

Dr A Bansal Practice

Quality Report

Balfour Medical Centre, Grays, Thurrock

RM17 5NS

Tel: 01375373366

Website: None

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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?

Requires improvement



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 A Bansal Practice on 24 May 2016. Overall the practice is rated as inadequate.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, although reviews and investigations were completed there was limited evidence of learning and some investigations were not as thorough as they could be.
- Although some risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, appropriate recruitment checks on staff had not been undertaken prior to their employment and actions identified to address concerns with infection control practice had not been taken.
- There were no systems in place for some areas of medicines management. For example, patients prescribed high risk medicines or those requiring regular monitoring were not being monitored. Blank prescription forms and pads were not securely stored and there were no systems in place to monitor their use.
- The practice had high rates of anti-bacterial prescribing.
- There was a system in place for staff to be aware of patient and medicines related safety alerts, however no action was taken once the alerts had been received.
- Patients told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Urgent appointments were available the same day.
- The practice had good facilities and was equipped to treat patients and meet their needs.

Summary of findings

- There was no information displayed telling patients how to complain. The complaints investigations were not fully documented and for some did not fully address the extent of the complaint. Learning from complaints was minimal.
- Staff felt supported by one of the partners and able to raise concerns.
- Data showed most patient outcomes were low compared to the national average. Although some clinical audits had been carried out in previous years there were no clinical audits completed in the last 12 months and no other quality improvement systems in place.
- The practice was aware of performance related data but there was no evidence that this information had been used to improve patient outcomes.
- The practice had a number of policies and procedures to govern activity which were in the process of being reviewed and updated but staff were not aware of them or their content.
- The governance systems in place were not sufficient to ensure safe, effective, responsive care and treatment.

The areas where the provider must make improvements are:

- Introduce robust governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Carry out quality improvement activities for example, clinical audits including re-audits to ensure improvements have been achieved.
- Introduce robust medicines management systems for: the review of patients prescribed high risk medicines and those requiring monitoring; the security and monitoring of prescription paper and pads; dealing with alerts relating to medicines.
- Take action to address high levels of anti bacterial prescribing.
- Take action to address identified concerns with infection prevention and control practice.
- Investigate safety incidents thoroughly and ensure that patients affected receive reasonable support and a verbal and written apology and that learning is disseminated appropriately.

- Make information relating to complaints easily accessible. Investigate complaints thoroughly and ensure there is a clear audit trail of the investigation.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure that a legionella risk assessment takes place and complete any actions identified from the assessment in a timely manner.

In addition the provider should:

- Ensure that practice policies are up to date and that staff are aware of their content and that they are readily available.
- Improve the performance of the practice in relation to the clinical outcomes of patients measured by the Quality and Outcomes Framework.
- Ensure that there is a plan in place to respond to and act on patient feedback.
- Improve the system for the identification of carers and offer them appropriate support and guidance.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 and improvements must be made.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Although the practice carried out investigations when there were unintended or unexpected safety incidents, investigations were not always thorough and lessons learned were not always communicated, so safety was not improved.
- Although some risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, appropriate recruitment checks on staff had not been undertaken prior to their employment and actions identified to address concerns with infection control practice had not been taken.
- There were no systems in place for some areas of medicines management. For example, patients prescribed high risk medicines or those requiring regular monitoring were not being monitored. Blank prescription forms and pads were not securely stored and there were no systems in place to monitor their use.
- There was a system in place for staff to be aware of patient and medicines related safety alerts, however no action was taken once the alerts were seen.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services and improvements must be made.

- Data showed patient outcomes were low compared to the national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months were below the national average.
- Clinical audits had not been completed for over 12 months. The practice was aware of how their performance data compared with other practices nationally however there was no evidence of this being used to improve patient outcomes.
- There was evidence that multidisciplinary working was taking place and any referrals completed in a timely manner.

Inadequate



Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.

Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. For example, when asked if the nurse they saw was good at listening to them, patients rated the practice lower than the local and national average.
- 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a large number of Bangladeshi patients and these patients were seen by the GP who was able to speak this language. When patients were seen by the nurse, the nurse had access to this GP to translate if required.
- The practice had a member of staff responsible for sign posting carers to support networks.

Requires improvement



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services, as there are areas where improvements should be made.

- The practice had a good awareness of the individual clinical and social needs of patient from different nationalities. For example, staff were aware of how a patient's ethnic origin could affect their health.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Urgent appointments were available the same day.
- There was no information displayed telling patients how to complain. The complaints investigations were not fully documented and for some did not fully address the extent of the complaint. Learning from complaints was minimal.

Requires improvement



Summary of findings

Are services well-led?

The practice is rated as inadequate for being well-led and improvements must be made.

- Although the practice were aware of its performance data, compared with local and national practices, it had not put in place a plan to secure improvements for all of the areas identified.
- The practice told us that they had a vision to provide a high quality, safe and effective service to their patients.
- The practice did not have an overarching strategy for improving the service provided to patients.
- There was a documented leadership structure and most staff felt supported by one of the partners.
- The practice had a number of policies and procedures to govern activity which were in the process of being reviewed and updated but staff were not aware of them or their content.
- The governance systems in place were not sufficient to ensure safe, effective, responsive care and treatment.

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

Inadequate



The practice is rated as inadequate for the care of older people. The provider was rated as inadequate for safe, effective and for well-led and requires improvement for responsive and for caring. The issues identified as inadequate overall affected all patients including this population group.

- All these patients had a named GP however some older people did not have care plans where necessary.
- The practice was not responding to medicines alerts that may have affected this patient group.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were lower than the national average. For example, the percentage of patients with COPD receiving an annual review in the last 12 months was 80%, compared with a CCG average of 87% and a national average of 90%.

People with long term conditions

Inadequate



The practice is rated as inadequate for the care of people with long-term conditions. The provider was rated as inadequate for safe, effective and for well-led and requires improvement for responsive and for caring. The issues identified as inadequate overall affected all patients including this population group.

- Nationally reported data showed that outcomes for patients with diabetes were comparable or lower than other practices. For example, the percentage of patients with diabetes who have had a flu vaccination in the last 12 months was 74% compared with the CCG average of 93% and the England average of 94%.
- The practice was not effectively monitoring patients taking high-risk medicines or those requiring regular monitoring.
- Nursing staff had lead roles in chronic disease management.
- Longer appointments were available when patients needed them.

Summary of findings

- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Inadequate



The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for safe, effective and for well-led and requires improvement for responsive and for caring. The issues identified as inadequate overall affected all patients including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were in line with CCG averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Not all GPs had received an appropriate level of training in safeguarding children.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Midwives used one of the practices treatment rooms for a weekly maternity clinic.

Working age people (including those recently retired and students)

Inadequate



The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for safe, effective and for well-led and requires improvement for responsive and for caring. The issues identified as inadequate overall affected all patients including this population group.

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their

Summary of findings

responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

- Some of the practice staff had received training in female genitalia mutilation (FGM) recognition, support and follow up actions.

People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for safe, effective and for well-led and requires improvement for responsive and for caring. The issues identified as inadequate overall affected all patients including this population group.

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Some of the practice staff had received training in female genitalia mutilation (FGM) recognition, support and follow up actions.

Inadequate



People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for safe, effective and for well-led and requires improvement for responsive and for caring. The issues identified as inadequate overall affected all patients including this population group.

- 72% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the CCG average of 80% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Inadequate



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Information for these was available in the reception area and was on a self-referral basis however GPs would provide supporting letters.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 314 survey forms were distributed and 107 were returned. This represented a 34% return rate.

