

Dr B. Bekas

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



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 B Bekas on 12 November 2015. Overall the practice is rated as requires improvement. We found that improvements were required in providing safe and effective services.

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However we saw that the practice was under reporting safety incidents and there were no arrangements for dealing with or learning from near misses.
- Some risks to patients were not consistently assessed or well managed. There were systems for assessing risks including risks associated with medicines, premises and infection control. However we found that equipment required to assess and treat patients

was not available such as oxygen and a defibrillator for use in dealing with medical emergencies. Some equipment we found was out of date and some had not been calibrated to ensure that it was fit for use.

- The practice recruitment policies were not followed consistently and not all of the checks including employment references and Disclosure and Barring Services (DBS) checks had been carried out for staff.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Clinical audits and reviews were carried out to make improvements to patient care and treatment.
- Staff had received training appropriate to their roles. Staff performance was appraised and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available and easy to understand. Complaints were investigated and responded to. However we found that not all elements of patient's complaints were addressed or responded to in some cases.
- 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 had good facilities and these were accessible to patients.
- There was a clear leadership structure and staff felt supported by GP and practice manager. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider MUST:

- Ensure that risks to patient safety are assessed and managed. This includes reporting, investigating and learning from safety incidents and near misses, ensuring that Disclosure and Barring Service (DBS) checks / risk assessments are carried out for relevant staff and ensuring that the practice is equipped to deal with medical emergencies and equipment is fit for use.

In addition the provider SHOULD:

- Improve the arrangements for following up on patients who do not attend health screening checks / flu vaccination clinics.
- Ensure that investigations into complaints take account of all elements of the complaint.

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 as there were areas where we identified that improvements must be made. Staff were aware of their responsibilities to keep patients safe and to raise concerns, and to report incidents and near misses. However in the 12 months prior to our inspection only one safety related incident had been raised and managed and there were no arrangements in place for reporting or learning from near misses.

There were policies, procedures and risks assessments to identify risks to patients and staff. These included safeguarding adults and children, infection prevention and control and health and safety. However staff were not recruited robustly with all of the appropriate checks carried out including proof of identity, employment references and Disclosure and Barring Services (DBS) checks. Staff were trained and had access to appropriate policies and guidance for their roles.

We found that not all equipment required for assessing and treating patients was maintained and checked so that it was fit for use. For example weighing scales were not calibrated and masks for use with nebulisers were out of date.

Medicines were managed safely and there were systems in place to deal with medical emergencies. However the practice did not have oxygen or an automated external defibrillator (AED) for use in the event of medical emergencies such as acute respiratory conditions or cardiac arrest.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services. Data showed patient outcomes were at or above average for the locality for the management of the majority of long term conditions and disease management such as heart disease, dementia and diabetes. However there were a number of areas where the practice performance was lower than the national average. For example for both years ending 2013/14 and 2014/15 the practice performance in relation to women who had a cervical smear test and patients who had a seasonal flu vaccine were below the national averages.

Patients' needs were assessed and care was planned and delivered in line with current legislation and guidance. Staff regularly reviewed current guidance to ensure that patients were receiving treatments

Requires improvement



Summary of findings

in line with any changes for improvement. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development.

Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Thirteen patients who completed comment cards and those four we spoke with during the inspection also confirmed that staff at the practice were friendly, kind and caring. Patients said they were treated with compassion, dignity and respect. Patients' privacy was maintained during consultations and treatment and information in respect of patients was treated confidentially.

Patients told us that they received information about their treatment in a way which they could understand and they were involved in decisions about their care and treatment. Information for patients about the practice was made available, was easy to understand and accessible. The practice recognised the needs of patients who were carers and provided support and information about the range of agencies and organisations available. The GP provided support, advice and information to patients who experienced bereavement and offered face-to-face or telephone consultations as needed.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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.

The majority of 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 had reviewed its appointments systems following the results of its patient survey. The practice had introduced extended opening times with appointments available from 2pm on Tuesdays and up to 7pm on Wednesdays to help meet patient's needs. It had also reviewed its telephone systems to improve telephone access in response to the patients' comments.

The practice had good facilities and was accessible to meet patients' needs. Information about how to complain was available and easy to understand. The practice offered apologies to patients when things went wrong or the service they received failed to meet their

Good



Summary of findings

expectations. However we found that when responding to complaints they did not always address all elements of the complaint received. We saw that learning from complaints and patients comments was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy to provide evidence based care and treatment for all patients. The strategy included planning for the future. Staff were clear about the vision and their responsibilities in relation to this. Information about the practice was available to staff and patients.

