

Dr GC Chajed's Practice

Quality Report

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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?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr GC Chajed's Practice on 7 February 2017. This inspection was a follow up to our previous comprehensive inspection at the practice on 3 June 2015 where breaches of regulation had been identified. The overall rating of the practice following the 3 June 2015 inspection was requires improvement. It was rated as inadequate for providing safe services, and requires improvement for providing effective, caring, responsive and well led services.

At our inspection on 7 February 2017 we found that the practice had improved. The ratings for the practice have been updated to reflect our recent findings. The practice is rated as good for providing safe, effective, caring, responsive and well led services.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- The practice had implemented new systems and processes to ensure that risks to patients were assessed and well managed. For example, health and safety and legionella risk assessments had been undertaken.
- On our previous inspection we found that there was scope to improve the monitoring of emergency equipment and medicines. During this inspection, we saw that emergency equipment had been replaced and that there was evidence of a comprehensive monitoring system of stock held in the emergency trolley.
- Extensive work had been undertaken to ensure that there was an effective system in place to support patients who were prescribed medicines that required monitoring. Furthermore, a protocol had been developed to ensure that reviews of safety updates from the Medicines and Healthcare Products Regulatory Agency (MHRA) were undertaken.

Summary of findings

- The practice maintained an overview of staff training needs, and proactively supported staff with professional development.
- A GP at the practice had worked closely with the clinical oncology team at Basildon Hospital on an initiative to address the local and national issue of emergency admissions for patients with cancer. The published data relating to this work showed that the practice made a significant improvement in their prevention of emergency admissions for patients with cancer, alongside improvements to cancer screening, diagnosis and referrals.
- Formal governance arrangements had been instigated to monitor the quality of the service provision.
- Feedback from patients about their care was very positive. Patients said they were treated with compassion, dignity and respect, and that clinical staff took their concerns seriously.
- We received positive feedback about the availability of routine and urgent appointments, and many patients commented on the excellent continuity of care offered by the clinicians.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Policies and procedures had been reviewed and updated to reflect the requirements of the practice. For example, amendments had been made to the practice's chaperoning and repeat prescribing policies.
- There was a clear leadership structure in place and staff felt well supported by the GP partners and manager.

The areas where the provider should make improvements are:

- Develop a system for tracking prescription stationery stored within the practice.
- Continue to monitor patient feedback.
- Continue to monitor diabetes data and respond to outlying figures to achieve improvements.

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 effective system for reporting and recording significant events. Lessons were shared at regular governance meetings to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice had implemented new systems and processes to ensure that risks to patients were assessed and well managed. For example, health and safety and legionella risk assessments had been undertaken.
- On our previous inspection we found that there was scope to improve the monitoring of emergency equipment and medicines. During this inspection, we saw that emergency equipment had been replaced and that there was evidence of a comprehensive monitoring system of stock held in the emergency trolley.
- Extensive work had been undertaken to ensure that there was an effective system in place to support patients who were prescribed medicines that required monitoring. Furthermore, a protocol had been developed to ensure that reviews of safety updates from the Medicines and Healthcare Products Regulatory Agency (MHRA) were undertaken.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result of audit.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with local and national averages in most areas.

Summary of findings

- We saw evidence of completed clinical audit cycles which demonstrated that the practice was driving improvement in performance to improve patient outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff reported that they received support to undertake training and education opportunities.
- A schedule of staff appraisals had been commenced by the newly employed practice manager.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. We spoke with the multidisciplinary team care co-ordinator who attended weekly practice meetings.
- A GP at the practice had worked closely with the clinical oncology team at Basildon Hospital on an initiative to address the local and national issue of emergency admissions for patients with cancer. The published data relating to this work showed that the practice made a significant improvement in their prevention of emergency admissions for patients with cancer, alongside improvements to cancer screening, diagnosis and referrals.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed patients generally rated the practice in line with local and national averages for most aspects of care, but below average in some aspects of care. The practice were aware of these shortfalls and were making improvements to the service.
- Feedback from patients about their care was very positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice was proactive in identifying patients with caring responsibilities. The practice had identified 79 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We received positive comments from external stakeholders about the quality of service provided by the practice.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified.
- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice slightly below local and national averages for access to appointments. However, we received strongly positive feedback about the availability of routine and urgent appointments, and many patients commented on the excellent continuity of care offered by the clinicians.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- Governance arrangements had been successfully implemented and embedded into practice to ensure that the issues identified at the previous inspection had been resolved.
- Staff at the practice were engaged with local healthcare services and worked within the wider health community. For example, the practice were involved in the local Prime Minister's Challenge Fund initiative.
- There was a clear leadership structure in place and staff felt well supported by the GP partners and newly employed practice manager. We received positive feedback from staff about working at the practice.
- Policies and procedures had been updated to become reflective of the requirements of the practice. For example, amendments had been made to the practice's chaperoning and repeat prescribing policies.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and produced a regular newsletter.

