

# VH Doctors Ltd - Purfleet Care Centre

## Quality Report

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Date of inspection visit: 30 June 2016  
Date of publication: 28/11/2016

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

|   | Page |
|---|------|
| Overall summary                             | 2    |
| The five questions we ask and what we found | 4    |
| The six population groups and what we found | 7    |
| What people who use the service say         | 11   |
| Areas for improvement                       | 11   |

### Detailed findings from this inspection

|   |    |
|---|----|
| Our inspection team                                 | 12 |
| Background to VH Doctors Ltd - Purfleet Care Centre | 12 |
| Why we carried out this inspection                  | 12 |
| How we carried out this inspection                  | 12 |
| Detailed findings                                   | 14 |

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at VH Doctors Ltd – Purfleet Care Centre on 30 June 2016. Overall the practice is rated as requires improvement.

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

- Staff were aware of their responsibilities regarding safety, and reporting and recording of significant events. There were policies and procedures in place to support this.
- The practice assessed risks to patients and staff. There were systems in place to manage most of these risks.
- Staff received appropriate training to provide them with the necessary skills, knowledge and experience to fulfil their role. They had access to further role specific training if appropriate.
- Views of patients from comments card and those we spoke with during the inspection were mixed. The majority of patients said they were treated with dignity and respect, and they were involved in their care and

decisions about their treatment. However some patients told us it depended on the member of staff. This was supported by national patient survey results which were lower than CCG and national averages.

- Information about how to complain was available for patients both online and in the practice building itself. Complaints investigations and documentation showed that improvements were made to the quality of service provision as a result.
- Patients said it was difficult to access same day appointments due to the length of time to get through to a receptionist on the telephone and often no appointments were left. These views were supported by national patient survey results which were lower than CCG and national averages.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the patient forum.
- The practice facilities met the needs of its patient population.

# Summary of findings

- There was a clear management structure and staff told us they felt supported but the steps taken to improve patient feedback had not been effective. More structured oversight and governance was needed to secure these improvements.
- The culture of the practice was open and honest, and the practice complied with the requirements of the duty of candour.
- Ensure that there is an action plan in place to improve patient satisfaction levels as highlighted in the national GP patient survey.
- Review exception reporting rates to ensure that patients are receiving care and treatment appropriate to their needs.

The areas where the provider should make improvement are:

**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 good for providing safe services.

Good



- Staff were aware of their responsibilities regarding safety, and reporting and recording of significant events. There were policies and procedures in place to support this.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology.
- We saw evidence that any lessons learned were shared with appropriate staff during meetings and as a result action was taken to improve safety in the practice.
- There were established systems and processes in place to ensure patient safety and enable staff to identify and take appropriate action to safeguard patients from abuse.
- The practice had arrangements in place to ensure the safe management of medicines.
- Appropriate recruitment checks had taken place before staff were employed and there was a system to ensure that clinical staff remained registered with their professional bodies.
- The practice assessed risks to patients and staff. There were systems in place to manage these.

### Are services effective?

The practice is rated as requires improvement for providing effective services.

Requires improvement



- Clinical audits undertaken were relevant to the practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. They told us that they would have access to further role specific training if appropriate.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Data from the Quality and Outcomes Framework (QOF), for 2014 to 2015, showed patient outcomes were lower than compared to the CCG and national average in relation to the treatment of diabetes, asthma and for some patients suffering from poor mental health. Unpublished data from their systems indicated that performance for 2015 to 2016 had shown an improvement for all three of these QOF clinical indicators.

### Are services caring?

The practice is rated as requires improvement for providing caring services.

Requires improvement



# Summary of findings

- The practice data from the national GP patient survey, published in July 2016, showed that satisfaction rates were lower than for other practices in the local area and nationally for several aspects of care. Steps the practice told us they had taken had not been sufficient to improve patient satisfaction.
- Patients' had mixed views on whether staff treated them with dignity and respect. However the majority of patients we spoke with during the inspection and who left comments cards for us, told us that staff treated them with dignity and respect and were helpful.
- There was a staff member identified as a carer's champion. Carers had access to 'Wellness' assessments and other support from the practice as well as being signposted to other organisations and support groups.
- There was information available about different services locally and nationally
- We saw examples of staff being helpful and treating patients with respect. We saw that they maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Practice staff were able to discuss the needs of their patient population and potential future needs. They gave us examples of how they had engaged with the NHS England Area Team and Clinical Commissioning Group and other local stakeholders to secure improvements to services where these were identified. For example, they had agreed to house the local weekend 'hub' on their premises, so that their patients would not have to travel to access pre-booked care at the weekends.
- Some patients said they found it difficult to make a same day appointment. The practice was in the process of recruiting another GP and were also looking at their telephone systems to try to resolve this issue. National patient survey data showed patients were not satisfied with access and steps taken to resolve this had not been sufficient to improve patient satisfaction.
- The practice was equipped to meet the needs of its patients. For example, there were baby changing facilities and rails in the toilet, and automatic doors at various points within the practice.