There was a clear leadership structure within the practice and staff felt supported by management. The practice had a number of policies and procedures to govern activity and these were regularly reviewed and updated so that they reflected current legislation and guidance. The practice proactively sought feedback from staff and patients, which it acted on. Staff had received appropriate role specific training, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement overall and this includes for this population group. The provider was rated as good for caring, responsive and well-led and requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered a range of enhanced services, for example, in dementia and end of life care. However data for both 2013/14 and 2014/15 showed that the practice performed lower than other practices nationally for the uptake of seasonal flu vaccinations.

The practice told us that worked with local multidisciplinary teams to reduce the number of unplanned hospital admissions for at risk patients including those with dementia and those receiving end of life palliative care. However there were no multidisciplinary meetings held to discuss, plan and review the care needs of patients including those at risk of unplanned hospital admissions or those in the last twelve months of life.

Requires improvement



People with long term conditions

The provider was rated as requires improvement overall and this includes for this population group. The provider was rated as good for caring, responsive and well-led and requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

GPs and nursing staff had lead roles in chronic disease management and provided a range of clinics including asthma, diabetes and chronic obstructive pulmonary disease (COPD). The practice performance for the management of these long term conditions was similar to or higher than other GP practices nationally.

Patients at risk of unplanned hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. However there were no multidisciplinary meetings held to discuss, plan and review the care needs of patients including those at risk of unplanned hospital admissions or those in the last twelve months of life.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as requires improvement overall and this includes for this population group. The provider was rated as good for caring, responsive and well-led and requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had increased the number of same day appointments to improve access to patients. Appointments were available outside of school hours.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Immunisation rates were similar to other GP practices for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Information and a range of sexual health and family planning clinics were available.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement overall and this includes for this population group. The provider was rated as good for caring, responsive and well-led and requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice had reviewed its appointments system and offered evening appointments once a week to accommodate patients.

The practice offered a full range of health promotion and screening that reflects the needs for this age group including well man and well woman checks. However data for both 2013/14 and 2014/15 showed that the practice performed lower than other practices nationally for the uptake of cervical screening.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement overall and this includes for this population group. The provider was rated as good for caring, responsive and well-led and requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

The practice worked with local organisations who supported patients with alcohol or substance misuse and those who were homeless. We spoke with these organisations and they told us that the GP practice provided a flexible and tailored service to meet the needs of patients.

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.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement overall and this includes for this population group. The provider was rated as good for caring, responsive and well-led and requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice worked with local organisations to treat and support patients with mental health conditions.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with autism, mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 95 responses from 430 surveys sent out which represented 22.1% of the patients who were selected to participate in the survey.

The survey showed that patient satisfaction was better than or similar to local and national GP practices for the convenience of the appointment system, waiting times and ease of accessing the surgery by telephone.

- 88% found the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.
- 93% found it easy to get through to this surgery by phone compared with a CCG average and a national average of 73%.
- 85% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average and a national average of 85%.
- 95% said the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.

- 83% described their experience of making an appointment as good compared with a CCG average of 71% and national average of 73%.
- 85% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 71% felt they did not normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received, access to appointments and staff helpfulness and attitude. We also spoke with four patients on the day of the inspection. Patients commented positively about staff saying that they were friendly, caring and helpful. Patients said that they could get appointments that suited them and that they were happy with the care and treatments that they received. Patients also spoke very positively about the GPs and nurses. They told us that they felt listened to and that they were given ample time to ask questions and to discuss their care and treatment.

Areas for improvement

Action the service **MUST** take to improve

Ensure that risks to patient safety are assessed and managed. This includes reporting, investigating and learning from safety incidents and near misses, ensuring that appropriate recruitment checks are carried out when staff are employed and ensuring that the practice is equipped to deal with medical emergencies and equipment is fit for use

Action the service **SHOULD** take to improve

- Improve the arrangements for following up on patients who do not attend health screening checks / flu vaccination clinics.
- Ensure that investigations into complaints take account of all elements of the complaint.

Dr B. Bekas

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 practice manager specialist advisor.

Background to Dr B. Bekas

Dr B Bekas is located on the London Road in Westcliff on Sea, Essex. The practice provides services for approximately 1595 patients living within the Westcliff on Sea area. The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England and Mid Essex Clinical Commissioning Group. A GMS contract is one between GPs and NHS England and the practice where elements of the contract such as opening times are standard.

