

Dr Julius Sodipo

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	Inadequate	
Are services safe?	Inadequate	
Are services effective?	Inadequate	
Are services caring?	Inadequate	
Are services responsive to people's needs?	Inadequate	
Are services well-led?	Inadequate	

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 Julius Sodipo also known as Leigh Beck Surgery on 2 September 2015. Overall the practice is rated as inadequate.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. Staff reported incidents, near misses and concerns however there was insufficient evidence of thorough investigation and identified learning or sharing of lessons to mitigate events reoccurring.
- Staff had understood their responsibilities in relation to safeguarding children. Staff lacked understanding and awareness of adult safeguarding, which they had not received training in.
- There was insufficient assurance that risks to patients had been identified and appropriately managed. Some staff who undertook chaperone duties had not received training and had not been subject to appropriate checks.
- The premises were clean and tidy however the infection prevention control audit to identify risks to patient safety had not been revised since 2010 and staff had not received training to mitigate risks.
- Medicines had not been managed appropriately. The medication stock records were inaccurate. Records viewed showed the vaccination fridge temperatures had exceeded recommended storage for medicines potentially compromising the integrity of the medicines. Staff did not recognise, report and respond to risks appropriately.
- Patients received effective care and treatment. For example, the practice performed in line with or exceeded the CCG and national averages for cervical screening and conducting childhood immunisations.

Summary of findings

- Patients were positive about their interactions with reception staff, but reported receiving a poor service from the GP. This was acknowledged by the GP, who had not responded to the findings of the National GP patient Survey 2015.
- Patients told us they were able to get appointments at a time convenient to them. Urgent appointments were available on the day they were requested. However, the reception staff told us the practice was closed for non-urgent clinical appointments on a Friday afternoon.
- Complaints were investigated but there was insufficient analysis and learning was not shared with staff to mitigate the risks of incidents reoccurring.
- The practice had a clear leadership structure, but the GP was divorced from the practice team, not attending team meetings or speaking with staff regularly, to provide guidance or share learning. There was no commitment to learning or continuous improvement.

The areas where the provider must make improvements are:

- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure there are systems or processes established and operating effectively to assess, monitor and mitigate risks.
- Ensure the safe management of medicines.
- Ensure staff receive appropriate support, training, professional development, supervision and appraisal as necessary to carry out their duties.
- Ensure all recruitment checks are conducted and evidenced appropriately.

- Ensure the complaints policy is reflective of practice, affording patients access to advocacy services and right of appeal against decisions.
- Ensure sufficient equipment and medicines to care for basic and immediate care needs of staff and patients.

The areas where the provider should make improvements are:

- Provide clear leadership to staff to deliver improvements.
- Record the movement of all prescription pads.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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 inadequate for providing safe services and improvements must be made. Staff reported incidents, near misses and concerns, but the investigations lacked details, analysis and lessons learned were not communicated effectively to mitigate the risk of recurrence.

Patients were at risk of harm because systems and processes were not known or adhered to sufficiently to keep patients safe. We found staff had little awareness of adult safeguarding and had not received training in this. Not all staff who undertook chaperone duties had been trained or been checked to undertake their role. Whilst we found the practice premises were clean and tidy the infection prevention control audit had not been revised since 2010 to identify risks to patient safety and ensure they had been mitigated. Staff had also not received training in infection prevention control. We found medicines had not been managed appropriately. Medication stock records were inaccurate. Records viewed showed the vaccination fridge temperatures had exceeded recommended storage for medicines potentially compromising the integrity of the medicines. Staff did not recognise, report and respond to risks appropriately. We found there was sufficient staff to keep patients safe.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services and improvements must be made. Data showed that care and treatment was delivered in line with recognised professional standards and guidelines. Patient outcomes were only assessed in relation to their performance against funding streams such as the Quality and Outcome Framework. We found historical audits had been conducted but these related to patient referral data as opposed to being aligned to clinical outcomes to inform and improve the quality of patient care or experience. There was limited evidence of multidisciplinary meetings, records were incomplete and lacked sufficient detail relating to decisions and outcomes for patients. The practice manager and practice nurse had not received an appraisal or development plan identifying their training needs since joining the practice.