**Requires improvement**



# Summary of findings

- Information about how to complain was clearly displayed in the waiting area. We saw evidence that showed the practice responded quickly to issues raised. Learning from complaints was shared with staff in a variety of ways, for example, through team meetings.

## Are services well-led?

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

- The practice had a mission statement available on their website which was to provide high quality, easy and convenient access to a GP or nurse when they needed it.
- There was a staffing structure in place and staff were aware of everyone's different responsibilities. Staff told us the practice manager was approachable.
- There was an overarching governance framework. This included arrangements to monitor and improve quality and identify risk. Regular governance meetings were held and the governance framework was underpinned by relevant policies and procedures. However the governance arrangement were not sufficient to secure the necessary improvements in patient satisfaction.
- Throughout our inspection it was evident that the practice manager and lead GP encouraged an open and honest approach. Staff felt able to raise any concerns in line with the principles of duty of candour.
- The patient participation group (PPG) told us that the practice was responsive and engaged well with them. The practice completed regular patient surveys to gain patients' views of the service provided. However National patient survey data and some of the comments we received from people using the service showed that further improvements were required.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for the care of older people. The practice is rated as requires improvement for providing caring, effective and responsive services and good for providing safe and well-led services. The evidence which led to these ratings applies to all population groups, including this one.

- The practice offered personalised care to meet the needs of the older people in its population, they worked with patients and their families to ensure was achieved.
- The practice was responsive to the needs of older people in their practice population. They provided information about community facilities to these patients and worked with multi-disciplinary teams from health and social care to keep patients in their own homes where this was their preference.
- The practice offered planned home visits for patients with enhanced needs, as well as urgent ones.
- The practice had a carer's 'Champion' who signposted carers to information and support services.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement overall for the care of people with long-term conditions. The practice is rated as requires improvement for providing caring, effective and responsive services and good for providing safe and well-led services. The evidence which led to these ratings applies to all population groups, including this one.

- Following diagnosis with a long term condition the practice booked in patients for an appointment to discuss the diagnosis and any medicines that they had been prescribed, to ensure they understood and were involved in their care and treatment.
- The practice provided information leaflets to support patients understand their condition.
- The practice worked with multi-disciplinary health and social care teams to provide support and treatment for patients with complex health and social care needs.
- The practice offered planned home visits for patients with enhanced needs, as well as urgent ones.
- The practice had a carer's 'Champion' who signposted carers to information and support services.

**Requires improvement**



# Summary of findings

- The lead GP conducted annual reviews for patients with long term conditions. However clinical data for 2014-2015 showed that performance for the practice for indicators relating to patients with diabetes were mostly lower than the CCG and national average. For example the number of patients with diabetes receiving an annual foot examination and risk classification was lower than the CCG and national average.
- Data for patients suffering with asthma were also lower than the local and national average.
- We found evidence that the practice had worked to improve outcomes in this and other areas affecting patients with long term conditions, such as, annual reviews for asthma and COPD.

## Families, children and young people

The practice is rated as requires improvement overall for the care of families, children and young people. The practice is rated as requires improvement for providing caring, effective and responsive services and good for providing safe and well-led services. The evidence which led to these ratings applies to all population groups, including this one.

- The practice offered appointments for children outside of school hours. Where this was not possible the practice offered a telephone consultation with a GP in the first instance followed up by a same day appointment if the health issue was considered urgent.
- The practice had policies and protocols to support safeguarding of children and young people. We were given working examples of this.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The premises were equipped with a toilet with baby changing facilities.
- The practice had plans in place to hold a monthly safeguarding meeting with school nurses and health visitors to discuss children and young people at risk of harm.
- We saw that the practice had free chlamydia testing kits available in the waiting area, so that patients could take them without needed to speak with staff.
- The practice were in the process of undertaking work to engage with adolescents on their patient list.