The practice population is slightly lower than the national average for younger people and children under four years, and for those of working age and those recently retired, and slightly higher for older people aged

over 75 years. Economic deprivation levels affecting children, older people and unemployment are higher than the practice average across England. Life expectancy for men and women are similar to the national averages. The practice patient list has a slightly higher than the national average for those with long standing health conditions and lower disability allowance claimants. The practice has less patients living in care homes than the national average.

The practice is managed by one individual male GP who holds financial and managerial responsibility for. The practice also employs one nurse practitioner and one

nurse, both of whom are female. A practice manager is also employed and is supported by two receptionists and one administrative clerk. All staff at the practice work on a part time basis.

The practice is open between 9am and 6.30pm on weekdays with the exception of Thursdays when the practice is closed during the afternoon. GP and nurse appointments are available between 9am and 12pm, and 4pm to 6.30pm. Extended opening is available two days each week with appointments available from 2pm on Tuesdays and evening opening until 7pm on Wednesdays.

The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by the NHS 111 service and patients who contact the surgery outside of opening hours are provided with information on how to contact the service.

Why we carried out this inspection

We inspected Dr B Bekas as part of our 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. This inspection was planned to check whether the provider was 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.

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.

Detailed findings

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 November 2015. During our visit we spoke with a range of staff including the GP, nurse, and reception / administrative staff. We also spoke with patients who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We reviewed a number of documents including patient records and policies and procedures in relation to the management of the practice.

Are services safe?

Our findings

Safe track record and learning

Safety within the practice was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. There were systems in place for the receipt and sharing of safety alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts have safety and risk information regarding medication and equipment often resulting in the review of patients prescribed medicines and/or the withdrawal of medication from use in certain patients where potential side effects or risks are indicated. We saw that alerts were acted upon and where appropriate patients medicines were reviewed and changed where indicated. Alerts were kept and accessible to staff to refer to as needed.

Staff we spoke with told us the practice had an open and transparent approach to dealing with instances when things went wrong. There was a system in place for reporting and recording significant events and other safety related incidents and all staff we spoke with were aware of these procedures and the reporting forms. However we found that only one significant event had been reported within the previous 12 months. This was in relation to the absence of a member of staff which impacted on the running of the practice. As a result measures were put in place to train staff to deputise for this staff member in the event they were unavailable.

The GP and practice manager confirmed that no clinical significant events or near misses such as prescription errors, delayed referrals, misdiagnosis or near misses had been reported.

Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse. Staff had undertaken role specific training and had access to appropriate policies and procedures which reflected relevant legislation and referred to the local safeguarding team reporting systems. Staff we spoke with were able to demonstrate that they understood their roles and responsibilities for

keeping patients safe. Reception staff told us that knew the patients well and that they would report anything unusual to the GP, nurse or practice manager. The GP took a lead role for safeguarding and attended safeguarding meetings when possible and always provided reports for other agencies where necessary.

- The practice had a risk assessment in place in relation to the control of substances hazardous to health (COSHH) such as cleaning materials. An external assessment had been conducted to identify risks in relation to legionella.
- The risk of fire had been assessed. Firefighting and detecting equipment was in place and checked regularly. Fire exits were clearly signposted and a fire evacuation procedure was displayed in various areas throughout the premises. All staff had received fire safety training. There was a fire safety check log however this was not completed to demonstrate when these checks were carried out.
- The practice had suitable policies and procedures in place for infection prevention and control. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead and they took responsibility for overseeing infection control procedures within the practice. There were cleaning schedules in place a recent infection control audit had been carried out. Staff received infection control training. Clinical staff had access to personal protective equipment such as gloves and aprons and undergone screening for Hepatitis B vaccination and immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.
- The practice had arrangements the safe management of medicines, including emergency drugs and vaccinations. Medicines were stored securely and only accessible to relevant staff. Prescription pads were securely stored and there were systems in place to monitor their use. Medicines we saw were in date and staff checked these regularly.
- The GP and staff we spoke with said that all routine and new prescriptions were checked and authorised before they were issued by the prescriptions clerk.
- The practice had policies and procedures for employing clinical and non-clinical staff. All staff working at the

Are services safe?

practice had done so for many years and no new staff had been employed. The practice manager assured us that all of the appropriate checks would be undertaken when new staff were employed.