Inadequate



Are services caring?

The practice is rated as inadequate for providing caring services and improvements must be made. Data showed that patients rated the practice lower than others for many aspects of care provided by the GP. The practice was rated significantly below the CCG and national

Inadequate



Summary of findings

averages in respect of listening to the patient and them having trust in the GP, treating them with care and concern and involving the patient in decisions. Feedback from patients on the reception staff and nurse were similar to the CCG and national averages. There was information available to help patients understand the services available to them.

Are services responsive to people's needs?

The practice is rated as inadequate for providing responsive services. The practice occupies a purpose built medical centre and benefits from easy access facilities. Staff had access to translation services and home visits were conducted on request. Patients reported good access to appointments including urgent appointments on the same day. We found the practice had two complaints policies that differed regarding responses and timescales. Complaints were investigated and responded to but lessons were not identified, learnt or shared amongst the staff to mitigate the risk of the issue arising again.

Inadequate



Are services well-led?

The practice is rated as inadequate for being well-led. It did not have a clear vision and strategy. Staff we spoke with were clear about their responsibilities but were not encouraged to contribute to how the practice was run. The practice had a number of policies and procedures to govern activity, but these had not been read by all staff. The practice did not hold regular governance meetings and issues were discussed on an ad hoc basis with no records maintained of discussions. The practice had not proactively sought feedback from staff or patients and did not have a patient participation group (PPG). We found some staff did not receive appropriate support, supervision and appraisal and did not have clear objectives in relation to their roles and responsibilities.

Inadequate



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 inadequate for the care of older people. The care of older people was not managed in a holistic way such as through attendance at multidisciplinary meetings to coordinate services. We found services for older people were reactive, requiring patients to request medication reviews or home visits. There was a limited attempt to engage older people to improve the service.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of people with long-term conditions. Longer appointments and home visits were available at the request of patients. Patients had a named GP but not all had a personalised care plan. Structured annual reviews were undertaken to check that patients' health and care needs were being met. However, we found the practice failed to ensure the safe and appropriately administration of medicines and significant incidents were not investigated and learnt from the prevent incidents potentially reoccurring.

Inadequate



Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. There were no systems to identify and follow up patients in this group who were living in disadvantaged circumstances and who were at risk. Immunisation rates were similar to or above the CCG and national averages for a number of the standard childhood immunisations. However, we found the practice failed to ensure the safe and appropriately administration of medicines and significant incidents were not investigated and learnt from the prevent incidents potentially reoccurring.

Inadequate



Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). Patients reported an accessible service whereby appointments could be booked by telephone and there was extended opening hours on a Tuesday for working people. There was limited nursing capacity which was provided in two four hours sessions a week. We found the practice failed to ensure the safe and appropriately administration of medicines and significant incidents were not investigated and learnt from the prevent incidents potentially reoccurring.

Inadequate



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The practice did not attend multi-disciplinary team meetings to coordinate the care of vulnerable people. Staff had not received training to recognise signs of abuse in vulnerable adults and were not aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies out of normal working hours. We found the practice failed to ensure the safe and appropriate administration of medicines and significant incidents were not investigated and learnt from to prevent incidents potentially reoccurring. Patients did not have access to advocacy services and not all staff who undertook chaperone duties had been trained and appropriately security checked.

Inadequate



People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). Whilst we found performance for mental health related indicators was better than the national average the practice did not attend multi-disciplinary team meetings to coordinate care. None of the practice staff including the GP had undertaken training in the Mental Capacity Act 2005 or understood the application of the Act.

The practice had not told patients experiencing poor mental health about support groups or voluntary organisations. It did not have 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.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results published July 2015 showed the practice was performing in line with local and national averages. There were 115 responses which represents a response rate of 32%.

- 97% of respondents said they found it easy to get through to this surgery by phone compared with a CCG average of 70% and a national average of 73%.
- 86% found the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.
- 76% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 91% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 73% described their experience of making an appointment as good compared with a CCG average of 74% and a national average of 73%.