- 70% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the national average of 73%.
- 62% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 70% and a national average of 76%.
- 76% of patients described the overall experience of this GP practice as good compared to the CCG average of 71% and the national average of 85%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 40 comment cards which were all positive about the standard of care received. Seven of the 40 comment cards also raised issues with service provision. Issues related to: ventilation in the waiting area, the availability of pre bookable appointments, the length of time waited after the appointment time and difficulty getting through to the practice by telephone in the morning. Most people commented that the service provided was good, with same day appointments easy to make and practice premises clean. Patients said that staff and GPs were friendly, helpful and supportive.

We spoke with four patients and two members of the PPG (patient participation group) during the inspection. All six patients said they were satisfied with the care they received and felt they were treated with dignity and respect. Three patients told us that children were treated in an age appropriate way. Three patients told us that it was difficult to get an appointment using the appointments system however the other three patients told us that it was easy to make an appointment.

Areas for improvement

Action the service **MUST** take to improve

- Introduce robust governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Carry out quality improvement activities for example, clinical audits including re-audits to ensure improvements have been achieved.
- Introduce robust medicines management systems for: the review of patients prescribed high risk medicines and those requiring monitoring; the security and monitoring of prescription paper and pads; dealing with alerts relating to medicines.
- Take action to address high levels of anti bacterial prescribing.
- Take action to address identified concerns with infection prevention and control practice.
- Ensure all GPs are trained to level 3 for safeguarding children.

- Investigate safety incidents thoroughly and ensure that patients affected receive reasonable support and a verbal and written apology and that learning is disseminated appropriately.
- Make information relating to complaints easily accessible. Investigate complaints thoroughly and ensure there is a clear audit trail of the investigation.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure that a legionella risk assessment takes place and complete any actions identified from the assessment in a timely manner.

Action the service **SHOULD** take to improve

- Ensure that practice policies are up to date and that staff are aware of their content and that they are readily available.

Summary of findings

- Improve the performance of the practice in relation to the clinical outcomes of patients measure by the Quality and Outcomes Framework.
- Ensure that there is a plan in place to respond to and act on patient feedback.
- Improve the system for the identification of carers and offer them appropriate support and guidance.

Dr A Bansal Practice

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 manager specialist adviser.

Background to Dr A Bansal Practice

This practice is based in the Balfour Medical Centre in Grays, Essex.

The current list size is around 5214 patients and the practice is open to new patients. There are four GPs, two female and two male. There were two female practice nurses and one female health care assistant (HCA). The practice holds a general medical service contract (GMS).

The practice is open between 8.30am and 7pm Monday to Wednesday and Friday, and 8.30am to 6.30pm on Thursdays. Appointments are from 9.30am to 1pm every morning and 3pm to 6pm every afternoon. GPs will see emergency patients and complete home visits outside of these consultation sessions. Thurrock has recently launched a weekend system called 'Thurrock Health Hubs'. Patients are able to book through the practice to see either a doctor or a nurse between 9.15am and 12.30pm at the weekend, at one of four 'hubs'. Out of hour's cover is provided by IC24.

The practice area demographic comprises of mainly white British, with other nationalities including Bangladeshi, African and Sri Lankan. There are fairly low levels of income deprivation affecting children and older people.

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 24 May 2016.

During our visit we:

- Spoke with a range of staff including GPs, nursing and administration staff.
- Observed reception staff speaking with patients.
- Spoke with patients who used the service and their family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed an anonymised sample of the treatment records of patients.

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

- Is it safe?

Detailed findings

- 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

Safe track record and learning

There was a system in place for reporting and recording significant events. However there was limited evidence of disseminated learning.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Although the practice carried out investigations when there were unintended or unexpected safety incidents, lessons learned were not always communicated and so safety was not always improved. In one case where an external contractor had sustained a needle stick injury there was limited evidence that this had been fully investigated.
- Staff told us they would inform the practice manager of any incidents.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received truthful information and a written apology.
- There was a system in place for staff to be aware of patient and medicines related safety alerts, however no action was taken once the alerts had been received. For example, there was an alert regarding blood sugar monitoring equipment which had been delegated to one of the practice nurses to action, however this had not happened.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings. We saw limited evidence that lessons were shared and action was taken to improve safety in the practice. For example, there was a significant event involving the wrong patient being discussed in a consultation, measures were put in place, however the following month a complaint was raised, again involving the wrong patients details being discussed with a patient.

