

Dr T Abela & Partners

Quality Report

Dr T Abela and Partners
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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

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



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 Dr T Abela & Partners	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

We carried out an announced comprehensive inspection at Dr T Abela & Partners also known as Chafford Hundred Medical Centre on 5 May 2016. At that time, the overall rating for the practice was requires improvement. The full comprehensive report of the 5 May 2016 inspection can be found by selecting the 'all reports' link for Dr T Abela & Partners on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 20 February 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 20 February 2017. So that we could provide a rating for the practice, we inspected all domains and key questions. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- Improvements had been made and patients taking high risk medicines were being reviewed and monitored.

- There continued to be issues highlighted in the GP survey in relation to getting through the practice by phone and seeing a preferred GP, but actions had been taken to improve feedback.
- Blank prescription forms were now being monitored.
- Pathology results effectively recorded actions taken.
- An additional six patients had been identified who were carers since our last inspection although this still meant that only 0.3% of the practice population had been identified as carers.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients at the premises were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a commitment to learning and sharing information.

Summary of findings

- Information about services and how to complain was available and easy to understand.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from patients, which it acted on.

The areas where the provider should make improvements are:

- Identify more patients who also act as carers.
- Take steps to promote and encourage an active patient participation group.
- Continue to monitor the actions taken to improve patient satisfaction in relation to the appointments system and implement further changes when required.

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



- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients at the premises were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a commitment to learning and sharing information.

Are services effective?

The practice is rated as good for providing effective services.
Improvements had been made since our inspection of 5 May 2016.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for all staff.
- There was joint working with other professionals through regular multi-disciplinary meetings. The health visitor and midwife held weekly clinics at the practice which promoted the on-going sharing of information.
- Since our inspection of 5 May 2016, the practice had improved its procedures for monitoring patients taking medicines that require monitoring and recording action following blood test results.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Patients told us that staff and clinicians were pleasant and helpful. They told us that they felt involved in their care.
- An additional six patients had been identified who were carers since our last inspection. However, this still meant that only 0.3% of the practice population had been identified as carers.
- There were 12 patients on the learning disabilities register and seven had received a health check in the year ending 1 April 2017. The practice had commissioned support to review and rectify the learning disabilities register.
- Data from the national GP patient survey showed patients rated the practice in line with others in relation to the treatment from the GPs and nurses.
- There were systems and training in place to maintain patient and information confidentiality.

Are services responsive to people's needs?

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

- Patients continued to tell us that they were able to get an appointment in an emergency, but not with a named GP. Steps had been taken to improve this.
- Surgery times were extended to meet demand.
- The surgery was closed on a Thursday afternoon. During this time, an emergency phone number was answered by a duty GP.
- There was a CCG health hub held on a Wednesday evening and Saturday and Sunday morning where patients could make routine appointments with a GP or nurse.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were weekly clinics held at the practice by the health visitor and midwife.
- Information about services and how to complain was available and easy to understand.

Requires improvement



Are services well-led?

The practice is rated as good for providing well-led services. Improvements had been made since our inspection of 5 May 2016.

- The practice has taken clear steps to make improvements since our previous inspection. New systems had been implemented to review patients who took high-risk medicines.
- There was a comprehensive, informed administrative team which supported the delivery of the strategy and care.

Good



Summary of findings

- The practice had taken steps to respond to data from the national GP patient survey in relation to satisfaction about the appointment system.
- The staffing structure was supported and underpinned by a sound system of organisational meetings.
- There was a programme of continuous clinical and internal audit.
- There was a focus on continuous learning and the practice partook in local pilots.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from patients, which it acted on.