- 85% of respondents said they usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 74% and a national average of 65%.
- 76% felt they didn't normally have to wait too long to be seen compared with a CCG average of 67% 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 eight comment cards which were positive about the service they received from the practice particularly the professionalism of the reception team who they regarded as polite and helpful. We spoke to two patients on the day that held opposing views on the care and treatment they received from the GP. Both patients agreed the reception staff were polite and helpful.

Areas for improvement

Action the service **MUST** take to improve

- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure there are systems or processes established and operating effectively to assess, monitor and mitigate risks.
- Ensure the safe management of medicines.
- Ensure staff receive appropriate support, training, professional development, supervision and appraisal as necessary to carry out their duties.

- Ensure all recruitment checks are conducted and evidenced appropriately.
- Ensure the complaints policy is reflective of practice, affording patients access to advocacy services and right of appeal against decisions.
- Ensure sufficient equipment and medicines to care for basic and immediate care needs of staff and patients.

Action the service **SHOULD** take to improve

- Provide clear leadership to staff to deliver improvements.
- Record the movement of all prescription pads.

Dr Julius Sodipo

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 adviser.

Background to Dr Julius Sodipo

The practice is owned and managed by a single GP (male); there were no arrangements in place for patients to see a female GP. The GP is assisted by a practice manager, practice nurse and reception team all who work reduced hours. The practice serves approximately 1643 patients. The practice has a General Medical Service contract.

The practice is open between 8am and 6.30pm Monday to Friday, with extended hours on a Tuesday until 7.30pm. Appointments are from 9.45am to 11.30 and 4.45 to 6.30pm. Whilst the practice was open on a Friday the GP was not available for routine appointments.

The practice has an aging patient profile with greater patient representation than national amongst patients 65 years and above.

The patients are advised to call the national 111 service in the event of an emergency. This service is contracted out to IC24 the local provider of emergency advice and consultations. Patients are also advised to attend the local walk in services and accident and emergency services.

The practice does not have a website.

Why we carried out this inspection

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

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 2 September 2015. During our visit we spoke with a range of staff, practice manager, receptionists, the GP and

Detailed findings

spoke with patients who used the service. We talked with carers and/or family members and reviewed the personal treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach to reporting incidents amongst the practice team. There was a system in place for reporting and recording significant events by the clinical team. We looked at four significant incidents and found they were investigated by the reporting GP independently of any review from another member of the practice or clinician. We found the reports contained insufficient detail of when, where and how the incidents had occurred. There was also an absence of analysis to understand the role and responsibilities of the clinician and wider practice team in delivering the care to the patient. All three of the significant incidents we reviewed had been categorised as red (high risk) but the action plans failed to address the heightened risk and propose proportionate measures to mitigate the risk of a reoccurrence. For example, where a patient was administered the wrong medicine staff were not provided with training and the patient provided with an explanation and an apology. We reviewed another incident relating to the unexpected death of a patient. There were no details of the circumstances of the patient's death, when and where it had occurred, the patients' medical history, health and social care services involved with the patient, the last time they were seen by the practice and any assessment made. We spoke to the GP who explained that everyone had been shocked by the patient's death and accepted the records failed to demonstrate sufficient critical analysis of the practices involvement with the patient prior to their death and the actions taken by the practice.

We checked a sample of patient records and found that a recent Medicines and Health products Regulatory Agency alert had been actioned appropriately relating to the prescribing of medicines. However, there were not robust systems in place to ensure that all such notifications were read by staff, actioned and reviewed appropriately.

The practice considered and actioned issues in isolation and failed to document trends or themes in risks reported. For example, the reoccurring inappropriate conduct of a member of the practice team.

Overview of safety systems and processes

The practice had defined systems, processes and practices in place but we found these were not adhered to in order to keep people safe. We found:

- Arrangements were in place to safeguard children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the appointed lead for safeguarding. We spoke with staff who understood their responsibilities towards children and young people and all had received relevant training. However, we found staff had not undertaken adult safeguarding training and had limited understanding of their responsibilities to their patients despite having an aging patient demographic.
- A notice was displayed in the waiting room, advising patients staff would act as chaperones, if required. Not all staff who acted as chaperones had been trained by the practice or received a disclosure and barring check (DBS) where this had been assessed as required. (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).
- There were some procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessment. Fire equipment had been checked, regular fire drills were held and staff had been trained in fire safety. All electrical equipment was checked to ensure the equipment was safe to use, but clinical equipment had not been calibrated to ensure it was working properly and accurate. We found no health and safety risk assessment had been conducted. The practice occupied shared premises with other healthcare providers and benefited from some joint risk assessments relating to the management of infection control and legionella.
- We observed the premises to be visibly clean and tidy. The GP was the infection control clinical lead. However, they had not received additional training to undertake the role and the practice staff had not completed infection control training. An infection control audit was last conducted in 2010 and had not been revised. Cleaning schedules were in place but not completed daily to demonstrate cleaning that had been undertaken.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice failed to keep patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular

Are services safe?

medication audits were not carried out, the medicines stock record was not reflective of the quantities of medication held within the emergency medicines kits. We found the temperatures for the fridge used to store vaccines had been recorded as exceeding the recommended levels. This had not been recognised by the clinical team as to the potential to compromise the integrity of the stock. There was no medicine management policy or strategy in place for the disruption of the cold chain. The CCG medicine management team had written to the practice in April 2015 to make them aware of specific prescribing practices. The practice told us they had not actioned the recommendations and were awaiting the attendance of a member of the CCG's medicines management team to advise them. We found prescription pads were held securely but not logged to enable them to be traced.

- Not all Patient Group Directions (PGDs) had been appropriately endorsed by the GP or clinical team to authorise the practice nurses to administer vaccines and other medicines in line with legal requirements and national guidance. For example, we found vaccinations for young children dated 30 June 2015 had not been authorised by a lead GP to be administered by a practice nurse or endorsed by the practice nurse to confirm they had received the appropriate authority and had the training or were competent to administer the vaccines.
- We checked the recruitment files for the two most recent employees, one clinical and a non-clinical member of the practice team. We found that recruitment checks were conducted prior to employment. Both files had two references and disclosure and barring checks although we found a

member of staff had no proof of identification on their personnel file. Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure that enough staff were on duty. The reception staff told us they were flexible and would often cover for one another with minimal notice.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. However, we were unable to check vaccinations as the practice could not locate the key to their vaccination fridge at the time of the inspection.

We found there was an incomplete anaphylactic kit, with missing medication and containing inappropriate medication for the treatment of a child in an emergency. The practice had access to a defibrillator available on the premises and oxygen with adult and children's masks. There was no first aid kit, but an accident record book was available.

The practice had a business continuity plan dated July 2015 in place for loss of the surgery building, computer system and medical records and the incapacity of staff. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice told us they 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. However, we found the practice did not have systems in place to ensure clinical staff were kept up to date with clinical guidance other than speaking to one another; we found no records of the discussions or scheduled clinical meetings. The practice had access to guidelines from NICE but was unable to demonstrate how these were applied when invited to do so. The practice did not monitor the use of these guidelines through audits or checks on patient records.

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. Current results were 93.6% of the total number of points available this was similar to the national average performance of other practices who secure 94.2% of their potential QOF points. The practice had a lower than national and CCG average level of exception reporting at 5.3%, 0.3% below the CCG and 2.6% below the national rate. However, the practice was an outlier for QOF clinical targets relating to their lower than expected diagnosis of coronary heart disease at .48 as opposed to the national ratio of .72. Data from 2014 also showed;

- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average with 87.74% having their blood pressure monitored as opposed to 83.11% nationally.
- Performance for mental health related indicators was better than the national average at 100% in comparison to 86.04% and 88.61%.
- The practice dementia face to face reviews were above the national rates with 92.31% patients receiving them, as opposed to 83.82%.

We asked to see clinical audits for the practice. We were provided with a copy of the GP's last two dermatology

audits conducted in 2009 and 2013. The report was an assessment of their referral data but failed to detail the work done towards reducing the number of clinical referrals or the action points such as learning from the audit. There was an absence of any reflection and/or evidence of improved clinical outcomes for patients. We also reviewed the practice diabetic audit, 2011. The report detailed patients who had undertaken blood tests between 2009-2011 but it did not explain the purpose of the data, how the GP had intended to use it, their analysis, findings and how this informed their clinical practice.

