

Dr Syeda Talat Zaidi EastwoodGroupPractice

Inspection report

Kent Elms Health Centre
1 Rayleigh Road
Leigh-on-sea
SS9 5UU
Tel: 01702421888
www.eastwoodgrouppractice.co.uk

Date of inspection visit: 16 August 2023
Date of publication: 16/10/2023

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 location	Good	
Are services safe?	Requires Improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Overall summary

We carried out an announced comprehensive inspection at Eastwood Group Practice on 16 August 2023.

Overall, the practice is rated as Good.

Safe - Requires Improvement

Effective - Good

Caring - Good

Responsive - Good

Well-led - Good

The full reports for previous inspections can be found by selecting the 'all reports' link for Dr Syeda Talet Zaidi on our website at www.cqc.org.uk

Why we carried out this inspection.

We carried out this inspection in line with our inspection priorities.

During this inspection we looked at the key questions:

Safe

Effective

Caring

Responsive

Well-led

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.
- Face to face interviews with staff

Overall summary

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We found that:

- The practice didn't always provide care in a way that kept patients safe and protected them from avoidable harm. The procedure for responding and acting to safety alerts was not effective.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centred care.
- There was understanding, inclusive, and effective leadership at all levels.
- We found a strong collaboration, across the practice teams to support a common focus of improving the quality and sustainability of patients' care and experiences.
- We saw governance procedures were proactively reviewed and reflected best practice.
- There was a demonstrated commitment to best practice performance, and risk management systems and processes.
- The practice reviewed and ensured that staff at all levels had the skills and knowledge to perform their roles effectively. We found when problems were identified they acted quickly, openly, and learned from them.

Whilst we found no breaches of regulations, the provider **should**:

- Finalise the work to record the immunisation status for all staff.
- Continue to improve the prescription rates for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection.
- Ensure that the new process for processing safety alerts is embedded and audited.
- Continue to improve the uptake for cervical screening.
- Continue to collect feedback from patients regarding the care and treatment they receive and act on that feedback.
- Continue with the ongoing actions to improve patient access to appointments.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Dr Syeda Talat Zaidi EastwoodGroupPractice

The practice has 2 branch surgeries at:

335 Eastwood Road North

Leigh on Sea

SS9 4LT

and

346 Rayleigh Road

Leigh on Sea

SS9 5PU

As part of this inspection, we visited the main location and the branch surgery at Eastwood Road North. Patients are able to access services from all 3 surgeries.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning, treatment of disease, disorder or injury and surgical procedures.

The practice is situated within the Mid and South Essex Integrated Care System (ICS) and delivers General Medical Services to a patient population of about 15,000. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices called a primary care network (PCN). This is called SS9 Primary Care Network and comprises 6 local GP practices.

In March 2020, Eastwood Group Practice absorbed 4,000 patients from a local practice.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the eighth decile (8 of 10). The lower the decile, the more deprived the practice population is relative to others. However, the area does include some pockets of high deprivation.

According to the latest available data, the ethnic make-up of the practice area is 2.3% Asian, 95.5% White, 0.8% Black, 1.2% Mixed, and 0.3% Other.

There is a higher proportion of older patients over the age of 75 and over age 85. Overall, patients over the age of 65 represents 26% of the registered patient list, which is the highest in the locality.

At the practice, there is a team of: 1 lead GP and a team of senior GPs, 11 salaried GPs, 1 Advanced Nurse Practitioner, 1 Advanced Clinical Practitioner, 1 Lead Nurse, 3 Nurses, 4 Healthcare Assistants, 1 Practice Manager, 1 Deputy Practice Manager, 3 Branch Managers, a Freedom to Speak Up Lead, and a team of reception, administrative and secretarial staff. In addition, the practice shares the following staff with other members of the PCN: Clinical Director, Clinical Pharmacists, MSK First Contact Physiotherapist, Social Prescribers, Mental Health Practitioner, and a PACT Clinical Lead.

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Out of hours services are provided by NHS 111.