

Devaraja V C & Partner

Quality Report

7 The Sorrells, Stanford le Hope, Thurrock.

Tel: 01375641740

Website: www.sorrellssurgery.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.

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Devaraja V C & Partner on 25 February 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and managed, but there was limited documentation to support this.
- Data showed patient outcomes were mostly in line with local and national outcomes. Although some audits had been carried out, we saw limited evidence that audits were driving improvement in performance to improve patient outcomes.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had

the skills, knowledge and experience to deliver effective care and treatment. Where staff needed to refer to other professionals this was completed in a timely manner.

- All patients said they were treated with compassion, dignity and respect. They told us they were involved in their care and decisions about their treatment.
- Information about services and how to complain was displayed, available in a number of ways and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice was restricted by its premises however staff made arrangements to ensure that they were able to treat all patients and meet their needs.
- The practice had no clear leadership structure and limited formal governance arrangements.
- The practice had a number of policies and procedures to govern activity, but some had several versions which were not version or date controlled.

Summary of findings

- The practice sought feedback from staff and patients, which it acted on.
- The provider and staff were aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

- Review systems in place for the medicines management of high risk medicines.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure that oxygen is available on the premises with child and adult masks.

The areas where the provider should make improvement are:

- Review and update procedures and policies.
- Have a clear management structure and accountability with job descriptions that support this.
- Ensure staff in administrative roles have the appropriate skills and training to fulfil their role effectively.
- Carry out re-audits of clinical audits to monitor and demonstrate sustained improvement of patient outcomes.

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 requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting, recording and investigating significant events. Lessons were shared with the relevant staff to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal or written apology. They were told about any actions taken to improve processes to prevent the same thing happening again. The outcome was disseminated to staff to improve the safety of service provision.
- The practice had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse, which staff were aware of.
- Risks to patients were generally assessed and managed, but there was limited documentation to support this. There was no oxygen at the practice in the event of a medical emergency.
- Systems, processes and practices for the medicines management of high risk medicines were not always reliable enough to keep people safe.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were mostly in line with the locality and comparable to the national average, but with some indicators below or above. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was in line with the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance. Current guidance was discussed amongst the clinical staff.
- Continuing professional development for clinical staff was a key priority in the practice.
- All staff had a current appraisal and there was there was a system in place to ensure clinical staff training met the needs of patients.

Summary of findings

- Clinical audits were completed however not re-audited so it was difficult to demonstrate sustained quality improvement.
- Not all management staff had the right skills, knowledge and experience to do their job.
- Staff with management roles did not receive appropriate support or training to effectively fulfil this role. Job descriptions did not accurately reflect staff roles and responsibilities.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed mixed ratings from patients when compared to other practices nationally for several aspects of care. For example, when asked if the GP they saw was good at listening to them, patients rated the practice lower than the national average.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect and tried to meet their needs and preferences wherever possible.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff were aware of the needs of its local population and engaged with other providers to secure a better service for the local community. For example, the practice offered a room to counselling services, and to Age UK, for services which could be accessed by the whole community.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice did not use locums, where possible the staff covered internally.
- The practice was restricted by its premises however staff make alternative arrangements to ensure that they were able to treat all patients and meet their needs.
- Information about how to complain was available and easy to understand. Complaints investigations were attached to patient's notes. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

The practice is rated as requires improvement for being well-led.

- Not all leaders had the necessary experience, knowledge, capacity or capability to lead effectively. Leaders were not always clear about their role and their accountability for quality.
- Arrangements to monitor and improve quality and identify risk were not reliable.
- The practice had a number of policies and procedures to govern activity. However it was unclear whether these were the current version.
- The practice proactively sought feedback from patients through the practice's own patient surveys. They had tried to instigate a patient participation group (PPG), however had not been successful in maintaining interest, despite ongoing attempts.
- There was a strong focus on continuous learning and best practice at a clinical level.
- The provider had a clear, demonstrable understanding of Duty of Candour and their responsibilities with regard to this.

Requires improvement



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 is rated as requires improvement overall for the care of older people. The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- If patients were unable to use the stairs they were seen in the downstairs consulting room.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Longer visits were available as needed and the practice tried to fit in appointment times to meet that person's needs.

