Dr Bajen and Dr Blasco

Quality Report

Southwell House,
Back Lane,
Rochford,
Essex,
SS4 1AY
Tel: 01702 533750
Website: www.rochfordmedicalpractice.co.uk/

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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.

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Bajen and Dr Blasco on 28 April 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months.

A follow-up comprehensive inspection was undertaken following the period of special measures over two days on 31 January 2017 and a further visit on 08 February 2017. Overall, the practice was rated as inadequate. Specifically they were rated as inadequate for safe, effective and well-led, and requires improvement for caring and responsive. The practice was placed in a further period of special measures for six months.

Summary of findings

The full comprehensive reports for the inspections in April 2016, January and February 2017 can be found by selecting the 'all reports' link for Dr Bajen and Dr Blasco on our website at www.cqc.org.uk.

As a result of the risks found at the most recent inspection, the practice sent us an action plan to address the concerns identified. This inspection was undertaken to focus on the areas of high risk identified at the last inspection and to assess the current level of risk to patients, to consider whether enforcement action was required. This inspection was unannounced and took place on 10 October 2017. We did not rate the practice on this occasion.

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

- The way safety incidents were recorded had improved to show those responsible for actions. Incidents where discussed in practice meetings and revisited to check for trends.
- A programme of work had been carried out to improve practice safety. However, regular premises walk-rounds to monitor practice safety had not been formally added to their risk assessments.
- An effective system to manage medicine and patient safety alerts was seen.
- Evidence seen showed that blood tests were checked before patients prescribed high-risk medicines received further medicine. However, we found prescriptions for medicine of high risk that had been waiting for collection over three months.
- We saw an effective monitoring system to manage two-week wait referrals appointments.
- Potential safeguarding issues were identified with an alert on the patient computer records system.
- We saw responsibility for standardised coding of patients conditions, treatment, and monitoring requirements had be given to a delegated staff member that had undergone specific training. Although we were told random checks of this staff members work were made to check for appropriateness and consistency they had no evidence.
- We found no plan to address the low number of annual reviews and recalls for dementia and learning disability patients.
- Clinical audit was being used to monitor quality however; we found no evidence of two cycle audits undertaken or actions taken showing improvement.
- Formalised deputising arrangements were in place to ensure care and treatment continuity for patients when the lead GP was away.
- Some improvement to patient outcomes in the Quality Outcome Framework (QOF) data was seen on the practice computer system on the day of inspection.
- The number of patients identified as carers was very low.
- There was a new system to ensure all clinical staff were updated with National Institute for Health and Care Excellence (NICE) guidance.
- The practice sought feedback from staff during monthly meetings and from patients during the quarterly Patient Participation Group (PPG) meetings.
- We saw that all staff had received basic life support training.
- The practice policies and procedures were in the process of being updated and reviewed to meet current guidance. Clinicians had provided clinical oversight of governance with policies signed and approved by them. The action plan showed policy updates and reviews were soon to be completed.
- The practice business continuity plan contained the contact numbers for all staff and services.
- There was a process to monitor patients that have not attended for breast and bowel cancer screening.
- We were shown a new policy to support families suffering bereavement.
- The practice action plan developed to manage the concerns found in the previous inspection showed many actions had been completed and the status of current work.

We were satisfied that the practice had taken sufficient action to mitigate the risks identified at our inspection in January 2017. The practice remains in special measures and we will continue to monitor risk throughout that period and if necessary, carry out a further inspection.

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?	
Are services effective?	
Are services well-led?	

Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results published in July 2017 showed Rochford Medical Centre were higher when compared with local and national GP practice averages. 273 survey forms were distributed and 116 were returned, this represented a 38% completion rate.

- 68% of respondents found it easy to get through to this practice by phone compared with 61% locally and 71% nationally.
- 78% of respondents describe their experience of making an appointment as good compared with 73% locally and 73% nationally.
- 89% of patients described the overall experience of this GP practice as good compared with 85% locally and 85% nationally.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with 76% locally and 77% nationally.
- We spoke with four patients during the inspection; they told us the care received at the practice was appropriate and beneficial. They also said all the staff were helpful and caring.

Dr Bajen and Dr Blasco

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 Dr Bajen and Dr Blasco

Rochford Medical Practice is located centrally in Rochford town. The practice is a purpose built building shared with another GP provider. There is a pay and display car park available and there are good public transport links with a train station nearby. The practice list size is approximately 8,900 patients. The patient demographics shows an average population age distribution profile and an average deprivation score compared with local and national practice averages. They also have an average ethnic deviation for their population.

There are two GP partners; however, at the time of the last three inspections in June 2016, January 2017, and this inspection in October 2017 only one of the GP partners could practice.

