

# Dr A Bansal Practice

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Requires improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to Dr A Bansal Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

This inspection of Dr A Bansal practice was carried out on 21 February 2017 following a period of special measures and was to check improvements had been made since our last inspection on 24 May 2016. Following our May 2016 inspection the practice was rated as inadequate overall. Specifically they were rated as requires improvement for caring and responsive, and inadequate for safe, effective and well-led. The practice was placed in special measures for a period of six months. The full comprehensive report on the inspection can be found by selecting the 'all reports' link for Dr A Bansal Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

As a result of our findings at this inspection we took regulatory action against the provider and issued them with a warning notice and requirement notices for improvement.

Following the inspection on 24 May 2016 the practice sent us an action plan that explained what actions they would take to meet the regulations in relation to the breaches of regulations.

At this inspection we found that the majority of the improvements had been made and progress had been made across all areas of concern. Overall the practice is now rated as good.

Our key findings were as follows:

- Significant events were fully investigated, patients received support, honest explanations and apologies. The learning was shared with appropriate staff.
- There was a clear recruitment process in place for permanent and locum staff.
- There were systems in place to ensure safe medicines management. Patients prescribed high risk medicines received appropriate review and action had been taken to reduce the levels of anti-bacterial prescribing.
- There was a system in place to deal with any medicines alerts.
- Prescription paper was monitored and stored securely.

# Summary of findings

- Infection control audits were completed and action taken to resolve any issues. Legionella monitoring and safety measures were completed on a regular basis.
  - Policies and procedures were up to date and staff were aware of where to find them and their contents.
  - A range of audits and re audits had been completed to improve the quality of service provision.
  - Clinical outcomes were still lower than Clinical Commissioning Group (CCG) and national averages for patients with a long term condition and those experiencing poor mental health. There were plans in place to further improve outcomes for those patients with a long term condition and outcomes for this group had improved. However further work was required to improve outcomes for patients experiencing poor mental health.
  - The practice had a system for identifying and supporting the carers on their register.
  - The complaints policy was clearly visible to patients. Complaints were fully investigated and there was a clear audit trail of actions taken by the practice.
  - There was a process in place to gather and act on patient feedback.
  - Staff had worked as a team and with the CCG to act on the feedback from the previous inspection.
  - The overall governance and leadership arrangements had been reviewed and strengthened.
- However, there was one area of practice where the provider needed to make improvements.
- The provider should:
- Improve outcomes for those patients experiencing poor mental health and those with long term conditions.
- I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for to investigate significant events. Following investigation the outcome was shared with appropriate staff to ensure that lessons were learned and action was taken to improve safety in this area in the future.
- When things went wrong appropriate actions were taken and a full investigation completed, with the person affected, or their designated next of kin, given accurate and honest information as well as an apology. They were also informed of any actions taken to prevent reoccurrence of the incident.
- Policies and procedures were in place and updated appropriately.
- There were clear safeguarding processes in place for adults and children. Staff were aware of their roles and responsibilities with regards to safeguarding and were aware of potential signs of abuse.
- Where patients were prescribed medicines requiring monitoring we found that the system in place was effective. There was a system in place for clinical staff to receive action and disseminate patient and medicine safety alerts. The practice had been working to reduce the number of anti-bacterial medicines prescribed.
- There was a system in place to record and monitor the issue and use of prescription stationery. Prescription stationery was stored securely.
- Infection control audits were completed and action taken to resolve any issues highlighted.
- There were systems in place for the identification and assessment of potential risks to patients, staff and the premises, and plans in place to minimise these. This included the assessment and monitoring of legionella risk.
- The practice had a system in place for the recruitment of permanent and locum staff.

### Are services effective?

The practice is rated as requires improvement for providing effective services.

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed the majority of patient outcomes were comparable or lower

# Summary of findings

than the CCG and national averages. For example, performance for diabetes related indicators was in line with or below the CCG and national average. Indicators for mental health outcomes were also lower than average.