Overview of safety systems and processes

The practice had some systems, processes and practices in place however these were not sufficiently robust to keep patients safe and safeguarded from abuse:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice also had its own safeguarding meeting for children, which it invited health visitors and school nurses to attend, in which they discussed all children with safeguarding concerns on the practice register. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All GPs were trained to child protection or child safeguarding level 3. Some of the practice staff were trained in female genitalia mutilation (FGM) recognition support and follow up actions. We saw evidence that one of the GPs had completed safeguarding work in this area.

- Notices advised patients that chaperones were available if required. The practice only used clinical staff to act as chaperones who were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- 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. An annual infection control audit had been undertaken the previous year however we saw evidence that action required to address any improvements needed had not been taken.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe. We looked at arrangements for obtaining, prescribing, recording, handling, storing, security and disposal of prescribed medicines. Processes were in place for handling repeat prescriptions. However patients prescribed high risk medicines or those requiring regular monitoring were not being monitored according to current guidelines. For example, the practice had 20 patients prescribed the medicine Methotrexate. We looked at seven anonymised patient records and found three had not had the required blood tests within three months, as per guidelines. One patient had no recorded blood test results for a year.

Are services safe?

- We asked the practice to explain what they had done with regards to higher than CCG and national averages for prescribing of antibacterial and hypnotic medicines. The practice had the support of the local medicines management teams and told us that they had discussed their high antibiotic prescribing. They told us that the local medicine management team pharmacist had told them that, due to the large number of care home patients the practice looked after, the higher percentage was likely to be due to anticipatory prescribing. The lead GP was unaware of the practice's high hypnotic medicines prescribing data.
- Blank prescription forms and pads were not securely stored and there were no systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found There was also no system in place to check that clinical staff were still registered with their professional body.

Monitoring risks to patients

Although some risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

- There had been no completed risk assessment for 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. The patient call system on all desks also had a panic button that staff could press.
- Staff received basic life support training and there were emergency medicines for anaphylactic shock available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen. There was an accident book 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 we checked were in date and stored securely.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with some relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Guidelines were discussed at clinical meetings and emails sent to other relevant staff, but they were not always being followed. For example, patients on medicines requiring monitoring were not all receiving blood tests in recommended timescales.

Management, monitoring and improving outcomes for people

The practice was aware of the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes but there was limited evidence of how they used it to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2014 to 2015 were 83% of the total number of points available, compared to 90% CCG average and a 95% national average.

This practice was an outlier for diabetes clinical targets. Data from 2014 to 2015 showed:

- Performance for diabetes related indicators was lower than the CCG and national average. For example, the percentage of patients with diabetes who had received an annual flu vaccination was 74%, compared to the CCG average of 93% and a national average of 94%.
- Performance for mental health related indicators was similar to the CCG and national average. For example, the percentage of patients diagnosed with dementia who had received an annual review was 73% compared with the CCG average of 77% and the national average of 84%.

We spoke with the practice with regards to what action they had taken in response to this data. We were told that the main problem was patients not attending for reviews. The practice told us they had plans to improve these outcomes, but had not completed those plans as yet.

Although the practice had a history of carrying out clinical audits none had been undertaken in the last two years and there was no other system of quality improvement in place.

Data from 2014 to 2015 showed that the practice had high antibacterial and hypnotic prescribing rates. The practice had taken no action in the last year to reduce these prescribing rates.

Effective staffing

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

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, informal one-to-one meetings, and support for revalidating GPs.

Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

We found evidence of good working relationships and collaboration with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. Liaison between the practice and other professionals also took place outside of these meetings as and when needed.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care and those requiring advice on their diet, or alcohol cessation were either signposted or referred to the relevant service.
- Clinician could also refer appropriate patients to the local gym for support.
- Smoking cessation was available at the practice.