We reviewed practice data for the percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 3 months of the contractor receiving confirmation of the diagnosis. This showed 80% of patients had had a review, however the practice had exception reported 28.6% of their patients; this is the percentage of patients not counted as part of the 80%. Data also showed the practice had twice the emergency cancer admissions rates per 100 patients on disease register at 18.42 as opposed to nationally at 7.4. We asked the GP why he thought this was, and he was unable to provide an explanation. He explained that he had no system in place for monitoring his two weekly cancer referrals, to ensure patients received timely assessments, care and treatment. The GP told us that they would review the patient record whenever they next attended the practice. At the time of our inspection the practice had 45 patients on their register.

The practice data also showed that the emergency admissions for those patients with ambulatory care sensitive conditions were higher than national admissions at 26.54 as opposed to 14.4. (Ambulatory care sensitive conditions are those for which it is possible to prevent acute exacerbations for example asthma, diabetes and angina.) We asked the GP how he was seeking to reduce his patient's attendance at emergency facilities. The GP told us he did not monitor emergency admission rates and therefore did not have patient care plans in place to reduce the frequency of their A&E attendance through effective management of their conditions.

Effective staffing

We found staff did not have the skills, knowledge and experience to deliver effective care and treatment.

- The practice did not have a documented induction programme for newly appointed staff covering topics

Are services effective?

(for example, treatment is effective)

such as safeguarding, fire safety, health and safety and confidentiality. We checked the two newest members of staff files and found no reference to either receiving an induction or information being provided to them.

- The learning needs of staff were identified through a system of appraisals for the reception team. Staff had access to online training but this failed to cover the full extent of their duties such as the recording of vaccination fridge temperatures and chaperoning duties. There were no scheduled team meetings, other than time to learn which was delivered by the CCG and was primarily for clinicians. The GP confirmed they were responsible for the practice manager and practice nurse appraisal but had not conducted these and did not maintain records of meetings or discussion with them. The GP had not conducted an assessment of the practice nurse's ability to undertake their role safely and effectively. The GP told us they themselves had been appraised early in 2015 and were to be revalidated at the end of September 2015.
- Staff received training that included: children safeguarding, fire procedures, basic life support and patient confidentiality, information governance awareness and equality and diversity. Staff had access to and made use of e-learning training modules and in-house training.

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. This included care and risk assessments, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was not shared effectively with other services, for example the practice did not attend monthly multidisciplinary meetings held within their shared premises.

The practice did not attend monthly multidisciplinary meetings attended by partner health and social care services. A forum used by professionals 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. We reviewed the palliative care meetings minutes,

the last meeting was held on 27 May 2015. However, the meeting minutes were incomplete, failing to consistently record who was in attendance, why the patient had been identified for discussion, decisions, actions and outcomes. The care of patients was not always consistently reviewed at subsequent meetings to ensure actions had been appropriately progressed.

Consent to care and treatment

The practice had a policy to assist staff when dealing with patients with advance directives (living wills) and confidentiality issues and access to medical services for children. The GP told us he did not document patient consent for examinations of treatment as he considered this was only necessary for surgical treatment, which he no longer performed. The GP was also unable to demonstrate awareness for the application of the Mental Capacity Act 2005 when invited to do so. Consent was not monitored to ensure the practice met their responsibilities within legislation and relevant national guidance.

Health promotion and prevention

The practice identified some 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 patients with learning disabilities. Patients were then signposted to the relevant service.

The practice had a health screening programme. The practice's uptake for the cervical screening programme was in line with the national screening average at 81.61% as opposed to 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend appointments for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged were 100% and five year olds from 86.7% to 100%. Flu vaccination rates for the over 65s were 74.39%, above the national average, and at risk groups 52.14% in line with the national average 52.29%.

Patients had access to appropriate health assessments and checks and were called inviting them to attend. These

Are services effective?

(for example, treatment is effective)

included health checks for new patients and NHS health checks for people aged 40–74 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 courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. 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. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All eight of the patient CQC comments cards we received were positive about the service experienced. Patients said they felt the practice the practice reception staff offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The practice had no system in place to capture informal feedback such as through a patient participation group. Although their practice leaflet invited patients to share their experiences of the service through suggestions and comments. The practice had no record of any patient providing such feedback. The practice had designed a patient questionnaire which they were distributing at the time of our inspection. This asked patients about their experience of making an appointment and where they considered the service accessible.