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 provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Both the GPs and nursing staff had lead roles in chronic disease management.
- Nationally reported data showed that outcomes for patients for long-term conditions were comparable with other practices nationally. For example, numbers of patients with long-term conditions, such as diabetes receiving appropriate reviews were comparable to the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met.
- 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.
- Regular reviews including various different screening which enabled the practice to identify potential issues associated with long-term conditions earlier.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Immunisation rates were either similar to the CCG average or higher than average for the majority of standard childhood immunisations.
- The number of patients diagnosed with asthma, on the register, who had an asthma review in the preceding 12 months was higher than the national average.
- Nationally reported data showed that outcomes for patients for uptake of cervical smears were comparable with other practices nationally.
- Appointments were available outside of school hours.
- We saw positive examples of joint working with external professionals, for example, with health visitors.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified.
- The practice offered accessible, flexible consultation times and continuity of care.
- If patients were unable to attend the practice during the week there was a service available, that was bookable through the practice, where a patient could be seen at a 'hub' at the weekend.
- The practice offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was

Requires improvement



Summary of findings

rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. All patients on the register had received an annual review and had an up to date care plan.
- The practice offered longer appointments as required for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.
- Home visits were available for those who needed them.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, was slightly lower than the national average.
- All patients, on the practice register, with a diagnosis of schizophrenia, bipolar affective disorder or other psychosis, had had an agreed care plan documented in their records. This was higher than the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Home visits were available for those who needed them.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with national averages. Some areas were slightly below the national average and some were above. 306 survey forms were distributed and 120 were returned. This represented 3% of the practice's patient list.

- 97% found it easy to get through to this surgery by phone compared to a local and national average of 73%.
- 97% were able to get an appointment to see or speak to someone the last time they tried compared to a local average of 83% and the national average of 85%.
- 90% described the overall experience of their GP surgery as fairly good or very good compared to a local average of 79% and the national average of 85%.
- 82% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a local average of 71% 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 37 comment cards and two written letters from patients which were all positive about the standard of care received. Patients spoke positively about the standard of care provided by doctors and nurses, and commented on the professionalism and helpfulness of all staff. Patients felt listened to and commented that they were involved in decisions about their care and treatment.

We spoke with 10 patients during the inspection. All 10 patients said they were happy with the care they received and thought staff were friendly, efficient and caring. The data from the most recent NHS Friends and Family Test in January 2016 showed 100% of patients would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Review systems in place for the medicines management of high risk medicines.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure that oxygen is available on the premises with child and adult masks.

Action the service **SHOULD** take to improve

- Review and update procedures and policies.
- Have a clear management structure and accountability with job descriptions that support this.
- Ensure staff in administrative roles have the appropriate skills and training to fulfil their role effectively.
- Carry out re-audits of clinical audits to monitor and demonstrate sustained improvement of patient outcomes.

Devaraja V C & Partner

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Devaraja V C & Partner

This practice is also known as 'The Sorrells'.

The practice is currently based in a residential building although there are plans for an alternative purpose built premises.

The current list size is around 3200 patients and the practice is open to new patients. There are two GPs, one female and one male offering 12 sessions a week. There is one female practice nurse and one female health care assistant (HCA).

The practice is open between 8.30am and 7pm Monday to Wednesday and Friday, and 8.30am to 6.30pm on Thursdays. Appointments are from 9am to 12pm every morning and 4pm to 6pm every afternoon. GPs will see emergency patients and complete home visits outside of these consultation sessions. Nurse appointments are pre bookable from 9am to 12pm, after this they see same day appointments. Thurrock has recently launched a weekend system called 'Thurrock Health Hubs'. Patients are able to book through the practice to see either a doctor or a nurse between 9.15am and 12.30pm at the weekend, at one of four 'hubs'. Out of hour's cover is provided by 111.

The practice area demographic comprises of mainly white British, with other nationalities including Nigerian, Vietnamese, Polish, Indian, Pakistan, South African and Peruvian. There are fairly low levels of income deprivation affecting children and older people.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 25 February 2016.

During our visit we:

- Spoke with a range of staff including GPs, nursing and administration staff.
- Observed reception staff speaking with patients.
- Spoke with patients who used the service and their family members.

Detailed findings

- 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 reporting and recording significant events.

- Staff told us that they would inform their line manager or clinical staff of any incidents or use the recording form.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, the actions taken following receipt of patient safety alerts generated by the Department of Health Central Alerting System, and minutes of meetings where these were discussed. When the practice received patient safety or medicine alerts they were discussed at the weekly clinical meeting, then a data search was completed to identify any affected patients. Once patients had been identified the list was given to the GP who would take any necessary action. Any lessons learned from investigation of significant events and other incidents were shared to make sure action was taken to improve safety in the practice. For example, a patient was given a prescription for medicine following examination but following the outcome of a test, it was clear the patient had been misdiagnosed. The error was discussed between the two GPs and the patient's representative to avoid repetition of the error.