The GP partner and four locum GPs cover the GP sessions. The nursing team comprises of an advanced nurse-prescribing practitioner, one practice nurse also a prescriber, a further practice nurse, a healthcare assistant and a phlebotomist. The non-clinical staff members include a practice manager an assistant practice manager, four administrative staff members and eight part-time receptionists. The practice is a nurse training practice with a nurse qualified to mentor and carry out this role.

The practice is open between 6.30am and 7pm Monday to Thursday each week, from 6.30am to 6.30pm on Fridays and from 8.30am to 11.30am on Saturdays. Appointments are available at varied times during these hours dependant on the staff members on duty. When the practice is closed, patients are signposted by the message on the practice telephone voicemail to the out of hour's services by calling 111. The OOH's services are provided by Integrated Care 24 (IC24).

Why we carried out this inspection

We carried out an unannounced focused inspection of the Rochford Medical Centre under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was 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, under the Care Act 2014.

The practice was inspected under our previous methodology in 2014 when we did not award ratings. We found that the practice was non-compliant with the regulations. The practice was re-inspected in 2014 and the evidence at that time showed sufficient improvements had been made. We then carried out a comprehensive inspection in April 2016 using our new methodology. We rated the practice inadequate overall and they were placed in special measures for a period of six months. In January 2017, we carried out a further follow-up comprehensive inspection to look at the issues identified in April 2016. We rated the practice as inadequate overall and they were placed in special measures for a further period of six

Detailed findings

months. This inspection was undertaken to check that the areas of high risk identified at the last inspection had been actioned and to assess the current level of risk to patients, to consider whether enforcement action was required.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice.

During our visit we:

- Reviewed the action plan developed by the practice.
- Spoke with a range of staff members, the practice manager, the GP, nursing staff, administrative staff, and receptionists.
- Spoke with four patients on the day of inspection.
- Observed how staff spoke with patients, to their carer's and/or family members.
- Reviewed processes, policies, and procedures developed to keep patients safe and assure clinical and information governance.

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?

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

Are services safe?

Our findings

What we found at the inspection on 28 April 2016

The practice was rated as inadequate for providing safe services. We found; documentation of significant events was inadequate for learning. There was no evidence of actions taken in response to patient safety and medicine alerts, and the storage of vaccinations was ineffective. Infection control processes had not been recorded in line with national guidance, no risk assessments in relation to the control of hazardous substances, and insufficient evidence that staff had been suitably trained in safeguarding. Prescriptions were not monitored or secure at all times, no monitoring process for patients prescribed high-risk medicines, and staff member's personnel records lacked recruitment documentation required by legislation.

What we found at the inspection on 31 January 2017 and 08 February 2017.

The practice was rated as inadequate for providing safe services. We found that improvements in the safety incident process and documentation were required. There was insufficient clinical capacity when the lead GP was absent, to check, action, and record, all pathology, correspondence and repeat prescriptions. Environmental risk assessments were not carried out or documented appropriately. Patient safety and medicine alerts were not reviewed or acted on. Missed children's hospital appointments were not followed up effectively to investigate the cause. There was no system to track two-week wait referrals from the point of practice referral to specialist consultant's appointment. There was insufficient evidence seen that all clinicians had received basic life support training within the last year. Patients taking high risk medicines were not being monitored effectively.

What we found at this inspection.

Safe track record and learning

- Safety incidents were well documented and those responsible to carry out any actions were recorded. Incidents where discussed in practice meetings and revisited to check for trends and themes.
- The practice management and staff understood the duty of candour and their responsibilities to be open and honest. (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).
- An effective system to manage medicine and patient safety alerts was seen in action with regular, appropriate, monitoring undertaken to manage patient risk.

Overview of safety systems and processes

- The practice had arrangements to safeguard children and vulnerable adults from abuse. These policies reflected national legislation. Potential safeguarding issues were identified with an alert on the patient computer records system.
- The practice had a policy for handling repeat prescriptions, which included monitoring healthcare checks for patients, and those taking high-risk medicines.
- There was a system to monitor patients repeat prescriptions, and we saw prescriber's had reviewed patient's tests and diagnostic checks before issuing repeat prescriptions. Evidence seen showed that blood tests were checked before patients prescribed high-risk medicines received further medicine. However, we found prescriptions for medicines of high risk that had been waiting for collection over three months. They had not been monitored and managed in line with the practice policy. Since the inspection, the practice had assured us of the work undertaken to reiterate to staff the importance of following the policy.

Monitoring risks to patients

- A programme of work had been carried out to improve practice risks and safety. This included electrical assessment, fire risk assessment, and external windows that had been replaced. However, regular practice premises health and safety practice environment assessments had not been carried out.

Arrangements to deal with emergencies and major incidents

- The practice had adequate plans in place to respond to emergencies and major incidents. Essential services and staff contacts details were seen in the document.

Are services safe?

We saw records to show all staff had received annual basic life support training; this included the locums working at the practice.

Are services effective?