Good



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels. Staff were encouraged to develop their professional skills and received support with training and educational courses.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Good



- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. All home visits were triaged by a GP to prioritise need and ensure appropriate and timely intervention. Clinical staff provided regular visits to patients in living in local care homes.
- The practice contacted all patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were above local and national averages.
- Influenza vaccinations were offered both in-house and on domiciliary visits.
- Monthly multidisciplinary team meetings for vulnerable adults were hosted at the practice and attended by other community professionals, such as specialist dementia community nurses and district nurses, to ensure safe and effective care for this population group. We spoke with the local multidisciplinary team care co-ordinator, who attended weekly practice meetings and they reported that they felt 'very much part of the team'.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2015/2016 showed that performance for diabetes related indicators was 73%, which was below the local average of 83% and the national average of 90%. Exception reporting for diabetes related indicators was 3%, which was lower than the local average of 8% and the national average of 12% (exception

Summary of findings

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). We reviewed contemporary QOF data and saw that improvements had been made in the recent months.

- A system had been developed to ensure that patients with complex needs had a structured annual review to check their health and medicines needs were being met.
- The practice held designated clinics for patients with more than one long term condition. This was to provide holistic care and reduce the need for multiple appointments.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- 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 Accident & Emergency attendances.
- Immunisation rates were high for all standard childhood immunisations.
- There were procedures in place for obtaining consent. Clinical staff were aware of their need to check parental responsibilities when obtaining consent in relation to treating children.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 81%, which was in line with the local average of 82% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a full range of contraception services and chlamydia screening.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

Good



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone consultations were offered to patients who were not able to access the practice due to work commitments.
- Although the practice did not offer extended hours appointments, there were appointments available from 8am to 6.30pm daily. In addition to this, patients registered at the surgery were able to access evening and weekend appointments at another local surgery as part of the Prime Minister's Challenge Fund initiative.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years. The practice was able to refer patients to a health trainer to encourage lifestyle changes. 434 health checks had been undertaken in the previous 12 months.
- The practice offered many NHS services in house, reducing the need for outpatient referral and therefore improving patient convenience.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- Longer appointments were available for patients with a learning disability. 26 out of 36 patients on the learning disability register had received an annual health check in the past ten months.
- Staff were aware of the arrangements in place to allow people with no fixed address to register or be seen at the practice.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, and held monthly multidisciplinary team meetings.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Written information was available to direct carers to the various avenues of support available to them.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Published data showed that 91% of patients diagnosed with dementia had received a face to face care review in the last 12 months, which was above the local average of 86% and the national average of 84%.
- 92% of patients experiencing poor mental health had a comprehensive care plan, which was above the local and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended where they may have been experiencing poor mental health.
- The practice had provided training on dementia awareness and the Mental Capacity Act 2005 to all members of staff to ensure that mental health and psychological wellbeing was considered at every contact.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice was generally performing in line with local and national averages in most areas, but below average in others. 307 survey forms were distributed and 110 were returned. This represented a 36% completion rate.

- 75% found it easy to get through to this surgery by telephone compared to a local average of 71% and a national average of 73%.
- 90% said that the last appointment they got was convenient (local average 92%, national average 92%).
- 78% were able to get an appointment to see or speak to someone the last time they tried (local average 82%, national average 85%).
- 67% described the overall experience of their GP surgery as fairly good or very good (local average 82%, national average 85%).
- 62% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (local average 73%, national average 78%).

The most recent results of the National GP Patient Survey had been identified and analysed by the practice. The practice were in the process of undertaking a subsequent practice-led patient survey. A new practice manager had recently started working at the practice and was keen to gather feedback from patients

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were all positive about interactions with staff and the standard of care received. For example, one patient commented that the staff were 'very patient and polite'. Another patient commented that the GPs 'always smile, listen and take their time to ensure you leave feeling confident'.

We spoke with 12 patients during the inspection. All 12 patients said the care they received was of a high standard, and that staff were kind, friendly, caring and approachable. Patients told us that routine and urgent appointments were accessible throughout the day, and that there was good continuity of care.

Areas for improvement

Action the service **SHOULD** take to improve

- Develop a system for tracking prescription stationery stored within the practice.
- Continue to monitor patient feedback.
- Continue to monitor diabetes data and respond to outlying figures to achieve improvements.