**Requires improvement**





# Summary of findings

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

The practice is rated as requires improvement overall for the care of working-age people (including those recently retired and students). The practice is rated as requires improvement for providing caring, effective and responsive services and good for providing safe and well-led services. The evidence which led to these ratings applies to all population groups, including this one.

- The practice offering a range of online services including online booking, registration and repeat prescriptions.
- Health promotion and screening that reflected the needs for this age group were available.
- The core hours of the practice were 8am to 6.30pm. There were weekend appointments available via the local hub which was based within the practice premises.
- The practice had trialled extended hours however found that appointments were not used by working age patients.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The practice is rated as requires improvement overall for the care of people whose circumstances may make them vulnerable. The practice is rated as requires improvement for providing caring, effective and responsive services and good for providing safe and well-led services. The evidence which led to these ratings applies to all population groups, including this one.

- The practice held a register of patients with a learning disability. Patients were offered annual reviews and had longer appointments if they required or requested them.
- The practice had policies and procedures in place for adult and child safeguarding. We were given working examples of this which demonstrated, that staff were aware of their responsibilities and, how they worked with other health care professionals in the case management of vulnerable patients.
- The practice had a variety of information relevant to vulnerable patients about support groups and voluntary organisations. Information could be made available in easy to read and other formats if a patient needed it.

**Requires improvement**



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

The practice is rated as requires improvement overall for the care of people experiencing poor mental health (including people with

**Requires improvement**



# Summary of findings

dementia). The practice is rated as requires improvement for providing caring, effective and responsive services and good for providing safe and well-led services. The evidence which led to these ratings applies to all population groups, including this one.

- 67% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG and national average.
- The number of patients with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses with an agreed care plan documented in their notes in the last 12 months was much lower than the CCG or national average. Work had been completed to improve the monitoring and review of patients experiencing poor mental health.
- The practice worked closed with their Local Area Coordinator to provide support to patients in managing independent living. They also liaised with other agencies as appropriate for case management of people healthcare needs.
- Patients had access to information on local and national support groups.

# Summary of findings

## What people who use the service say

The national GP patient survey results, for the year 2015 to 2016, were published in July 2016. The results showed the practice was performing in line with local and national averages in some areas and below in other areas. 400 survey forms were distributed and 111 were returned. This represented a 28% response rate.

- 48% of patients found it easy to get through to this practice by phone compared to the CCG average and national average of 73%.
- 72% 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 82% and national average of 85%.
- 57% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and national average of 85%.
- 51% 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 70% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were mixed about

the standard of care received and attitude of staff. 15 comment cards contained positive comments about helpfulness of staff, standard of care and being treated with respect. Two comments cards contained negative feedback and the remainder had mixed feedback. Six comment cards related to accessibility of appointments, four to the attitude of staff and standard of service provided and one regarded the length of time waiting before appointment.

We spoke with six patients and one member of the patient participation group (PPG) during the inspection. Again we received mixed views on the standard of care. Three patients told us that it was difficult to make an appointment and four patients told us that it was easy to make an appointment. Two patients told us that their experience of the service depended on which staff member they saw. The remaining patients told us that they were treated with dignity and respect, were involved in their treatment process and found staff helpful.

The data from the most recent NHS Friends and Family test showed that 86% of patients would recommend the practice based on 29 responses.

## Areas for improvement

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

- Ensure that there is an action plan in place to improve patient satisfaction levels as highlighted in the national GP patient survey.
- Review exception reporting rates to ensure that patients are receiving care and treatment appropriate to their needs.

# VH Doctors Ltd - Purfleet Care Centre

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

## Background to VH Doctors Ltd - Purfleet Care Centre

The practice is part of Virgin Care. It is based in an area with mixed housing and industrial buildings. The practice is the only GP service for the area and the building is shared with other community organisations.

The current list size of the practice is 5764. There are two male GPs, one female advanced nurse practitioner and two female practice nurses. There are a number of other staff carrying out administrative duties.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are staggered depending on the day and to allow patients the ability to book earlier or later appointments. The range of appointments times available are from 8am to 12.40pm in the morning and from 1.45pm to 6.20pm in the afternoon dependent on the day.