- New staff undertook a period of induction which was tailored to their roles and responsibilities. This included training and an opportunity for new staff to familiarise themselves with the practice policies and procedures.
- Arrangements were in place for planning and monitoring the number and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The GP had an arrangement in place with a local practice to provide GP cover when needed.

However there were areas where improvements were needed to keep people safe:

- The practice had procedures in place for providing chaperones during examinations. A notice was displayed in the waiting room, advising patients that chaperones were available, if required. However staff who acted as chaperones had not undertaken training for the role. Non clinical staff (administrative and reception staff) who undertook chaperone duties did not have a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had not conducted a risk assessment to determine the need for DBS checks for non-clinical staff.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, which was kept under regular review and available to all staff. All portable electrical equipment was PAT checked to ensure that it was safe to use. However clinical and diagnostic equipment was not checked and calibrated consistently

to ensure it was working properly. For example the glass in weighing scales in the nurse's room was broken and there were no records to show that this equipment had been checked or calibrated.

- The practice had policies and procedures for employing clinical and non-clinical staff. We reviewed five staff files and found that these procedures had not been followed consistently. Appropriate recruitment checks including proof of identification, references, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service had been not undertaken prior to employment. Other staff files we viewed did not contain documents such as references from previous employers or proof of identity.

Arrangements to deal with emergencies and major incidents

There was policies in place for dealing with medical emergencies and major incidents. All staff received annual basic life support training and were able to describe how they would act in the event of a medical emergency. The practice had procedures in place to assist staff to deal with a range of medical emergencies such as cardiac arrest, epileptic seizures or anaphylaxis (severe allergic reaction) and emergency medicines available and accessible to staff. All the medicines we checked were in date and fit for use. However the practice did not have a defibrillator available or oxygen and some equipment such as nebuliser masks were out of date. The practice had not considered or assessed the risks or effectiveness of their life support procedures in the absence of oxygen and the defibrillator.

The practice had a business continuity plan in place for major incidents such as power failure or building damage which could affect the day to day running of the practice. The plan included staff roles and responsibilities in the event of such incidents and emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. The GP had lead role and specialist interest alcohol and substance misuse and mental health.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Data from 2013/14 showed;

Performance for the treatment and management of diabetes was:

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 68% compared to the national average of 77%.
- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 87% compared to the national average of 78%
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 87% compared to the national average of 81%

These checks help to ensure that patients' diabetes is well managed and that conditions associated with diabetes such as heart disease are identified and minimised where possible.

We looked at the practice performance for the treatment of patients with hypertension (high blood pressure). We saw that the percentage of patients whose blood pressure was managed within acceptable limits was 80% compared to the national average of 83%.

Similarly we looked at the practice performance for assessing and treating patients with heart conditions who were at risk of strokes with appropriate medicines. The percentage of patients treated was 100% compared to the national average of 98%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We looked at a sample of completed audits which had been completed within the previous 12 months. One audit had been carried out in January 2015 to review the practice antibiotic prescribing. The audit looked at antibiotic prescribing practices for a number of conditions including urinary and respiratory infections. The results showed that the antibiotic prescribing was in line with local CCG and Public Health England guidelines. A second audit was carried out to review patients with a recorded diagnosis of hypertension (high blood pressure). The audit showed that some patients were not prescribed anti-hypertensive medication and some patients' blood pressure had not been checked within the previous 12 months. Following the audit patients identified were reviewed and appropriate action taken in respect of their treatment.

Medicine reviews were carried out every six months or more frequently where required. A community pharmacist assisted with these reviews for patients with complex medical needs and those who were prescribed combinations of medicines.

Effective staffing

Staff were trained and supported so that they had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed members of staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality and helped new staff to familiarise themselves with the practice policies and procedures.
- Staff had access to appropriate training to meet the needs of the practice and their individual roles and responsibilities. This included ongoing support, one-to-one meetings, appraisals, coaching and mentoring. Staff training included safeguarding, fire safety, information governance and confidentiality.

Are services effective?

(for example, treatment is effective)

Nursing staff were trained to carry out assessments and deliver patient screening and treatment programmes including immunisations, vaccinations and cervical screening.

- Nursing and GP staff had ongoing clinical supervision. Nurses working at the practice had effective current Nursing and Midwifery Council (NMC) registration. All GPs had or were preparing for their revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital.