Results from the national GP patient survey, July 2015 showed patients experience of the service was below the CCG and national averages. This was particularly in respect of GP engagement. For example:

- 66% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 74% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 81% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%
- 63% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.

- 84% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 86% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

We spoke to two patients one of whom was happy with the care they received, although explained they had only visited the practice twice since registering. The other patient expressed dissatisfaction with the clinical care received from the GP.

Care planning and involvement in decisions about care and treatment

Results from the National GP Patient Survey July 2015 we reviewed showed patients reported lower levels of satisfaction than the CCG and national averages. This was in respect of being involved in planning and making decisions about their care and treatment. For example:

- 63% 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%.
- 61% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 81%

Patients we spoke with told us that health issues were discussed with them, but they did not feel sufficiently consulted or involved in decision making about the care and treatment they received. None of the eight patient feedback comment cards received made reference to the care provided by the GP.

Staff told us that all their patients spoke English but they had access to translation services, for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted the GP if a patient was also a carer. There was a practice register of all people who were carers and identified them within their patient record. Written information was available for carers to ensure they understood the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, the GP may contact them and there was bereavement services advertised within the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice had step free wheelchair access and parking available for all patients.
- The practice offered evening appointments until 7.30pm on a Tuesday for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from this on request.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were facilities for people with mobility needs, such as the lift to the first floor. The practice had patients with hearing impairments and would fax information to them as this was their preferred method of communicating.
- The practice had access to translation services and staff knew how to access them

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, with extended hours on a Tuesday until 7.30pm. Appointments were available from 9.45am to 11.30am and 4.45pm to 6.30pm everyday except Friday when the practice did not schedule routine appointments. Staff would advise patients requesting an appointment on a Friday afternoon to attend the walk in centre in Southend. The GP explained that they did not conduct afternoon surgery on a Friday and were not in attendance, but could be contacted for urgent appointments. We spoke with a care home and the Canvey Island district nurse team who told us the GP conducted home visits, at the patient's request.

Appointments could be booked in person or over the phone. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. There were two emergency appointments available in the mornings and afternoon. The nurse clinics were delivered during two four hour sessions a week.

Results from the National GP Patient Survey 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 to on the day were able to get appointments when they needed them. For example:

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 97% patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 73%.
- 73% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 65%.
- 85% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 74% and national average of 65%.

The practice had high levels of emergency admissions, above national averages. The practice told us they did not monitor their emergency admission rates and did not have care plans in place to reduce the prevalence of their patients attending.

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 not in line with recognised guidance and contractual obligations for GPs in England. Although, there was a designated responsible person who handled all complaints in the practice.

The practice had received 12 complaints including significant incidents within the past 12 months; 10 were administrative and two clinical. We looked at three complaints and three significant incidents received in the last 16 months. We found the complaints had been investigated and responded to but there was no record of the complaint being acknowledged within two working days as detailed within the policy or the investigation and the response being completed within 20 working days. We also found the complaints procedure displayed in reception was different to the complaints policy within the staff reference file providing three days for a response to be sent and ten days for the investigation to be completed.

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

The policy also failed to detail how the patient may appeal to NHS England if dissatisfied with the outcome of the practice investigation and/or how to access advocacy services.

We found no evidence of analysis or learning from complaints. For example, a patient complained that they

had not been listened to or examined appropriately by the GP when complaining of pain. The patient was sent home and later admitted to hospital with the same complaint. Whilst the practice apologised to the patient for the distress caused, we found no investigation and lessons learnt from the incident.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice had no vision for their future. The GP told us they had no aspirations for the future of the practice other than to continue as they were. They had not held any discussions with staff regarding their expectations or plans for the practice. The practice had no business plan or needs forecast to inform the planning or delivery of patient services for the future.