The practice's uptake for the cervical screening programme was 75%, which was lower than the CCG average of 80% and the national average of 82%. We asked the practice what action they took regarding this data and were told by staff that they do not actively search or follow up patients who are overdue for a cervical smear. For the national

breast screening programme the practice received letters regarding patients who did not attend however we could not find that any further action had been taken with this information aside from adding it to the patient's record.

Childhood immunisation rates for the vaccinations given was higher than the CCG averages. For example:

- The percentage of childhood 'five in one' Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenza immunisation vaccinations given to under one year olds was 97% compared to the CCG percentage of 96%.
- The percentage of childhood Mumps, Measles and Rubella vaccination (MMR) given to under two year olds was 99% compared to the CCG percentage of 92%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was 99% compared to the CCG percentage of 95%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains or screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- There was a poster advising patients that if they wanted to discuss sensitive issues or appeared distressed staff could offer them a private area to discuss their needs.

All of the 40 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Some comment cards said that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey, published in January 2016, were mixed, with some areas in line with the CCG and national average and some areas below for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 79% and the national average of 87%.
- 91% 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%.
- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.

- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

We spoke with the practice with regards to what action they had taken to improve patient outcomes. The practice told us they had plans to improve these outcomes, but had not completed those plans as yet.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive about involvement levels and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were either in line with or below local and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

We also spoke with the practice regarding this data and were advised by staff that the areas requiring improvement would also be part of future plans to improve patient outcomes.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. One of the GPs spoke Bangladeshi and was available for nurse consultations as well. Patients would be automatically booked into see this GP if this language was required. Support for patients who used sign language was also available and we saw evidence that this had been used to support a patient during a consultation.
- Staff told us that information leaflets could be made available in other language and formats if required.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of local and national support groups and

organisations, such as, information on the local hospice. Staff told us that GPs would write letters of support when patients were self-referring to services. They would also assist patients to chase up referrals.

The practice had identified 29 patients as carers (0.5% of the practice list). Carers were signposted to information about the various avenues of support available to them. There was a member of staff responsible for sign posting carers.

Staff told us that if families had suffered bereavement, their usual GP sent them a condolence letter. This may be followed up by a consultation with the GP.

Patients requiring counselling were signposted to the local counselling service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was aware of its patient population and how the different ethnicities affected patient risk factors and therefore the provision of healthcare.

- The practice was open until 7pm every evening, except Thursdays, for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and others patients who required them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were accessible facilities, a hearing loop and translation services available. Clinic rooms were also based on the ground floor.
- The practice had a good awareness of the individual clinical and social needs of patient from different nationalities. For example, staff were aware of how a patient's ethnic origin could affect their health and increase the risk factors for certain conditions.

Access to the service

The practice was open between 8.30am and 7pm Monday to Wednesday and Friday, and 8.30am to 6.30pm on Thursdays. Appointments were from 9.30am to 1pm every morning and 3pm to 6pm every afternoon. GPs see emergency patients and complete home visits outside of these consultation sessions. Thurrock CCG recently launched a weekend system called 'Thurrock Health Hubs'. Patients could book through the practice to see either a doctor or a nurse between 9.15am and 12.30pm at the weekend, at one of four 'hubs'. Out of hour's cover was provided by IC24.

Results from the national GP patient survey, published in January 2016, showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 78%.
- 70% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.

People we spoke with gave us mixed views on the day of the inspection about whether they were able to get appointments when they needed them. Three patients we spoke with were satisfied with the ease of making an appointment. Three other patients we spoke with told us that they had difficulty accessing appointments. Patient feedback from comment cards we received was mainly positive with regards to making an appointment, although three comment cards highlighted difficulties.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

This was assessed by reception staff gathering information prior to the details being passed to the duty GP. The duty GP then telephoned the patient or carer to gather more information to allow for an informed decision to be made on prioritisation according to clinical need.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- There was no information displayed telling patients how to complain.