The GP told us that funding for the multidisciplinary team meeting coordinator had been stopped and that these meetings were no longer held. They told us that information was shared with other professionals via the shared computerised patient record. We saw that the GP liaised with other health and social care professionals such as a local homeless charity so as to ensure that patients received coordinated care to meet their changing needs.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance including the Mental Capacity Act 2005. The practice had policies and procedures around obtaining patients consent to treatment. Staff we spoke with could demonstrate that they understood and followed these procedures. The GP

and nurses we spoke with told us when providing care and treatment for children, young people or where a patient's mental capacity to consent to care or treatment was unclear, assessments of capacity to consent were also carried out in line with relevant guidance.

Health promotion and prevention

GPs we spoke with told us that the practice was proactive in promoting patients' health and disease prevention. The practice had systems in place for identifying 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 and smoking cessation clinics were available.

The practice had a health screening programme. The practice's uptake for the cervical screening programme for 2013/14 was 57%, compared to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. We discussed the practice lower than national performance with the GP and practice manager and they attributed this to the staff sickness and absence which had impacted on following up on women who had failed to attend the practice for screening. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation rates for the vaccinations given and flu vaccination rates for patients over 65 years in 2013/14 were:

- The percentage of childhood Meningitis C immunisation vaccinations given to under two year olds was 100% compared to the CCG percentage of 97%.
- The percentage of childhood Mumps Measles and Rubella vaccination (MMR) given to under two year olds was 95% compared to the CCG percentage of 94%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was the same as the CCG percentage of 97%.
- Flu vaccination rates for the over patients over 65 years were 56% compared to the national percentage which was 73%. Flu vaccination rates for patients who were under 65 years in clinical risk groups was 55% compared to the national average of 52%.

Are services effective?

(for example, treatment is effective)

We discussed these results with the GP and practice manager who could not account for the lower than average performance. We reviewed the results for these areas for 2014/15 and these were still below the national averages for cervical screening which was 60% compared to the national average of 81%. The percentage of patients over the age of 65 years who had received the seasonal flu vaccine was 60% compared to the national average of 82%.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were polite and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Reception staff were mindful when speaking on the telephone not to repeat any personal information. They also told us if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the 13 patient CQC comment cards we received were positive about the service they received. Patients said they felt the practice offered a friendly and personalised service. Patients we spoke with and those who completed comment cards told us that the GP was particularly caring, that he always gave them plenty of time during consultations to ask questions and that their treatment was always explained to them in a way that they would understand.

Results from the national GP patient survey which was published on 2 July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was comparable to other GP practices both locally and nationally for its satisfaction scores on consultations with doctors and nurses. For example:

- 86% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG of 94% and national average of 95%

- 85% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 82%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of and national average of 90%.
- 88% patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that the GP and nurses explained their health conditions and treatments clearly. They told us that they were 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 13 comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey which was published on 2 July 2015 showed that the patients who participated responded positively to questions about their involvement in planning and making decisions about their care and treatment. We saw that the results were in line with local and national averages. For example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%

The GP was multilingual and spoke a number of languages. Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

The practice had procedures in place for supporting patients and carers to cope emotionally with care and treatment. There were notices in the patient waiting room advising how they could access a number of support groups and organisations including counselling, cancer support and bereavement services.

Are services caring?

The practice identified patients who were also a carer at the point of their registration and during consultations. There was a practice register of all people who were carers. This information was used on the practice's computer system to alert GPs when the patient attended appointments. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us the practice had a protocol for supporting families who had suffered bereavement. The GP told us that they would contact bereaved families and arrange an appointment or a home visit as needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. The practice supported patients with alcohol and substance abuse issues and worked proactively with the Southend Homeless Action Resource Project (HARP) to provide health promotion and treatments for patients. We contacted staff at HARP and they told us that the GP provided a service that exceeded their expectations, often providing same day appointments at very short notice to treat and advise patients.

Services were planned and delivered to take into account the needs of different patient groups and the increase in demand for services to help provide ensure flexibility, choice and continuity of care. For example:

- Changes were made to the telephone system and extended afternoon and evening hours were available to improve access for patients.
- There were longer appointments available for patients including for initial childhood immunisations and patients with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were accessible facilities and translation services available.
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Access to the service

The practice was open between 8am and 6.30pm on weekdays with the exception of Thursdays when the practice was closed during the afternoon. Appointments were from 9am to 12pm every morning and 4pm to 6.30pm daily. Pre-bookable and same day appointments were available and patients we spoke with told us that their experiences of making appointments was good. A number of patients told us that they usually were able to get a routine appointment to see the GP or nurse within 24 hours.