Summary of findings

The six population groups and what we found

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

Older people

The provider had resolved the concerns identified under the effective and well-led domains which had been identified at our inspection on 5 May 2016. The improvements applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- Annual health checks were available to patients over 75.
- Joint injections were available for elderly patients living with osteoarthritis.
- Home visits were available for flu vaccinations and chronic disease reviews.
- Improvements had been made and there were now systems in place to ensure safe prescribing of high-risk medicines, including those that were commonly used by older people.
- There were regular meetings with other healthcare professionals to discuss frail patients

Good



People with long term conditions

The provider had resolved the concerns identified under the effective and well-led domains which had been identified at our inspection on 5 May 2016. The improvements applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- Nursing staff had training and lead roles in chronic disease management. Patients at risk of hospital admission were identified as a priority.
- 75% of patients with diabetes had a blood pressure reading within a given range. This was in line with the CCG average of 75% and England average of 78%.
- The percentage of patients with COPD who had received a review in the last year was 88%. This was in line with the national average of 90%.
- 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.
- Improvements had been made and there were now systems in place to ensure safe prescribing of high-risk medicines, including those that were commonly used by people with long-term conditions.

Good



Summary of findings

- Although patients continued to indicate that they could not see a preferred GP to ensure continuity of care, action had been taken to improve this.

Families, children and young people

The provider had resolved the concerns identified under the effective and well-led domains which had been identified at our inspection on 5 May 2016. The improvements applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- Immunisation rates were above average for all standard childhood immunisations. For children under two, vaccination rates were 95% to 98% as compared to the national expected coverage of 90%.
- There was joint working with school nurses and health visitors through regular multi-disciplinary meetings. The health visitor and midwife held weekly clinics at the practice which promoted the ongoing sharing of information.
- 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.
- The practice had a policy never to refuse or postpone a child appointment. Patients with children that we spoke with confirmed this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns identified under the effective and well-led domains which had been identified at our inspection on 5 May 2016. The improvements applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- There was a daily triage service whereby patients could speak to a GP on the phone about their health concerns.
- Although patients indicated that there was difficulty getting through to the practice on the telephone, appointments could be made on-line.
- Text reminders advised patients of their appointment time. Repeat medicines could be obtained online.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the previous 5 years was 85% which was in line with the CCG average of 80% and national average of 82%

Good



Summary of findings

- The practice had identified that a majority of their patients were of working age, being 66%. Therefore, they were proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.

People whose circumstances may make them vulnerable

The provider had resolved the concerns identified under the effective and well-led domains which had been identified at our inspection on 5 May 2016. The improvements applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had identified 54 patients as carers. Although this was six more than at our previous inspection, this continued to be less than 0.5% of the practice list. The practice believed the register of carers was low as they had a younger practice population, as there were means of identifying carers.
- There were 12 patients on the learning disabilities register and seven had received a health check in the current year ending 1 April 2017. Since our last inspection, the practice had commissioned support to review and rectify the register of patients with learning disabilities.
- 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.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns identified under the effective and well-led domains which had been identified at our inspection on 5 May 2016. The improvements applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- Patients experiencing poor mental health could be referred or self-refer for support via the Therapy for You service.
- Performance for mental health related indicators was in line with the national average. The percentage of patients with

Good



Summary of findings

schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan was 92%. This was comparable to the CCG average of 84% and England average of 88%.

- 93% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months which was comparable to the CCG and England average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. Surveys were sent to patients in July to September 2015 and January to March 2016. The results were variable, with patients responding that they could get an appointment, although not with a preferred GP. Responses relating to treatment by the GPs and nurses was in line with or better than local and national averages. Results were similar to those of the GP survey in 2015, the results used for our previous inspection.

317 survey forms were distributed and 104 were returned. This represented a completion rate of 33%.

- 46% of patients found it easy to get through to this practice by phone compared to the CCG average of 73% and a national average of 73%.
- 88% 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 the national average of 85%.
- 64% of patients described the overall experience of this GP practice as good compared to the CCG average of 70% and national average of 73%.
- 74% 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 the 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 positive about the care and support received from the surgery. In these, patients told us they felt listened to and gave examples of how the clinicians has supported them with their health conditions and made appropriate referrals. One patient told us that they had difficulty getting an appointment, although their feedback was otherwise complimentary.

We spoke with five patients during the inspection. They all told us that the GPs at the practice were kind and helpful. Some said that they experienced difficulty getting through on the phone and so would either book appointments online or in person.