- Staff had access to the latest clinical guidelines and best practice guidance and used these to assess and deliver patient care.
- Staff used a range of measures to ensure they had the skills, knowledge and experience to provide effective care.
- The practice completed audits and re audits which were relevant to the service and demonstrated quality improvement.
- The practice had positive working relationships with other health and social care staff.
- End of life care was coordinated with other services involved.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for most aspects of care.
- All of the patients we spoke with during the inspection told us that they felt treated with dignity and respect by staff and that staff were good. They felt involved in decisions about their care. These views were backed up by responses on the comments cards we received.
- We saw that staff treated patients with dignity, respect and kindness.
- The practice had identified 69 patients (1.4% of the patient population) who were carers.
- The practice had access to language line for translation services and information for patients could be made available in another language or format.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Following our previous inspection the practice worked with the local Clinical Commissioning Group to make improvements in the areas identified in our previous report.
- The latest GP survey, published in July 2016, showed the practice was rated in line with or higher than the CCG and national average with regards to satisfaction with opening hours and making an appointment generally.
- The practice had accessible facilities

Good



# Summary of findings

- Information on how to complain was clearly displayed in the waiting area. Complaints were responded to appropriately, a record kept and lessons learned had been shared with staff.

## Are services well-led?

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

- There was a leadership structure in place, which had changed slightly since our last inspection. The issues identified at the last inspection had been pro-actively managed and considerable improvements achieved.
- The practice had systems in place for monitoring and assessing the quality of services provided through quality improvement activities and also for risk assessment.
- Staff felt able to raise concerns and also give suggestions for improvements to the running and development of the practice. They had played a strong part in the improvements since our last inspection.
- The practice had policies and procedures in place, which were relevant to the practice, reviewed and updated as required.
- There were systems in place for notifying about safety incidents and evidence showed that the practice complied with the duty of candour when investigating and reporting on these incidents.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was small, however plans were in place to increase this. The practice had shared the last CQC inspection report with the PPG.

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population. Patients were involved in decision making about their care and treatment.
- The practice completed regular ward rounds for those patients living in a care home.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. Longer appointments and telephone consultations were also available.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Good



### People with long term conditions

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

- Nursing staff had lead roles in long-term disease management.
- Nationally reported data showed that outcomes for patients for long-term conditions were lower than compared to other practices locally and nationally. For example, numbers of patients with diabetes receiving appropriate reviews were lower than the local and national average for some indicators and similar for others. The practice were aware of this and had implemented a number of strategies to improve outcomes for this patient group.
- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



### Families, children and young people

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

Good



# Summary of findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and/or who were at risk, for example, children at risk of female genital mutilation (FGM).
- The practice had instigated proactive annual health checks for all 'looked after children', initially as part of a safeguarding audit.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice provided support for young parents.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Clinical staff had an understanding of Gillick competence and Fraser guidelines.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

## **Working age people (including those recently retired and students)**

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

- Extended hours were available via the local 'hub' service in the evenings and at weekends.
- The practice offered as a full range of health promotion and screening that reflects the needs for this age group. These included, well woman and well man checks.
- Nationally reported data showed that outcomes for patients for uptake of cervical smears were in line with other practices locally and nationally.
- The practice offered the electronic prescription service. This service allows patients to choose or 'nominate' a pharmacy to get their medicines from, the GP then sends the prescription electronically to the nominated place.
- The practice offered a range of online service such as online booking and repeat prescription ordering.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Good





# Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for those patients who needed them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients living with dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 13% of patients with schizophrenia, bipolar affective disorder and other psychoses, had a care plan in their notes, which was lower than the CCG and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to support patient that may be in crisis with their mental health.
- Staff interviewed had an understanding of how to support patients with mental health needs and dementia.

**Requires improvement**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was in line with or above average compared with CCG and national averages. 291 survey forms were distributed and 121 were returned. This represented a 42% completion rate.