Records showed that when there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined systems, processes and practices in place to keep patients safeguarded from abuse. However some of the systems, processes and practices around the management of medicines were not always reliable enough to keep people safe:

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

safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Both GPs were trained to an appropriate level to manage safeguarding concerns.

- A notice in the waiting room advised patients that chaperones were available if required. All staff were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead and completed infection control audits. There was an infection control protocol in place and staff had received training. Staff we spoke with were aware of infection control precautions around handling samples and bodily fluid spills. The practice employed an external cleaning agency to clean the premises and had schedules and checks in place.
- The arrangements for managing medicines, including emergency medicines and vaccinations in the practice, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We did find that some patients, who were on a specific prescribed high risk medicine, had not been monitored according to current guidelines. Patients should have been called in for a blood test within a specified time frame however this had not happened with all patients receiving the medicine. The practice told us that they would review the systems relating to this and ensure that all patients received appropriate monitoring.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and managed but not always documented:

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments. Staff were aware of the evacuation procedure. All electrical equipment was checked to ensure the equipment 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 infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However some risk assessments, such as the assessment for blind cords in the waiting area, had not been documented so there was limited evidence of the assessment and review of these areas.
- Arrangements were in place to ensure that there were sufficient staff to meet patients' needs.

Arrangements to deal with emergencies and major incidents

The practice had did not have adequate arrangements in place to respond to emergencies and major incidents:

- 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. A first aid kit and accident book were available.
- There was no oxygen on the premises following previous advice from a Health and Safety company. Following discussion with us on the day of inspection, the practice ordered an oxygen cylinder, in order to be able to respond to emergencies requiring oxygen.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date.

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

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines via the computer and paper copies and meetings. Information was discussed amongst the clinical team and used to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. Staff told us that where further action was required then the GPs would complete this.

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 were 89% of the total number of points available, with 3% exception reporting. (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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 to 2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90% with the national average of 88%. These checks help to identify conditions associated with diabetes such as poor blood circulation and risks associated with this.
 - The percentage of patients with hypertension having regular blood pressure tests was better than the national average. 87% compared to an 83% national average.

- Performance for mental health related indicators was better than the national average for most indicators. For example, the percentage of patient's with a diagnosis of schizophrenia, bipolar affective disorder or other psychosis, who had an agreed care plan documented in their records was 100% compared to a national average of 88%. The practice had 0% exception reporting for this indicator.
- The percentage of patient's, with a diagnosis of dementia, who had had an annual face to face review was worse than the national average, 75% compared to a national average of 84%. We were told that the reason for the large difference was due to the small numbers of patients on the practice register with a diagnosis of dementia. When this was expressed as a percentage the small number will cause a greater discrepancy if not all patients had been reviewed compared with a practice with a large number of patients on their register. We looked at the current register for the practice and saw that only two patients out of 11 had not yet received an annual review.

Clinical audits were completed however they did not fully demonstrate sustained quality improvement as many had not been repeated.

- There had been 12 clinical audits completed in the last two years. We viewed three in detail one of these was a completed audit where the improvements made were implemented and monitored. The other two had improvements implemented but no review or second cycle. The remaining nine also had no review or second cycle.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

Clinical staff had the skills, knowledge and experience to deliver effective care and treatment. However not all staff in a management role had the right skills, knowledge and experience to do their job:

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, fire safety, health and safety and information governance.
- The practice could demonstrate how they ensured role-specific training and updating for clinical staff for

Are services effective?

(for example, treatment is effective)

example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations stayed up to date with changes to the immunisation programmes through discussion with other clinical staff and through training.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Clinical staff had access to appropriate training to meet their learning needs and to cover the scope of their clinical work. This included ongoing support during sessions, informal meetings, appraisals, peer support. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- Two members of staff with management roles did not always receive appropriate support or training to effectively fulfil this role. Job descriptions did not accurately reflect those staff's roles and responsibilities. Staff told us that they had no protected time to complete these tasks or ability to attend appropriate training to effectively undertake this role.