Thurrock Clinical Commissioning Group (CCG) 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'. The practice premises houses the local weekend 'hub'.

When the practice is closed patients are advised to call 111 if they require medical assistance and it cannot wait until the surgery reopens. The out of hour's service is provided by IC24.

The practice area demographic comprises of mainly white British, with other nationalities including European. There are higher than local and national average 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 30 June 2016.

During our visit we:

- Spoke with a range of staff including a GP, nursing and administration staff.

# Detailed findings

- 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 personal care or treatment records of patients.
- Spoke with other healthcare professionals that the practice work with.

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

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- We asked staff to explain the process of reporting significant events to us. They told us that they would either inform one of the management staff or complete a significant incident form.
- Significant incident forms and the evidence of the analysis showed that a thorough investigation was completed. When a significant incident directly affected a patient, the patient was informed of the incident, given truthful information and appropriate support and an apology was written which outlined any actions taken to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared in staff meetings and action was taken to improve safety in the practice. For example, a significant incident involving information governance was discussed in a team meeting and minutes showed that staff were reminded to check email addresses before sending emails.

We asked the practice to show us how they managed Medicines and Health Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. We saw they had a designated member of staff to review and take action on these alerts and share appropriate alerts with the staff that needed to be aware of them. Safety alerts were also discussed at clinical meetings.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- There were established systems and processes in place to ensure patient safety and enable staff to identify and take appropriate action to safeguard patients from abuse. These systems took into account the latest relevant legislation and Thurrock council requirements. Policies were accessible to all staff. The practice gave us

working examples of how staff used the policies and procedures to identify safeguarding concerns. The lead GP was responsible for safeguarding and acted as a contact point for staff. The GPs told us that attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We found that staff understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.

- Relevant staff also attended serious case reviews for other practices safeguarding cases in order to improve their own systems. As a result of this they were in the process of putting together a pack to engage adolescents with the practice.

- There was a small notice at reception which advised patients that chaperones were available if required. Staff informed us that notices were usually in all clinical rooms as well but had been taken down to update them. We checked and found that only staff who were trained for the role and had received a Disclosure and Barring Service (DBS) check were used as chaperones (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 generally visibly clean and tidy. There was some dirt on the floors in the waiting area, the practice manager told us that they were aware and had spoken with the cleaning agency with regards to this. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. For example, we were shown an example of a letter sent to patients on medicines that required patients to be regularly monitored, which demonstrated that the practice had a process for monitoring of appropriate patients. The practice were supported by

## Are services safe?

the medicines management within Virgin Care and had support of the local medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- We found that blank prescription forms and pads were securely stored and the practice had systems in place to monitor their use. One of the nurses had recently qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the lead GP for this extended role. The practice used Patient Group Directions to allow nurses to administer medicines in line with legislation, we checked and saw that these were appropriate for the practice needs and had all been signed as required.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We found that there were systems in place to review the ongoing professional registration of staff and checks for locums.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had systems in place to assess and monitor risks to staff and patients. The practice had up to date fire risk assessments and fire drills. There was a contract in place with an external company to check that all

clinical and electrical equipment was safe to use and working properly. There were also assessments in place for infection control and Legionella testing. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The practice manager had a system in place for monitoring the staffing needs of the practice and used feedback from staff and patients as well as historic data on demand to ensure enough staff were on duty

### 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 alert button on the computers in all the consultation and treatment rooms which staff could press to summon other staff in an emergency situation.
- Staff had received training on basic life support and use of a defibrillator. There was a defibrillator available on the premises and oxygen in an accessible place.
- We spoke with staff regarding emergency medicines and found that they were kept in a secure area of the practice that was easily accessible to staff in the case of an emergency. We checked the medicines and found them to be stored securely and within their expiry date, with a system for checking the dates in place.
- The practice had a comprehensive business continuity plan in place for major incidents such as IT failure or flooding. The plan included emergency contact numbers for staff and relevant utilities.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Staff had access to guidelines from NICE and other sources and used this information to deliver care and treatment that met patients' needs.

### 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 and used it to monitor and improve outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 84% of the total number of points available.