We reviewed the result of the NHS Friends and Family test for October to December 2016. There were 27 responses received. In these, 22 patients said they would be extremely likely or likely to recommend the practice to their friends and family. Four patients said they were neither likely nor unlikely to recommend the practice and one said that they were unlikely to recommend the practice. 11 patients said they would be unlikely or extremely unlikely to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Identify more patients who also act as carers.
- Take steps to promote and encourage an active patient participation group.

- Continue to monitor the actions taken to improve patient satisfaction in relation to the appointments system and implement further changes when required.

Dr T Abela & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr T Abela & Partners

Dr T Abela & Partners, also known as Chafford Hundred Medical Centre is situated in Chafford Hundred, Essex. The practice registers patients who live in the town of Chafford Hundred. The practice provides GP services to approximately 16,000 patients.

The practice is one of 34 practices commissioned by the Thurrock Clinical Commissioning Group and it holds a General Medical Services (GMS) contract with NHS. This contract outlines the core responsibilities of the practice in meeting the needs of its patients through the services it provides.

The practice population has higher number of children aged five to 18 years compared to the England average and fewer patients aged over 65 years. Economic deprivation levels affecting children and older people are significantly lower than average, as are unemployment levels. The life expectancy of male patients is higher than the CCG average by three years. The life expectancy of female patients is higher than the CCG average by two years. There are fewer patients on the practice's list that have long standing health conditions.

The practice is governed by a partnership that consists of three male GPs and two female GPs. The partnership is supported by one salaried doctor. There is also a nurse practitioner, three practice nurses and a healthcare assistant employed at the practice.

Administrative support consists of a full-time practice manager, a practice administrator, a head receptionist, an IT manager, IT assistant and secretary. There are also a number of part-time reception staff.

The practice is open 8.30am until 6pm every day except Thursday, when it is closed from 11am. It is also closed on the weekends. On a Thursday afternoon, the practice is closed and the duty doctor responds to emergency calls with the assistance of a member of the reception team. When the surgery is closed, urgent GP care is provided by Integrated Care 24, another healthcare provider.

Morning surgery times are from 8.30am until 11am. Afternoon surgeries are from 3pm until 5.20pm every day except Thursday.

Patients can make pre-bookable appointments at the Health Hub located at Thurrock Community Hospital from 9.15am until 12.30pm on a Saturday and Sunday and also on a Wednesday evening.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr T Abela & Partners on 5 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Dr T Abela & Partners on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up comprehensive inspection of Dr T Abela & Partners on 20 February 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

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 20 February 2017. During our visit we:

- Spoke with three GP partners, the practice manager, head receptionist, receptionist, healthcare assistant and nurse practitioner. We spoke with five patients who used the service and three members of the patient participation group (PPG).
- Looked at audits, policies, procedures, patient records, documents and staff files.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

Is it well-led?

- We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:
- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for recording significant events. A comprehensive analysis took place, and there was evidence of review and shared learning. Significant events were discussed with relevant staff members, depending on whether the significant event was clinical or administrative in nature. Advice was sought from appropriate bodies to enable informed learning and appropriate action.

- Staff told us they would inform a senior member of staff of any incidents and we saw evidence of how these were recorded. They told us of significant events that they had been involved in. There was an open, transparent dialogue between the management team, GPs, clinical and reception staff so that impact of a significant event could be mitigated in a timely manner.
- Medicine and Health products Regulatory Agency (MHRA) alerts were received and acted upon appropriately. 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 that alerts were communicated to relevant members of staff and searches were undertaken to identify patients who may be affected by the alert.

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:

- Arrangements were in place which sought to safeguard children and vulnerable adults from abuse. There were policies about safeguarding children and vulnerable adults. These were available on a shared drive for all staff to access. These policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three. There were regular meetings with school nurses, social workers and health visitors where children at risk of abuse were discussed.