(for example, treatment is effective)

Our findings

What we found at the inspection on 28 April 2016

The practice was rated as inadequate for providing effective services. We found; quality outcome framework data lower than local and national practices, no audits to identify patient outcomes improvements, and no system to show staff members had undertaken mandatory training. There was no evidence that clinicians were following national clinical guidance reviews. There was limited engagement with other health and social care providers and GPs rarely attended multidisciplinary working meetings held at the practice. The system for recalling patients for health checks was not effective.

What we found at the inspection on 31 January 2017 and 08 February 2017.

The practice was rated as inadequate for providing effective services. We found no procedure to monitor National Institute for Health and Care Excellence (NICE) guidelines. No audits to show best practice guidelines were used. Quality and Outcome Framework (QOF) points achieved were still low compared with local CCG and national averages. There was no evidence of clinical audit to demonstrate quality improvement. Staff lacked the skills to code patient's data effectively on the practice computer system or produce audits or reports using the information.

What we found at this inspection.

Effective needs assessment

- A GP had been delegated to ensure that clinical staff were kept up to date with any correspondence or new guidelines from the National Institute of Care and Excellence (NICE). These guidelines and updates were discussed at clinical meetings, and patients were monitored to ensure their treatment and care met compliance.

Management, monitoring and improving outcomes for people

- Improvement was seen in most chronic disease areas to patient care in the Quality Outcome Framework (QOF) data on the practice computer system on the day of inspection. However, we found no plans to address the low number of annual reviews and recalls for dementia and learning disability patients.
- Clinical audit was being used to monitor quality however; there was no evidence of two cycle audits undertaken, or actions taken to show improvement.
- We saw an effective monitoring system to manage two-week wait referrals appointments.

Effective staffing

- The practice manager demonstrated the system for monitoring role-specific and mandatory training to meet patient needs.
- We saw evidence of training that included safeguarding, fire safety awareness, basic life support, and information governance. The training evidence included the locum GPs that worked at the practice.
- Formalised deputising arrangements were in place to ensure care and treatment continuity for patients when the lead GP was away.
- We saw responsibility for standardised coding of patients conditions, treatment, and monitoring requirements had been delegated to a staff member that had undergone specific training. Although we were told random checks of this staff members work was made to ensure their competency there was no evidence to show their work was undertaken.

Coordinating patient care and information sharing

- Meetings took place with multidisciplinary health care professionals on a quarterly basis. These meetings included community healthcare professionals, mental health, social care, and hospice representations. Although there were minutes of these meetings, we did not find care plans had been updated in patient records.

Are services well-led?

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

Our findings

What we found at the inspection on 28 April 2016

The practice was rated as inadequate for providing well-led services. We found; The leadership at the practice was inadequate and directly linked to the on-going dispute between the two GPs responsible for the practice. They were unable to lead effectively as they refused to work with each other, discuss or respond to issues and manage the staff members appropriately. The practice did not have a clear vision and strategy and staff members were not clear about this. There was no clear leadership structure and staff did not all feel supported within the practice. There was a lack of attention to governance by the GP partners. A number of policies and procedures were out of date, did not reflect current practice and some policies were missing, for example there was no policy available for example regarding the safe storage of vaccines and medicine requiring cold storage.

What we found at the inspection on 31 January 2017 and 08 February 2017. We found; the breakdown of the GPs partnership and the lack of vision or strategy for the future had affected staff morale in a negative manner. No governance framework to deliver patient care quality with no noticeable improvement since the last inspection. Many practice specific policies had not been updated with current guidance or information. There was a lack of GP oversight with regards staff capacity and competence to manage their workloads. The action plan developed to manage concerns found in the previous inspection showed many areas of work not completed. The practice did not seek the feedback of their patients or the public.

What we found at this inspection.

Vision and strategy

We found that the practice now had a clearer strategy for long term improvement that had been shared with staff.

- We saw during meetings the practice future and objectives were being discussed. Staff were aware of the improvements required and were involved in the process

Governance arrangements

Since the last inspection, the practice had employed a new practice manager and had acted on our findings from the most recent and previous inspections. Effective systems were now in place to manage most areas of risk and an action plan had been put in place to make the required improvements. This was work in progress and we found that the practice had prioritised the improvements and were looking to embed the system in a way that could be maintained in the future.

- The practice policies and procedures were in the process of being updated and reviewed to meet current guidance. Clinicians had provided clinical oversight of governance with policies signed and approved by them. The action plan showed policy updates and reviews had been prioritised and were soon to be completed.

Leadership and culture

- Staff felt more supported with the new practice manager in place. There was now clear clinical leadership in place for all processes, policies and procedures.
- The lead GP had allocated responsibilities to other clinicians and was leading the practice in a more positive way.

Continuous improvement

- There was a focus on improvement evident throughout the practice since the previous inspection However, there was still work to be achieved and we could see this was being prioritised.