Dr GC Chajed's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a CQC lead inspector, a second CQC inspector and a GP specialist adviser.

Background to Dr GC Chajed's Practice

Dr GC Chajed's Practice is situated in Basildon, Essex. The practice provides services for approximately 8600 patients. It holds a general medical services contract with Basildon and Brentwood Clinical Commissioning Group.

We reviewed the most recent data available to us from Public Health England which showed that the practice population is similar to the national average. Income deprivation affecting children is 26%, which is higher than the local and national average of 20%. Income deprivation affecting older people is 21%, which is higher than the local average of 15% and the national average of 16%.

The practice clinical team consists of two male GP partners, two female salaried GPs, two practice nurses and a healthcare assistant. They are supported by a practice manager and teams of reception, administration and secretarial staff.

Dr GC Chajed's Practice is open from Monday to Friday. It offers appointments from 8am to 6.30pm daily. The practice does not provide extended hours appointments, however patients registered at the surgery are able to access evening and weekend appointments at another local surgery as part of the Prime Minister's Challenge Fund initiative. Out-of-hours care is provided by Care UK via the NHS 111 service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was a follow up to our previous comprehensive inspection at the practice in June 2015 where breaches of regulation had been identified. The overall rating of the practice following the 3 June 2015 inspection was inadequate and the practice was placed into special measures for a period of six months.

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 7 February 2017. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for in reception and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.

Detailed findings

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

At our previous inspection on 3 June 2015, we rated the practice as inadequate for providing safe services as arrangements for identifying and managing risks to patients and staff needed to be implemented. These arrangements had improved when we undertook this inspection on 7 February 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Significant events were discussed as a formal agenda item at weekly clinical meetings. The minutes of these were disseminated to all staff for review. We saw evidences of outcomes being reviewed and put into practice.

On our previous inspection we found that safety concerns were not consistently identified or

addressed in a timely manner. We reviewed safety records, incident reports, patient safety alerts, including those from the Medicines and Healthcare Products Regulatory Authority (MHRA) and Central Alerting System (CAS) and minutes of meetings where these were discussed. An effective system was in place for acting on safety alerts, such as those from the MHRA, which included identifying affected patients and changing their medicines if required. There was a lead member of staff responsible for cascading patient safety alerts. A protocol had been developed to ensure that reviews of safety updates from the MHRA were undertaken in a consistent manner.

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 to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.
- Notices in the clinical, consultation and waiting 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 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 chaperoning policy had been recently updated and was bespoke to the practice.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result of audit. There were hand washing signs next to all sinks and alcohol hand gel was available for use. There was a sharps injury procedure available. Clinical waste was stored and disposed of in line with guidance.
- We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken

Are services safe?

prior to staff's employment. For example, proof of their identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Medicines management

- There was a comprehensive programme of medicine audits at the practice and there were systems in place to ensure people received the appropriate monitoring required with high risk medicines. We carried out data searches and found that patients taking high risk medicines were receiving reviews in line with prescribing guidance.
- Medicines were stored securely in the practice and access was restricted to relevant staff. Nursing staff checked the temperatures in the medicines fridges daily which ensured medicines were stored at the appropriate temperature. Clinical staff knew what to do in the event of a fridge failure and if fridge temperatures were outside of the expected range.
- Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Blank prescription forms were held securely on arrival in the practice, however the practice did not have a process in place for tracking prescription stationery through the building.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. Health and safety risk assessments had been completed and staff had been provided with relevant training.

- The practice had up to date fire risk assessments and carried out regular fire drills. 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).
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an 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 emergency medicines were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date.
- During our previous inspection, we found that the defibrillator held in the practice was broken. We saw that a new one had been ordered immediately after the previous inspection, and had been maintained in line with guidance. Medical oxygen and adult and child face masks were held on site. A first aid kit and accident book were available.
- 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

At our previous inspection on 3 June 2015, we rated the practice as requires improvement for providing effective services as there was scope to improve quality monitoring processes. We saw evidence of improvement when we undertook this inspection on 7 February 2017. The practice is now rated as good for providing effective services.

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 from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 had achieved 94% of the total number of points available, which was in line with the local average of 92% and the national average of 95%. The exception reporting rate for the practice was 4%, which was lower than the local average of 7% and the national average of 10% (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).

Data from 2015/2016 showed:

- Performance for diabetes related indicators was 73%, which was below the local average of 83% and the national average of 90%. Exception reporting for diabetes related indicators was 3%, which was lower than the local average of 8% and the national average of 12% (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). We reviewed contemporary QOF data and saw that improvements had been made in the recent months.