- Notices in the waiting area and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice had completed an infection control audit and identified any actions required. We found the practice to be visibly clean and tidy.
- The arrangements for managing emergency medicines and vaccines kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- There were effective arrangements in place to monitor patients taking medicines and for repeat prescribing.
- Nurses used up to date, signed patient group directions which sought to ensure that they were administering vaccines safely.
- The practice had made improvements to the security of prescription stationery. Blank prescription forms for use in printers were kept securely at all times and tracked in respect of their location in the practice.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment, for example, proof of identification and checks through the Disclosure and Barring Service (DBS). 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). Whereas we were assured that the practice took proof of address as subsequent checks would have necessitated these, address identification was not routinely retained on the staff file.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety at the premises. The practice carried out a fire risk assessment. All electrical equipment was checked to ensure that this was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as Control of Substances Hazardous to Health and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings) and infection control.

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff needed to meet patients' needs. Staff were multi-skilled and were able to cover different roles at short notice.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive 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

- GPs and nurses met weekly to discuss individual and wider clinical issues. Minutes evidenced that these assessed needs in line with relevant and current evidence based guidance and standards, including trends and concerns identified by the Clinical Commissioning Group as well as 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.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice gained 97% of the total number of points available. This was comparable to the practice average across England of 95% and CCG of 94%.

Every partner had a lead role for each areas of QOF. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- 75% of patients with diabetes had a blood pressure reading within a given range. This was in line with the CCG average of 75% and England average of 78%.
- 83% of patients with hypertension had a blood pressure reading within a given range. This was in line with the CCG and England average of 83%.
- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in place compared to the local average of 84% and local average of 89%.

At our previous inspection of 5 May 2016, we found that there was no effective system in place to ensure that patients taking certain high-risk medicines were receiving regular blood tests to check that their medicines were being prescribed safely; however, at this inspection we

found that effective systems had been implemented. The practice developed templates to ensure appropriate checks were in place, and updated policies to reflect the improved system. Shared protocols were used to ensure areas of responsibility between primary medical services and other healthcare providers, and audits were undertaken to identify and mitigate any risk.

There was evidence of quality improvement including clinical audit:

There had been 17 clinical audits completed in the last year, two of which being completed two cycle clinical audits. These demonstrated that improvements had been made and monitored. These included audits into antibiotic prescribing, for example and evidenced where clinicians were adhering to guidelines and where improvements were needed. The findings were shared during clinical meetings.

Effective staffing

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

- Staff told us how they had been inducted into their role and we saw evidence to support this. There was an induction programme for all newly appointed staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those who carry out child immunisations. Staff administering taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- Staff received training that included safeguarding, fire safety awareness, infection control, basic life support and information governance. Training was delivered online or at the practice.
- All staff had an annual appraisal with their line manager. There was a clear meeting structure in place which sought to ensure staff were aware of changes and learning at the practice.

Coordinating patient care and information sharing

The health visitor and midwife held regular clinics at the practice which sought to promote referral and information sharing when a need was identified. 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,

Are services effective?

(for example, treatment is effective)

when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. At our previous inspection of 5 May 2016, we found that not all blood test results recorded the action taken. This was no longer the case. Systems had been updated to ensure that any action taken as a result of a blood test was recorded in the patient's record.

Consent to care and treatment

- 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.
- We saw that in relation to minor surgery, consent was recorded in the patient record. In relation to other procedures, a consent form had been devised which highlighted risks involved. This was subsequently signed by the patient.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support, for example, patients experiencing stress or anxiety could be referred, or self refer for support via the Therapy for You service. Further, those receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 80% and England average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The nurse practitioner carried out an annual audit of inadequate smears to ascertain where improvements could be made. These audits demonstrated that learning was shared with relevant clinicians.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 98% and five year olds 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

Feedback in comment cards was positive about the care and treatment received. In these, patients praised the sympathetic, kind care from the GPs, nurses and reception staff. Patient feedback on the day of our inspection was also positive and aligned with these views.