Results from the national GP patient survey which was published on 2 July 2015 showed that patients' satisfaction

with how they could access care and treatment was comparable to local and national averages and people we spoke with on the day were able to get appointments when they needed them. For example:

- 83% of patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 85% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.
- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 93% patients said they could get through easily to the surgery by phone compared to the CCG average of 65% and national average of 73%.

In January 2015 the practice conducted a patient survey to gain patients views about the appointments system. Forty patients were contacted. The results of the survey were analysed and 30% of patients said that they had some difficulties contacting the practice by telephone. 18% said that they sometime had difficulties in making appointments during normal opening times. Following this survey improvements were implemented. A new telephone system was introduced and extended opening hours were provided from 2pm on Tuesday afternoons and up to 7pm on Wednesday evenings.

Listening and learning from concerns and complaints

The practice had a 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. This information was included in the patient leaflet. Information clearly described how patients could make complaints and raise concerns, what the practice would do and how patients could escalate their concerns should they remain dissatisfied. Each of the four patients we spoke with were aware of the process to follow if they wished to make a complaint.

We were told that one written complaint had been received within the previous 12 months. We reviewed how this complaint had been investigated and responded to. We

Are services responsive to people's needs? (for example, to feedback?)

saw that action was taken as a result of the investigation into the concerns raised. However we found that while an apology was given, the response to the complainant did not address all of the concerns raised.

We saw that while verbal complaints were not logged that these were discussed with staff at monthly meetings and actions arising from these were discussed and shared with staff so as to help improve patient's experiences.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision and ethos, which was described in their Statement of Purpose. The practice ethos was to deliver a high quality, safe and effective service. The GP told us that he also focused on the holistic care of patients, taking into account the physical, psychological and social needs of each individual.

Governance arrangements

The practice had an overarching governance framework to support the delivery of good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and accountability. Staff were supported and trained to fulfil their roles and responsibilities within the practice team.
- The GP and nurses had lead roles and special interests in a number of long term conditions and health promotion including child health, alcohol and substance misuse and respiratory conditions to improve treatments and outcomes for patients.
- Practice specific policies and procedures were available to all staff. These policies were regularly reviewed and amended to ensure that they reflected any changes in legislation and guidance.
- Clinical audits were carried out and used to secure improvement in outcomes for patient care and treatment arising from these.
- Risks to patients and staff were identified and managed through systems of monitoring. However the practice did not report and act on errors or near misses to help minimise risks.

Leadership, openness and transparency

The GP encouraged a culture of openness and honesty. There were clear lines of responsibility and accountability and staff were aware of these. Staff said that they were well supported and they felt able to speak openly and raise issues as needed. They told us that the GP was approachable and caring.

Practice meetings were held on a monthly basis during which staff could raise issues and discuss ways in which the service could be improved. Complaints and any other issues arising were discussed and actions planned to address these during the practice meetings.

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

The practice encouraged and valued feedback from patients. Patients we spoke with said that they felt comfortable to make comments about the practice to staff. The practice had proactively sought patients' feedback through surveys and informal comments and received. We reviewed the results from the practice patient survey which had been carried out in January 2015 and saw that the majority of patients said that they received an excellent service and that they were very happy with the care and treatment that they received.

The practice, despite displaying notices inviting patient participation did not have an active patient participation group. The GP and practice manager told us that they found it difficult to get patients engaged to attend meetings.

The practice actively encouraged patients to participate in the NHS Friends and Family Test and monitored these results. We saw that over 90% of patients who completed this survey were either extremely likely or likely to recommend the practice to their friends and family.

We saw that the practice had an open culture where patients could make comments and suggestions and that these were acted upon to improve their experiences of using the service.

The practice had also gathered feedback from staff through staff meetings and discussions. Staff told us they were encouraged to give feedback and discuss any concerns or issues with colleagues and management. They also told us they felt involved and engaged to improve how the practice was run.

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
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Patients were not protected against the risk of harm because; Safety events and near misses were not routinely identified and learned from. Disclosure and Barring Service (DBS) checks or appropriate risk assessments had not been carried out for staff including those who undertook chaperone duties. The practice did not have adequate equipment for dealing with medical emergencies and some equipment was not calibrated so was fit for use. Regulation: 12(1) (2) (a)(b)(c)(e)