- Performance for asthma related indicators was 100%, which was above the local and national average of 97%. Exception reporting for these indicators was 2%, which was lower than the local average of 4% and the national average of 7%.
- Performance for mental health related indicators was 100%, which was above the local average of 89% and the national average of 93%. Exception reporting for these indicators was 3%, which was lower than the local average of 8% and the national average of 11%.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Clinical audits were carried out as part of the practice's approach to quality improvement. The practice participated in CCG audits as well as audits prompted by clinicians' professional interests. For example, a GP had undertaken an audit to review the referrals made for lumbar spine x-rays were being made for the appropriate clinical reasons. The first cycle of the audit concluded that the practice was not requesting lumbar spinal x-rays for the correct clinical reasons. The alternative referral pathways for patients presenting with lower back pain were discussed. A second cycle of the audit had been scheduled to review whether changes to clinical practice had been made in response to the findings.

A GP at the practice had worked closely with the clinical oncology team at Basildon Hospital on an initiative to address the local and national issue of emergency admissions for patients with cancer. The published data relating to this work showed that the practice made a significant improvement in their prevention of emergency admissions for patients with cancer, alongside improvements to cancer screening, diagnosis and referrals.

The practice had made use of the Gold Standards Framework for end of life care. It had a palliative care register and had regular meetings to discuss the care and support needs of patients and their families with all services involved.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had developed an induction programme for all newly appointed staff. This covered topics including safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, extra training was provided for staff who reviewed patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of their competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. A schedule of appraisals had been commenced and written evidence of these had been retained in personnel files.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients

moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a weekly basis to discuss patients with complex needs.

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.
- 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. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, alcohol consumption, and smoking cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, which was in line with the local average of 82% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer screening. The breast cancer screening rate for the past 36 months was 66% of the target population, which was slightly below the CCG average of 69% and the national average of 72%. The bowel cancer screening rate for the past 30 months was 54% of the target population, which was slightly below the CCG average of 59% and the national average of 58%.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to the national average. For example, the childhood immunisation rates for the vaccinations given to under two year olds in 2015/2016 ranged between 92% to 98% of the target population.

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. 434 health checks had been undertaken in the previous 12 months.

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.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff could offer them a private room to discuss their needs.

We spoke with 12 patients, all of whom told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients told us that staff responded compassionately when they needed help and provided support when required. Comments from outside health professionals were positive, noting that the practice was caring and patient focused, and communicated openly with the multidisciplinary team.

Results from the National GP Patient Survey published in July 2016 showed patient satisfaction scores were generally below local and national averages. For example:

- 74% of patients said the GP was good at listening to them compared to the local average of 86% and the national average of 89%.
- 70% of patients said the GP gave them enough time compared to the local average of 84% and the national average of 87%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the local average of 94% and the national average of 95%.
- 65% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 81% and the national average of 85%.
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 90% and the national average of 91%.
- 81% of patients said the nurse gave them enough time compared to the local average of 91% and the national average of 92%.

- 82% of patients said they found the receptionists at the practice helpful compared to the local average of 86% and the national average of 87%.

The partners were aware of the previous results of the National GP Patient Survey and had shared this data with staff. Furthermore, the practice were in the process of developing an independent survey to review patients' perceptions of care received. The practice were in the process of arranging customer service training for staff.

The most recent below average results of the National GP Patient Survey had been identified and analysed by the practice. The practice were in the process of undertaking a subsequent practice-led patient survey.

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. We also saw that care plans were personalised.

Results from the National GP Patient Survey published in July 2016 showed patients responses to questions about their involvement in planning and making decisions about their care and treatment were below local and national averages. For example:

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the local average of 82% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 76% and the national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local and national averages of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice was proactive in identifying patients with caring responsibilities. The practice had identified 79

patients as carers (1% of the practice list) and were working on recognising previously registered patients who may have not identified themselves as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that families who had suffered bereavement were contacted by their usual GP. This call was followed by a patient consultation at a flexible time and location to meet the family's needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection 3 June 2015, we rated the practice as requires improvement for providing responsive services as there was scope to improve the appointments system. Improvements had been made when we undertook this inspection on 7 February 2017. The practice is rated as good for providing responsive services.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Although the practice did not offer extended hours appointments, there were a variety of appointments available from 8am to 6.30pm daily.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS.
- There were accessible facilities, a hearing loop and translation services available.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, services for carers and promotion of mental health awareness. There were displays providing information on cancer warning signs.
- The practice provided a range of nurse-led services such as management of asthma, weight management, diabetes and coronary heart disease, wound management, smoking cessation clinics and minor illness advice.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as blood pressure machines, electrocardiogram tests, spirometry checks, blood taking, health screening, minor injuries and minor surgery.
- An echocardiogram and ultrasound service were available once a week at the practice.
- The practice identified and visited the isolated, frail and housebound regularly. Chronic disease management was provided for vulnerable patients at home and the practice was active in developing care plans and admission avoidance strategies for frail and vulnerable patients.

