 6:30pm until 9.30pm and on a Saturday and Sunday morning for pre-bookable appointments with a GP or nurse.

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

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 76%. These results were comparable to those available on our previous inspection.
- 69% of patients said they could get through easily to the surgery by phone compared to the CCG average of 73% and national average of 73%. These results were comparable to those available on our previous inspection.
- 82% of patients said they were able to get an appointment to speak to see or speak to someone the last time they tried compared to a local average of 82% and a national average of 85%. These results are slightly higher than those available on our previous inspection.
- 83% patients said the last appointment they got was convenient compared to the CCG average of 90% and national average of 92%. These results are slightly lower than those available on our previous inspection.

Patients told us on the day of the inspection that they had been successful in phoning for an appointment earlier that day although they would usually need to wait three to four weeks for a routine appointment with the GP. Although on the day of our most recent inspection there continued to be a two week wait for a routine appointment with a GP, patients that we spoke with told us that they could get an appointment in an emergency. They praised the receptionists for being helpful.

At our previous inspection, we found that there was a heavy reliance on the local GP walk-in centre when all of the appointments had gone for the day. Further, patients were advised they would be put on a waiting list and called back if there was a cancellation. If there were no cancellations that day, patients were not called back to advise them of this or to check on their symptoms. This was no longer the case. At our recent inspection, we found that patients were advised that if a GP had not contacted them by a specified

Are services responsive to people's needs?

(for example, to feedback?)

time, then they should assume that no appointments were available for that day and call NHS 111. Further, the GP had oversight of the waiting list so could decide if any appointments should be treated as urgent.

The number of nursing hours had decreased since our previous inspection. Whereas there were previously 20 hours worked by the nursing team per week, this had reduced to 12.5 hours. At our earlier inspection, we found that there was a three week wait for a routine appointment with the nurse. Whilst this had improved and there was now a nine day wait for routine appointments with the nurse, we found the lack of nursing provision had impacted on the responsiveness of services in other ways, for example in relation to patients encouraged to attend for their routine checks such as cervical screening and baby immunisations.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns, and we saw that information about how to make a complaint was available at reception. We looked at three complaints made since our previous inspection and saw that patients received an appropriate, timely response. Although the investigation and learning from complaints did not include an open dialogue due to the on-going disagreement between the GPs, the practice relied on email, the instant messaging system and the shared drive to request and share information.

Complaints were dealt with by either the lead GP or the practice manager, depending on whether the complaint was clinical or administrative in nature. We saw that patients were given a full explanation as to what happened and an apology when this was appropriate.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice was in the process of having its contract terminated with NHS England and as the current provider would no longer be providing services at the location, this meant that there was no vision or strategy. The practice was reactive to identified poor performance rather than seeking to improve outcomes for patients; for example, although some areas identified by inspectors on previous inspection had been rectified, improvement was not consistent and further risks were identified.

On-going proceedings at the practice meant that the provider was unable to enter into new contracts or commit finances. This meant that reception and nursing staff couldn't be recruited when staff left the practice or were unable to increase their hours. Despite the on-going difficult circumstances, administrative staff were maintaining a helpful and professional service for patients.

Governance arrangements

The longstanding disagreement between the GPs at the practice continued to contribute to failings, although this was not the exclusive reason for poor performance. We found continued issues with governance arrangements:

- Actions identified in significant events were not followed through.
- Whereas there were some positive examples of non-clinical audit which addressed the issues in relation to performance for dementia indicators and monitoring some high risk medicines, there were continued issues with other medicines that require monitoring.
- There had been no further clinical audits since our previous inspection.
- The disagreement over contractual and legal entities meant that there was a lack of governance at the practice over all members of staff. One GP worked alone with limited verbal communication from other team members.
- Not all staff attended the regular meetings held or partook in regular discussion and learning.
- There were on-going issues regarding incomplete patient records as clinicians did not routinely update these after consultations. This issue was raised at our last inspection and in subsequent significant events, but there had been no improvement.

- There was no oversight to ensure that clinicians were adhering to NICE guidelines, treatment and referrals were appropriate, safety alerts were being actioned, nurses were working with the most up to date PGDs, patients were being effectively recalled or that care plans were being used.
- Practice specific policies were implemented and were available to all staff on the practice computer system. These included child and vulnerable adult protection, consent, equality and diversity and health and safety.

Leadership and culture

There had been no improvements in respect of the leadership and culture at the practice. We continued to find that although both GPs were approachable and open with inspectors, this was not the case with everybody who worked at the practice. Staff did not feel confident about approaching all clinicians and so there was a culture of mistrust and uncertainty. Although visible leadership was being provided by the lead GP, there was not a unified team.

Staff meetings took place regularly but not all GPs attended. Minutes were made available on the shared drive, and we saw evidence that staff were trained as to where to find these. Meetings were used as an opportunity to learn and discuss on-going issues at the practice, but these were not open and transparent due to the continued absence of one GP. There were defined leads in place for various aspects of the practice including infection control and safeguarding, although communication was not effective to ensure a valuable information cascade.

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

Patients were positive about the care they received by the GPs and nurses, and the practice were encouraged by the feedback that the practice had received in the GP survey in respect of the care and treatment provided by the clinicians. However, the practice had not put in place an action plan to address areas of underperformance in relation to access.

Where complaints were raised, the provider complied with the duty of candour, providing an honest account and an apology where required. However, the investigation and learning from complaints did not include an open dialogue with all GPs.

Are services well-led?

Inadequate 

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

Continuous improvement

Dr Rajan Mohile, also known as the Chadwell Medical Centre, failed to adequately rectify actions identified in our previous inspection. Whereas some steps had been taken to mitigate risks, the practice was reactive to risk and had failed to identify a number of further and concerning issues identified by inspectors.

Whereas the practice manager had supported other practices to update their systems, immediately following our inspection, the practice had engaged the support of a neighbouring practice to implement systems to mitigate risks to patients.

The contract with NHS England was terminated as of 31 March 2017 and a new provider put in place. As such, at our most recent inspection we found no evidence of continuous improvement, rather a sense of relief that the challenging circumstances that had overshadowed the performance of the practice for a number of years were coming to an end.