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 their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Patients' comments via comment card, in compliments and on the day of our inspection to us confirmed this.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team (MDT) meetings took place on a six weekly basis and that care plans were routinely reviewed and updated. The practice arranged several MDT meetings on the same day so if external health professional were required to attend more than one meeting then they were more likely to be able to attend both.

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, where in line with relevant guidance and recorded the result in their notes.
- 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, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service, including the 'Healthy Lives' programme.
- Counselling local support groups and foot care from Age UK were available to both practice patients and patients from the wider community not registered with the practice.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 81%. There were systems in place to follow up patients who did not attend for national screening programmes.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example,

Are services effective?

(for example, treatment is effective)

- The percentage of childhood 'five in one' Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenza immunisation vaccinations given to under one year olds was 96% compared to the CCG percentage of 95%.
- The percentage of childhood Mumps, Measles and Rubella vaccination (MMR) given to under two year olds was 91% compared to the CCG percentage of 92%.

- The percentage of childhood Meningitis C vaccinations given to under five year olds was 92% compared to the CCG percentage of 94%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful 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.
- There was a private area that reception staff could offer patients if they wanted to discuss sensitive issues or appeared distressed.

All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful and caring. Patients told us that staff treated them with dignity and respect, and listened to their concerns. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 79% said the GP was good at listening to them compared to a local average of 83% and the national average of 88%.
- 79% said the GP gave them enough time compared to a local average of 79% and the national average of 87%.
- 87% said they had confidence and trust in the last GP they saw compared to a local average of 91% and the national average of 95%.
- 77% said the last GP they spoke to was good at treating them with care and concern compared to a local average of 77% and the national average of 85%.
- 96% said the last nurse they spoke to was good at treating them with care and concern compared to a local average of 88% and the national average of 91%.

- 100% said they found the receptionists at the practice helpful compared to a local average of 88% and the national average of 87%.

We spoke with the practice about what actions they took with regards to this information however the staff we spoke with, who were responsible for performance management, were unaware of the GP survey data. Therefore lower performance scores in areas of the GP survey involving staff, including GP performance, were not addressed. However none of the other patient data sources we used for this inspection highlighted any issues with the patients' experience of the GPs. Data sources including: comment cards, conversations with patients and the practice's own complaints and compliments records; were positive about the service received, the staff and their own involvement in their care and treatment.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients had mixed responses to questions about their involvement in planning and making decisions about their care and treatment. Results were either above or in line with averages dependant on whether the consultation had been with a doctor or a nurse. For example:

- 80% said the last GP they saw was good at explaining tests and treatments compared to a local average of 78% and the national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care compared to a local average of 73% and the national average of 82%.
- 91% said the last nurse they saw was good at involving them in decisions about their care compared to a local average of 84% and the national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language should patients require this.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified carers through patient reviews and during the registration process.

Staff told us that if families had suffered bereavement they would be sent a sympathy card. The GP would then contact them. This call was either followed by a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 external agencies to provide services for the local community. For example, the practice provided a room for Age UK to provide a foot care service and for counselling agencies to provide their specialist services.

- The practice had set consultation times throughout the day however if required patients would be seen outside of these hours.
- There were longer appointments available for patients who required it regardless of their medical condition.
- Following patient feedback in consultations, the practice had instigated an informal weighing in session one afternoon a week after the practice had finished for the day.
- Home visits were available for older patients and any patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were translation services available.
- The premises were not suitable for patients using a wheelchair or those who were unable to access the stairs, so the practice made alternative consultation arrangements for those patients to ensure that all patients had access to services.
- The practice told us that those patients who were either undergoing or had undergone treatment for gender reassignment would be addressed by the name and gender that the person identified with at the time of visiting the practice.

Access to the service

The practice was open between 8.30am and 7pm, Monday to Wednesday, and Friday, and 8.30am to 6.30pm on Thursdays. GP appointments were from 9am to 12pm every morning and 4pm to 6pm every afternoon. Outside of these hours the GP would complete home visits and see emergencies. Pre bookable nurse appointments were from 9am to 12pm every morning. Same day appointments would be seen in the afternoon.

There was a recently launched weekend system in place throughout Thurrock called 'Thurrock Health Hubs'. Patients could book through the practice to see either a doctor or a nurse between 9.15am and 12.30pm at the weekend at one of four 'hubs'.