Governance arrangements

The practice had no overarching governance framework which supported the delivery of good quality care. The GP and practice manager focused on securing funding for services and used this as the single means of assessing care. We found there was a clear staffing structure and staff were aware of their own roles and responsibilities. We found;

- Practice specific policies were available but only the practice manager had read and signed the file to show they had understood them.
- There was no programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There was no importance placed on reviewing and improving the experiences of patients where patients expressed dissatisfaction.
- There were no established systems in place for identifying, recording and managing risks, issues and implementing mitigating actions.
- Staff did not understand the importance of reporting, investigating and reflecting upon findings to identify and share learning from significant incidents.

Leadership, openness and transparency

The GP led on all aspects of the practice, supported by the practice manager who worked 15 hours a month. The practice manager oversaw complaints, personnel issues and aspects of the Quality and Outcomes Framework (QOF) relating to securing funds. QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions e.g. diabetes and implementing preventative measures. The results are published annually. The practice manager provided her contact details to staff so they could access support even when she was absent.

Staff told us that team meetings were irregular. We reviewed the last two practice meeting minutes from 16 April 2014 and 13 August 2014 and found there was only one issue recorded the findings of a complaint or significant incident.

Staff told us that they enjoyed working at the practice and there was good support from their peers. We found staff had little opportunity to raise any issues at team meetings or informally with the GP as they did not feel confident in doing so. Staff were not involved in discussions about how to run and develop the practice. The GP was not present at either of the meetings minutes we reviewed.

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

The practice encouraged feedback from patients such as the completion of their friends and family comment cards. However, this was their only means of capturing patient feedback such as through a comments box, verbal records of comments made to staff or a survey.

The GP was aware of the findings of the last National GP Patient Survey 2015 and that patients had reportedly found the GP below the CCG and national averages regarding their treatment and care. The practice told us they displayed the patient survey information within reception but had not addressed the issues raised. They had not spoken to or provided any written response to their patients to demonstrate they had listened to them and were committed to improve the care they receive.

The practice manager conducted annual appraisals for the reception team and gathered feedback from staff during these and informal discussions held. The reception team told us they were well supported by one another and adopted a pragmatic approach to resolving issues. Therefore often mitigating the need for things to be escalated to either the practice manager or GP. For example, covering colleague's duties in their absence. Staff told us they were committed to the patients but were not involved in discussions relating to the management of the practice how invited to make suggestions to improve the practice.

Innovation

There was no focus on continuous learning and improvement within the practice. The GP attended time to learn clinical sessions held by the CCG and locality GP peer meetings held every two weeks. However, they were unable

Are services well-led?

Inadequate 

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

to provide examples of clinical issues discussed at these meetings or how he used them to inform his services. The GP had no aspirations for the practice or examples of how

they developed and encouraged improvement within the practice team. We reviewed staff personnel files and found no personal development plans in place or regular meetings held to promote individual or team development.

This section is primarily information for the provider

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

Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

We found patients did not have access to advocacy services. Patients had not been informed and the complaints policy failed to detail their right to appeal the practices decision and who they may make representations to.

Regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

We found the practice nurse and practice manager had received no supervision or appraisal to undertake their duties.

Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

We found medicines were not stored appropriately and systems of monitoring were ineffective at identifying risks and mitigating them. Staff were unaware of what action to take or how to report potential safety incidents. The practice nurses and healthcare assistant had not been authorised to administer some vaccinations and signed to confirm they had appropriate training and competency to undertake the role safely.

Requirement notices

We found an incomplete anaphylactic kit, missing medication and inappropriate medication for the treatment of a child in an emergency. There was no first aid kit.

We found medical equipment had not been calibrated to ensure it was accurate and safe to use.

Regulation 12(2)(e)(f) and (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found insufficient governance systems or processes to assess monitor and improve the quality and safety of service such as staff understanding the reporting, investigation of significant incidents and dissemination of findings, the absence of systems and processes for the recording and investigation of complaints and dissemination of findings. We were showed historical audits from 2009 and 2013. We found an absence of monitoring systems to inform service delivery.

We found risks had not been identified or assessed. There was no health and safety assessment or recent infection prevention control audit undertaken within the last five years. Medicines had been stored in excess of their recommended temperatures and this had been systematically recorded but not acted upon.

Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.