- Patients were asked to take a numbered ticket when they attended for their appointment. This number was called and displayed in the waiting area, rather than their name being called to maintain confidentiality.
- Chairs in the waiting area were positioned away from the reception desk, towards a television which sought to avoid discussions being overheard.
- If patients wished to discuss a private or sensitive matter, receptionists would direct them to an unused treatment room to discuss their concerns.
- The practice displayed their confidentiality policy on their website and staff had all received training in information governance so that sensitive information was handled appropriately.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% 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%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 95% 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%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 92%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received was positive. In these, patients told us that all of the staff at the practice were helpful and approachable and that they received a good standard of care.

Patients we spoke to on the day told us they felt involved in decision making about the care and treatment they received. They 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.

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 in line with CCG and national averages. For example:

- 90% 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%.
- 77% 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%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

- The system for calling patients to their appointments was visual as well as audible, so that patients who were blind or hard of hearing knew when their appointment was being called.
- There was a hearing loop available for patients who were deaf.
- Translation services were available for patients who did not have English as a first language. There were fact sheets on the website which could be translated into a number of different languages.

Patient and carer support to cope emotionally with care and treatment

The practice website provided information about how to access services in the community. The practice worked

Are services caring?

with the rapid response and assessment service (RRAS), which was an initiative which provided rapid health and social care assessment for patients and their carers who were in or approaching a crisis. Further, patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. At our earlier inspection, we found that the practice had only identified a small number of patients as carers. Since our earlier inspection, an additional six relevant patients had been identified; however, this still amounted to only 0.3% of the practice population. The practice said that believed the register of carers was low as they had a younger practice population as they had means

of identifying carers in place. For example, there was a notice in reception inviting relevant patients to identify themselves as carers so that they could be referred for a carer's assessment. Further, patients were also asked whether they were a carer at clinical reviews, medicine reviews, on registration and during new patient health checks.

At our previous inspection of 5 May 016, there were 39 patients on the learning disabilities register. The practice had since commissioned services to review the learning disabilities register to ensure that patients were correctly coded and diagnosed and accordingly, the number of patients on the register had been reduced to 12. Seven of these patients had received a health check in the year ending 1 April 2017.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

There were measures in place which sought to address the needs of the practice population. These included:-

- Appointments and medical records could be accessed online. Appointments could be booked up to six weeks in advance.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were weekly clinics held at the practice by the health visitor and the midwife.
- Minor surgery was carried out the surgery which included the removal of some cysts and moles.
- 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 as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered text message reminders of appointments when patients provided their mobile telephone number.

Access to the service

The practice was open 8.30am until 6pm every day except Thursday, when it was closed from 11am. It was also closed on the weekends. On a Thursday afternoon, the practice was closed and the duty doctor responded to emergency calls with the assistance of a member of the reception team. The practice operated a triage service whereby the duty doctor would contact patients requesting an emergency appointment initially by telephone.

Morning surgery times were from 8.30am until 11am. Afternoon surgeries were from 3pm until 5.20pm every day except Thursday. Patients were able to make pre-bookable appointments at the Health Hub located at Thurrock Community Hospital from 9.15am until 12.30pm on a Saturday and Sunday and on a Wednesday evening.

On the day of our most recent inspection, patients told us that they had to wait some time to see a preferred GP. However, they told us that they were not unduly

inconvenienced by this and that they understood that they needed to wait to see a GP of choice. They told us that all of the GPs were good, but that they were prepared to wait to see their preferred GP. They said that they were always able to get an appointment in an emergency. During our inspection, we saw that clinics were extended until all patients had been seen. Comment cards we received indicated that patients were happy with the service and only one out of the 27 comment cards we received raised concern over waiting times.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were lower than CCG and national averages. The most recent results were similar to those that were available at our previous inspection.

- 35% of patients with a preferred GP usually get to see or speak to that GP. This was lower than the CCG average of 57% and the national average of 59%.
- 63% of patients were satisfied with the practice's opening hours. This was lower than the CCG average of 71% and the national average of 76%.
- 51% of patients usually wait 15 minutes or less after their appointment time to be seen which was lower than the CCG average of 62% and the national average of 65%.
- 46% of patients find it easy to get through to this surgery by phone compared to a CCG average of 73% and national average of 73%.