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

- 85% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 97% patients said they could get through easily to the surgery by phone compared to a local average of 73% and the national average of 73%.
- 70% patients said they always or almost always see or speak to the GP they prefer compared to a local average of 58% and a national average of 59%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.
- We saw that information was available to help patients understand the complaints system.
- On the day of our inspection we were shown by a patient where the complaints policy was displayed and where a complaints/compliments book was kept in the waiting area. Other patients we spoke with also made reference to the complaints/compliments book.

We looked at the four complaints received in the last 12 months and found these were satisfactorily handled. The majority of complaints information was kept on the patients notes which we did not view. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice received a complaint from NHS England relating to referrals, following investigation the protocol for checking referrals was changed.

Are services well-led?

Requires improvement 

(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 deliver high quality care and promote good outcomes for patients:

- The practice had a statement of purpose which reflected this.
- The practice had been in consultation with local authorities and builders for some time, in order to move to purpose built premises.

Governance arrangements

The governance framework to support the delivery of good quality care was inconsistent. Arrangements to monitor and improve quality and identify risk were not reliable:

- The practice had a number of policies and procedures to govern activity, but some of these had more than one version and it was not clear which policy was the most current one for staff to refer to, or whether they had been reviewed.
- Staff had a clear understanding of the clinical performance of the practice through QOF reporting. The practice were not routinely discussing performance issues identified from the GP survey with staff to identify where they might improve.
- There was a programme of clinical and internal audit which was used to monitor quality and to make initial improvements, but most of these had not been reviewed to check for sustained improvements.
- Although risks had been identified and mitigating actions taken, there was no system to clearly record and review risks.

Leadership and culture

The GP partners responsible for the clinical leadership of the practice had the necessary experience, knowledge, capacity or capability to lead effectively. However the clinical staff performing a dual clinical and non-clinical role did not have the necessary experience, knowledge, capacity or capability to effectively manage the non-clinical side of the practice:

- Staff told us that the partners were visible in the practice and were approachable.
- The practice had a management structure for reception staff, but there was no clear overall management

structure. The practice nurse and healthcare assistant (HCA) were responsible for some tasks usually completed by a practice manager. For example, risk assessments and premises audits. This additional work was not in their job descriptions. Clinical staff with administrative roles told us that they had no protected time to complete the administrative tasks and had received no training or support to effectively complete this role.

The provider and staff were aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. We saw examples of this in their complaints and significant events handling. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal or written apology.

- The practice held regular team meetings, during team meetings significant events and complaints learning would be disseminated, if appropriate. Clinical training needs were also discussed.
- Staff felt able to raise any issues either with their line manager or with the clinical staff including the lead GP.

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

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

- The practice had gathered feedback from patients through its own patient surveys and through complaints they received. Changes were made to service provision as a result. For example, some patients had complained that they could not understand one of the GPs accents. The GP was made aware of this and worked to ensure that patients could understand what was being discussed. One way that this was done was by requesting another member of staff be present if important information needed to be shared with the patient to ensure that they had understood.
- The practice had tried to instigate a patient participation group (PPG), which had met in previous

Are services well-led?

Requires improvement 

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

years; however they had not been successful in maintaining interest. We saw that they had tried to promote interest and involvement via their website and on patients' prescriptions.

- The practice gathered feedback from staff through staff meetings, discussion and appraisals.

Continuous improvement

There was a strong focus on continuous clinical learning and improvement within the practice. The practice team

was forward thinking and part of local schemes to improve outcomes for patients in the area. For example, they were part of the Thurrock Hub to provide a weekend service to patients.

The practice nurse and HCA, responsible for carrying out the practice manager role, were reviewing QOF data and the practice reviewed its own patient survey data in order to improve the service provided but they were unaware of the various other sources of performance data, such as, GP survey data, and how to effectively use it.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The systems in place for the monitoring of patients prescribed some high risk medicines did not follow current guidelines. This put some patients at risk of being prescribed medicine in a quantity or concentration that may have a detrimental effect to their health.</p> <p>This was in breach of regulation 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not have adequate systems and processes to access all necessary information required to enable the provider to identify where quality was being compromised.</p> <p>The information that was gathered relating to quality and/or safety was reviewed by staff who did not have the appropriate skills and competence to understand its significance.</p> <p>Systems for premises risk assessments related to the health, safety and welfare of people using the service were not always documented. Therefore the provider did not have a record of risk or impact to be able to review whether a risk had increased.</p> <p>The audit and governance systems related to evaluating and improving the service provided required improvement to ensure their effectiveness.</p>

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17(2)(a)(b) and (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.