Access to the service

The practice was open from Monday to Friday. It offered appointments from 8am to 6.30pm daily. The practice did not provide extended hours appointments. In addition to this, patients registered at the surgery were able to access evening and weekend appointments at another local surgery as part of the Prime Minister's Challenge Fund initiative. Out-of-hours care was provided by Care UK via the NHS 111 service.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was varied in comparison to local and national averages.

- 63% of patients were satisfied with the practice's opening hours compared to the local average of 73% and the national average of 76%.
- 75% of patients said they could get through easily to the practice by telephone compared to the local average of 71% and the national average of 73%.

The most recent below average results of the National GP Patient Survey had been identified and analysed by the practice. The practice were in the process of undertaking a subsequent practice-led patient survey. The practice were planning to review the appointments system throughout the year, and proactively sought patient feedback on the topic.

On the day of inspection we received strongly positive feedback about the availability of routine and urgent appointments, and many patients commented on the excellent continuity of care offered by the clinicians.

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 practice's website and in their information leaflet. Information about how to make a complaint was also displayed on the wall in the waiting area. Reception staff showed a good understanding of the complaints procedure.

Are services responsive to people's needs?

(for example, to feedback?)

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated and responded to in a

timely and empathetic manner. Complaints were shared with staff to encourage learning and development. Comments on the NHS Choices website were also analysed and responded to where appropriate.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 3 June 2015, we rated the practice as requires improvement for providing well led services as there were no overarching governance arrangements in place to support the delivery of safe care or make improvements to identified issues. These arrangements had improved when we undertook this inspection on 7 February 2017. The practice is now rated as good for providing well led services.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice's mission statement was 'to improve the health and social care experience of all patients registered at Kingswood Medical Centre'. Staff we spoke with knew and understood the values. The practice had a strategy and supporting business plans, which reflected the vision and values and were reviewed annually by the partners.

There was a proactive approach to succession planning in the practice. The practice had clearly identified potential and actual changes to practice, and made in depth consideration to how they would be managed. Staff at the practice were engaged with local healthcare services and worked within the wider health community. For example, the practice manager had regular contact with CCG in relation to federating with other GP practices and working at scale. Furthermore, the practice had been involved in the local implementation of the Prime Minister's Challenge Fund initiative, which involved close work with other practices to provide evening and weekend services.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had invested a significant amount of time in ensuring that effective policies and procedures were in place. We saw that they had been updated and that there was an effective system in place to share these with staff.

There was a clear leadership structure with named members of both clinical and administration staff in lead

roles. Staff we spoke with were all clear about their own roles and responsibilities. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness.

We reviewed the minutes of structured clinical meetings and multidisciplinary team meetings. Record keeping was of a high quality and action points were made clear to all members of staff.

Leadership and culture

On the day of inspection the partners and practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Governance arrangements had been successfully implemented and embedded into practice to ensure that the issues identified at the previous inspection had been resolved. Staff told us the partners were approachable, friendly and supportive, and that they were made to feel respected and valued in their roles.

There was a clear leadership structure in place and staff felt supported by management. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff were involved in discussions about how to run and develop the practice, and the partners and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff.

The Participation Group (PPG) had 12 active members who met regularly. We spoke with five members of the PPG who spoke highly of the practice. One member of the PPG volunteered in the waiting area once week and spoke with patients for feedback. Following feedback from patients, the PPG had made bespoke name badges for reception staff so that patients were aware of who they were speaking to. A regular newsletter was produced by the PPG and informed patients to changes being made to the service, alongside small health promotion articles. A member of the practice team spoke to the PPG at every meeting about

Are services well-led?

Good 

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

changes being made to the service. All five members of the PPG commented on the responsive nature of the partners at the practice, and reported that issues were dealt with 'immediately'.

The practice had also gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt there had been many positive changes made following the last inspection. For example, many staff commented that there had been more focus on making improvements to access, and that there was greater emphasis on communication and support.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Staff were provided with regular training opportunities and support to complete courses relevant to their roles, such as a specialist diabetic course for a practice nurse. The practice engaged with CCG training courses and invited all members of staff to attend these. For example, administration staff were attending anti-radicalisation 'PREVENT' training on the afternoon of the inspection.