We looked at five complaints received in the last 12 months and found the complaints investigations were not always fully documented and for some did not address the extent of the complaint. Learning from complaints was minimal. For example, one complaint had several aspects to it but one of the main reasons for the complaint was the communication with the patient around a referral to secondary care. This was not identified in the complaints

Are services responsive to people's needs?

(for example, to feedback?)

resolution nor investigated as to why the patient was unaware that a referral had been made. Investigation of this may have resulted in a change to the referrals procedure.

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 told us that they had a vision to deliver high quality safe and effective service to their patients. There had been a change in practice manager and staff shortages in the previous year, so we were informed that work had not been undertaken to improve outcomes for patients. There were no detailed plans to achieve the vision values.

Governance arrangements

Some of the management in the practice were in the process of developing a stronger governance framework to support the delivery of their vision for good quality care. However the lead GP was not engaged in the process of improving patient outcomes. The practice manager and one of the partners had made progress to improve and outline the structures and procedures required for this. This meant that the current governance arrangements were inconsistent or unclear and absent in some places.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice had a number of policies and procedures to govern activity which were in the process of being reviewed and updated but staff were not aware of them or their content.
- Although the practice had an understanding of its performance publically available data as well as the practices own current QOF data showed that outcomes had not been improved.
- Clinical and internal audit had been used in the past to monitor quality and to make improvements, however no audit had been completed in the previous two years.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were inconsistent and for some areas ineffective.

Leadership and culture

Staff told us that one of the partners was approachable and always took the time to listen to all members of staff. Staff did not give us feedback regarding the other partner. We found that systems were not robust or embedded, however there was generally a culture of openness and honesty in the practice, and a new willingness with most staff to take on board constructive feedback and action changes.

The systems that the provider had in place that were working ensured compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had systems in place to ensure that when things went wrong with care and treatment. The practice gave affected people reasonable support, truthful information and a written apology

The management structure had recently changed and staff were positive about the changes and support offered:

- Staff told us the practice held regular team meetings.
- Staff told us that generally there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so by one of the partners and the practice manager.
- Staff were involved in discussions about how to run and develop the practice, and one of the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged feedback from patients, the public and staff. However we saw limited evidence of feedback being used to improve the service provision.

- The practice had a recently formed patient participation group (PPG). We spoke with two members who told us that they were still trying to establish their purpose.
- Following feedback from a survey the practice had completed the practice had instigated blocks throughout one of the GPs treatment sessions to avoid late running of appointments if the GP spent longer with a patient.
- The practice had gathered feedback from staff through staff meetings and through informal discussions. Staff told us they felt able to give feedback and discuss any concerns or issues with colleagues and some of the management team.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Receiving and acting on complaints</p> <p>How the regulation was not being met:</p> <p>The system for recording, handling and responding to complaints was not always effectively operated. Guidance on how to complain was not easily available. Complaints documentation did not always contain the full audit trail of investigation. Some complaints had not been investigated fully.</p> <p>This was in breach of regulation 16(1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>There were insufficient processes in place to ensure that the provider only employed 'fit and proper' staff.</p>

This section is primarily information for the provider

Requirement notices

Recruitment processes were not robust. There were no procedures in place for the ongoing monitoring of staff to make sure that they remained able to meet the requirements.

This was in breach of regulation 19(1)(2)(3)(4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>There were insufficient systems in place to assess the risks to people's health and safety. Medicines management systems did not ensure that patients prescribed high risk medicines were kept safe. Infection control risks although assessed had not been followed up. Legionella risk assessments and testing had not taken place. Prescription paper and pads were not stored securely and there were no systems in place to monitor their use.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance</p> <p>How the regulation was not being met:</p>

This section is primarily information for the provider

Enforcement actions

There were insufficient systems in place to assess, monitor and drive improvement in the quality and safety of the services provided. Risks relating to the health, safety and welfare of people using service and others were not fully assessed, monitored and mitigating actions put in place.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.