There were a few areas where the practice exception reporting was higher than CCG and national averages. For example exception reporting for cancer, depression and rheumatoid arthritis indicators were much higher than CCG or national averages (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects):

- Cancer exception rates for the practice were 55%, for the CCG were 17%, with a national average of 15%.
- Depression exception rates for the practice were 43%, for the CCG were 25%, with a national average of 25%.
- Rheumatoid arthritis exception rates for the practice were 41%, for the CCG were 5%, with a national average of 7%.

The practice was aware of this data and determined the high exception rate was due to poor coding of the data for rheumatoid arthritis but was unable to determine the reason for the cancer results as their system showed 0% exception reporting. Following our inspection, they planned to review their exception reporting figures and how the data was coded to ensure a more accurate picture in the future.

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

- Performance for diabetes related indicators was lower than the national average for several indicators. For example, the number of patients with diabetes receiving an annual foot examination and risk classification was

72% compared to the CCG average and national average of 88%. The number of patients with diabetes on the register whose last cholesterol measurement was 5 mmol/l or less was 72% compared with a CCG and national average of 88%.

- Performance for mental health related indicators was similar to the national average for two out of three indicators and much lower for one. For example, the number of patients with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses with an agreed care plan documented in their notes in the last 12 months was 29%, compared with the CCG average of 80% and the national average of 88%.
- The percentage of patients on the register who have had an annual asthma review was 48% compared with the CCG and national average of 75%.

The practice was able to show us unpublished data from their systems which indicated that there had been an improvement in performance for 2015 to 2016 for some QOF clinical indicators. For example, the number of patients with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses with an agreed care plan documented in their notes was 100%. The performance for patients with asthma was also 100% of patients receiving an annual review within the last 12 months. The performance for patients with diabetes was 83% and was comparable with CCG and national averages. The practice informed us that until recently locum usage had accounted for around 70% of the GP sessions and had impacted on performance figures.

There was evidence of quality improvement including clinical audit.

- We viewed two clinical audits completed in the last two years; they were both completed audits where the improvements identified had been implemented and monitored.
- One of the audits had been prompted by an issue raised by the local medicines management team. Following the re-audit, no further action was required as improvements had been made and sustained.
- The practice participated in national benchmarking and peer review.

### Effective staffing

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



# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff which was generic initially then tailored to be role-specific. Core training for staff covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, information governance and confidentiality.
- Staff received role-specific training and updating as relevant. For example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training.
- 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, mentoring and support for revalidating GPs. All staff had either received an appraisal or had one planned in the near future.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and via shared emails from the practice manager or 'tasks' on the computer 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.

Staff worked together and 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 and actions were routinely reviewed and updated for patients with complex needs. Staff liaised with other professionals on a regular basis outside of these meetings too. Staff had working relationships through these meetings with social workers, community matron and other community nurses. The

practice was in the process of setting up a safeguarding meeting with health visitors and school nurses to ensure that they are identifying all vulnerable children and young people.

### Consent to care and treatment

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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and documented this appropriately.
- We saw evidence of consent being recorded.

### 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, carers, those at risk of developing a long-term condition, those requiring advice on their diet and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available both in house.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 80% and the national average of 82%. Women who did not attend for their cervical screening test were followed up by the practice with reminders to attend. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Comparison data was not available for childhood immunisation rates. However we saw unconfirmed data that showed the practice had satisfactory levels of uptake for childhood immunisations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for patients aged 40–74 and Wellness appointments for carers. Appropriate follow-ups for the

# Are services effective?

(for example, treatment is effective)

outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients

subscribed to receive text messages received a text message advising of normal test results or the period of time in which they needed to attend to discuss the results with the doctor.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains 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 due to low level radio in the background.
- If patients wanted to discuss sensitive issues or appeared distressed there was a private room they could offer to discuss their needs.

Responses on the Care Quality Commission comment cards we received were mixed about the service experienced, however the majority of patients feedback was positive. Most patients said they received a good standard of service and were treated with kindness, dignity and respect.

We spoke with a member of the patient participation group (PPG). They also told us the care provided by the practice was good and they felt their dignity and privacy was respected. The majority of comment cards highlighted that staff were respectful and listened to them. Less positive comments about staff treatment and attitudes related to specific staff.

Results from the national GP patient survey, published in July 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was below average for the majority of its satisfaction scores on consultations with GPs and nurses. For example:

- 63% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 82% and the national average of 89%.
- 58% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 77% 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%.