Since our last inspection, the practice had conducted their own in-house survey. The results were in line with those of the GP patient survey. In response to this, the practice offered more telephone triage appointments in the afternoon. Further, systems had been revised so that appointments with individual GPs were reserved for patients requesting them by name. Due to the fact that the next GP patient survey results will not be published until July 2017, we were unable to assess the impact of these improvements in patient satisfaction.

Patients that we spoke with on the day of our most recent inspection told us that they continued to have difficulty getting through to the practice by telephone, but that they would therefore attend the practice in person or go online to make an appointment. Further, an apprentice was in the process of being recruited to the administrative team and it was anticipated that with their assistance, some pressure would be alleviated in answering the phone.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

- Its complaints policy was available online and at the reception desk.
- The practice manager handled all complaints in the practice. These were investigated with the relevant member of staff or clinician and an open, honest response was provided.

We saw that verbal or written complaints were recorded, investigated and a response was given within the timescales indicated in the practice's policy. Complaints were shared with staff so that lessons were learnt to prevent these from happening again

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a vision to use the available resources within the practice to provide the best primary healthcare services to patients. Staff that we spoke with knew the vision and values of the practice and how this impacted on their roles. Patients were positive about the care they received at the practice.

Governance arrangements

The practice had a comprehensive, informed administrative team which supported the delivery of the strategy. There were structures and procedures in place to ensure that:

- There was a commitment to training and developing staff. The practice undertook training for medical students. It had twice been nominated for best teaching practice and feedback from registrars was positive.
- Practice specific policies were implemented and available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. There was a partner who led on each clinical area identified by QOF.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks in the practice building.

The provider had taken clear, decisive steps to respond to the issues that we identified in our previous inspection which related to patients taking some high risk medicines. In response to this, the practice had developed templates to ensure appropriate checks were in place, and updated policies to reflect the improved system. Further, at our previous inspection we had identified that there were not appropriate measures in place to track prescription stationery. This was no longer the case. The practice now monitored and tracked the serial numbers of prescription stationery as it was used in different rooms at the practice.

Leadership and culture

The provider was aware of and had systems in place to ensure 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 partners encouraged a culture of openness and honesty when things went wrong. Staff gave examples of how they had reported and been involved in significant event reporting. The practice had systems in place to ensure that when things went wrong with care and treatment that they gave affected people reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by management.

- There was a commitment to training and developing staff. The practice was a training practice for GP registrars (a GP registrar is a trained doctor training to be a GP.) It had twice been nominated for best teaching practice and feedback from registrars was positive.
- The practice was in the process of recruiting an apprentice into the administrative team. Staff received training and were promoted in-house where appropriate.
- The practice held regular team meetings. All staff were aware of current changes and challenges to the practice and how this would affect their roles.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the management team and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the partners and management team. They told us that they received an annual bonus and that the partners and management were proactive at thanking them for their work.

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

We spoke with three members of the Patient Participation Group, one of whom was a new member who had been recently recruited. They told us how they were experiencing difficulty in securing regular meetings, although they were due to meet in the month following our inspection. They told us that the practice were supportive in allocating resources, but that they had not met for some time and did not have any active projects at the practice.

The most recent GP patient survey indicated that patients were unable to see a preferred GP and that patients had difficulty getting through on the phone. This was also the case for the previous two years. After our previous

Are services well-led?

Good 

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

inspection, the practice conducted their own in-house survey and the results of this were in line with that of the GP survey. The practice had therefore, extended the amount of telephone triage appointments available and was encouraging patients to book appointments online where possible. Further, a system had been implemented so appointments with individual GPs were reserved for patients requesting them by name.

Continuous Improvement

Dr T Abela & Partners had a sound understanding of their performance, challenges and their practice population

which they used to inform their plans for improvement. The practice partook in local pilots and initiatives, and as a practice which undertook training for medical students, they were committed to learning and teaching.

They had identified challenges that they were facing, and had put measures in place to mitigate the impact of these challenges to their patients; for example, they were currently recruiting a new GP to fill the vacancy of a long-term locum and in the meantime, existing GPs were working extra sessions.