- 66% 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 a national average of 86%.
- 66% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice told us that until August 2015 they had around 70% of GP provision from locums, after this they had a permanent doctor who was intermittently on leave until February 2016. They now have permanent clinical staff in place and are in the process of recruiting a further GP. They hope this continuity will start to be reflected in their GP survey data in the future.

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

Patients views were mixed on the level of involvement they had in decision making about the care and treatment they received. Four patients we spoke with satisfied with the level of involvement they had in decision making and felt they had sufficient time during consultations to make an informed choice. We did have some negative feedback about patient involvement from three of the patients we spoke with during our inspection and some feedback relating to poor clinical staff attitude on four comments cards. We viewed four anonymised care plans and saw that these were personalised.

Results from the national GP patient survey, published in July 2016, showed that when patients were asked questions about their involvement in planning and making decisions about their care and treatment responses were lower than local and national averages. For example:

- 66% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 56% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and the national average of 82%.
- 66% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average and national average of 85%.

## Are services caring?

The practice showed us their action plan to make improvements to patients' satisfaction levels, which showed that action had already been taken to improve the service provision. For example, they had identified through this and complaints that some of the negative data was due to specific staff members and they had taken steps to resolve this. Regular patient surveys completed by the practice showed that patients satisfaction had improved, however the updated patient survey data, published July 2016, did not reflect this.

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

- Translation services were available for patients who did not have English as a first language.
- Information leaflets could be made available in easy read format, braille, on disc and in large print.

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

Patient information leaflets and notices were available in the patient waiting area as well as on their website which told patients how to access a number of local and national support groups and organisations. For example, mental health support services for under 18s, and the local carers support centre in Grays.

The practice's computer system had 44 patients identified as carers (1.5% of the practice list). The practice had a variety of systems in place both at local and organisational level for proactively identifying carers. The practice had

carers 'Champion' who was responsible for identifying carers and providing local support information. The Champion also organised afternoon tea for carers quarterly, attended events to provide a stall with carers information and liaised with local carers organisations. There was also a carers club for both staff and patients organised through Virgin Care which acted as a hub for guidance, support and advice for carers. Carers were offered a 'Wellness' check and the practice had a 25% uptake of this with onward referrals having been made where appropriate.

Staff told us that if families had suffered bereavement, they were offered an appointment with a GP, the GP signposts them to bereavement counselling. They also are offered another appointment four weeks around four weeks after the initial appointment. The practice offered signposting for bereavement services for children as well with the ability for the GP to assess and expedite a referral should a child need it sooner than the recommended time frame. The practice also signposts to other support services depending on which is the most appropriate for that person's needs. Meetings with healthcare professionals are also used to identify families that may need this support in the future.

Staff gave us an example where a carer had not been attending to their own urgent health needs. When the GP was attending to a matter relating to the cared for patient, the GP identified that the carer needed treatment and arranged for them to be seen as a priority.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team, Clinical Commissioning Group (CCG) and other stakeholders to secure improvements to services where these were identified. For example, the practice had volunteered to be one of the 'hub' sites for the CCG weekend services, as they were aware of transport issues for their patients.

- There were longer appointments available for patients who the clinical staff felt needed them or patients had multiple concerns to discuss.
- Staff informed us that the demand for home visits was low due to their patient demographic however these were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The GPs also completed planned home visits.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. Should these appointments be taken then a telephone consultation was offered, with the potential to bring in the patient as an extra appointment.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice gave out food bank vouchers for the local community.
- There were scales and a blood pressure machine in the waiting area away from the main seating so that patients could use this prior to their appointments.
- Translation services were available as well as support for patients with sensory impairment.
- The practice had adequate facilities to accommodate the needs of patients with a physical or sensory impairment, and patients with young children and babies.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were staggered depending on the day and to allow patients the ability to book earlier or later appointments. The range of appointments times available were from 8am to 12.40pm in the morning and from 1.45pm to 6.20pm in the afternoon dependent on the day.

Both face to face and telephone consultations were available, and appointments could either be pre-booked or on the day. There was a pre-bookable weekend service offered through Thurrock CCG that was based on the practice premises.

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 lower than the local and national averages.

- 58% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 76%.
- 48% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.
- 72% 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 82% and national average of 85%.
- 57% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and national average of 85%.
- 51% 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 70% and national average of 78%.

The practice were aware of this data and in order to improve satisfaction levels had trialed a different phone system. Unfortunately the trial was not successful so they had reverted to the previous system until they could source a new system that would meet the practice and patients current and future needs of the patient population. At the time of our inspection they were in the process of researching with the help of the patient participation group (PPG) the most appropriate system.

Four people told us on the day of the inspection that they were easily able to get appointments when they needed them; however three people said they experienced difficulties getting through on the phone line and there would be no availability left for the day when their call was answered.

The practice had low demand for home visits due to its patient demographic. However the practice was aware that

# Are services responsive to people's needs?

(for example, to feedback?)

this may change in the future so had started encouraging patients to ring in the morning for home visits. Requests were passed to the GP who would contact the patient for more details, prior to determining the necessity for a visit.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice, with support from the lead GP for investigation of clinical related complaints. Responses were sent from Virgin Care head office.

- We saw that there were posters in the reception and information on the website to help patients understand the complaints system.

We viewed 14 complaints received in the last 12 months looked at three in greater detail. We found that they were dealt with in a timely manner and that there was evidence of thorough investigation of all aspects of the complaint. We viewed meeting minutes which demonstrated that lessons were learnt from individual concerns and complaints and shared with staff. Analysis of trends was completed and if, as a result of investigation, action was required this was taken to improve the quality of care. For example, one complaint related to individual funding reviews, the practice policies and procedures were reviewed as a result of this complaint.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice told us they were committed to provide outstanding services.

- The practice had a mission statement available on their website which was to provide high quality, easy and convenient access to a GP or nurse when they needed it.
- The practice and Virgin Care had core values and principles which supported their mission statement.

### Governance arrangements

There was an overarching governance framework at company level and at practice level. The framework supported the maintenance of a certain level of care and encouraged improvement to service provision and patient outcomes. It outlined the structures and procedures in place and ensured that:

- Staff were aware of the staffing structure and their own and colleagues responsibilities within this.
- Staff had easy access to relevant, practice specific and updated policies and procedures.
- The practice had an understanding of their clinical performance at a local, national and company level.
- We found from significant events reporting that often locum GPs cancelled at the last minute so that the practice had to source GP staff in a very short space of time. However the practice had raised this as an issue and had structures in place to mitigate the effects caused by this.

### Leadership and culture

On the day of inspection we saw that that staff in a management role in the practice demonstrated they had the experience, support and capability to manage the practice. Staff found managers approachable and were confident to discuss concerns.

We saw throughout the day that there was a culture of openness and honest and systems in place which complied 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).

- We found that patients involved in a significant incident were given reasonable support and information. A verbal apology was given initially and then a written apology once the incident had been fully investigated.

There was a clear management structure and staff told us they felt supported.

- The practice held regular team meetings which were minuted and also brief daily meetings within the administration team.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or at other times.
- We found that although performance for some clinical areas was lower than average, the managers were working to support staff to improve the overall performance of the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service.

- The patient participation group (PPG) provided critical feedback to the practice and supported the practice in completing surveys. The PPG met monthly as a core team and had a large number of virtual members who received minutes and were able to contribute in feedback for the practice. The PPG told us that the practice had altered the appointments system a number of times in response to feedback to try to find an optimal way of delivering the service, and had involved the PPG in this process.
- The practice completed regular customer satisfaction audits to gauge areas still requiring improvement. Surveys had been completed in July 2015, October 2015 and November 2015. We viewed the results and saw the majority of feedback was positive. Although there were comments relating to ease of making an appointment, attitude of staff and consistency of clinical staff, survey questions were similar to those on the GP survey and would enable the practice to see any improvements in performance. We did not see results of any surveys completed since permanent staff had been employed. The steps taken had not been sufficient to secure

# Are services well-led?

Good 

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

improvements in patient satisfaction as highlighted in the July 2016 survey data, although the practice sent us information to demonstrate that action was now being taken to address the identified areas for improvement.

- The practice used complaints, comments from the NHS Friends and Family Test and via the NHS Choices website to improve service provision.
- The practice gathered feedback from staff through appraisals, staff meetings and informal discussions. Staff felt able to provide feedback and discuss any concerns or issues with colleagues and management.

The practice were aware of the areas that they needed to improve and had started to make improvements, which were evident in some of the data on the practice's clinical performance. On the day of our inspection the current practice management team appeared enthusiastic, keen to improve and develop the service and open to critical review.