- 74% of patients found it easy to get through to this practice by phone compared to the CCG average of 74% and the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 71% and the national average of 76%.
- 80% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and the national average of 85%.

- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 72% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards, the majority of which were all positive about the standard of care received. Comments made on the cards related to the practice being clean, staff being helpful and polite, caring and considerate.

We spoke with three patients during the inspection. All patients said they were satisfied with the care they received and that staff were friendly and approachable. One person found it easy to make an appointment, the other two patients told us there was sometimes difficulty getting same day appointments.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Improve outcomes for those patients experiencing poor mental health and those with long term conditions.

# Dr A Bansal Practice

## 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 second CQC inspector and a GP specialist adviser.

## Background to Dr A Bansal Practice

This practice is based in the Balfour Medical Centre in Grays, Essex.

The current list size is around 5214 patients and the practice is open to new patients. There is one female GP and locum GPs offering five sessions a week. There is one female practice nurse. The practice holds a general medical service contract (GMS). The practice is a partnership and is looking to recruit another full time GP to replace a GP partner who has just retired, another practice nurse and a health care assistant.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 9am to 12.30pm every morning and 3.30pm to 5.30pm every afternoon. GPs will see emergency patients and complete home visits outside of these consultation sessions. Thurrock has a weekend system called 'Thurrock Health Hubs'. Patients are able to book through the practice to see either a doctor or a nurse between 9.15am and 12.30pm at the weekend, or weekday evenings, at one of four 'hubs'. Out of hour's cover is provided by IC24.

The practice area demographic comprises of mainly white British, with other nationalities including Bangladeshi, African and Sri Lankan. There are fairly low levels of income deprivation affecting children and older people.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr A Bansal Practice on 24 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe, effective and well led services and was placed into special measures for a period of six months.

We also issued a warning notice to the provider in respect of safe care and treatment and informed them that they must become compliant with the law by 8 September 2016. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Dr A Bansal Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further announced comprehensive inspection of Dr A Bansal Practice on 21 February 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures. We also reviewed whether action had been taken to comply with legal requirements of the warning notice as part of this inspection.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share

# Detailed findings

what they knew. The practice had provided us with an action plan which outlined the work and actions they would take to comply with the regulation breaches stated in the requirement notices we had given them.

We carried out an announced visit on 21 February 2017. During our visit we:

- Spoke with a range of staff including GPs, nursing and administration staff.
- Observed reception staff speaking with patients.
- Spoke with patients and their family or carers.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### What we found at our previous inspection

At our previous inspection on 24 May 2016 we rated the practice as inadequate for providing safe services. Although reviews and investigations of incidents were completed there was limited evidence of learning and some investigations were not as thorough as they could be. Appropriate recruitment checks on staff had not been undertaken prior to their employment and actions identified to address concerns with infection control practice had not been taken. There were no systems in place for some areas of medicines management. For example, patients prescribed high risk medicines or those requiring regular monitoring were not being monitored. Blank prescription forms and pads were not securely stored and there were no systems in place to monitor their use. The practice had high rates of anti-bacterial prescribing.

These arrangements had greatly improved when we undertook a follow up inspection on 21 February 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

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

- Staff told us they would inform one of the GP partners of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Significant incident forms and the evidence of the analysis showed that when a significant incident occurred: a thorough investigation was completed, the person affected was informed of the incident, given information and appropriate support. A verbal apology was given which outlined any actions taken to prevent the same thing happening again.
- All significant events were discussed at the next clinical meeting to ensure that lessons were learned and action was taken to improve safety in this area in the future.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there was an incident relating to clinical

testing for blood clots known as deep veined thrombosis (DVT), the practice had liaised with the hospital regarding the incident and all staff we spoke with were aware of the incident and outcome.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare Products Regulatory Agency) alerts, patient safety and minutes of meetings where these were discussed. The practice told us that the alerts were received by the lead GP who decided what action needed to be taken. We found that any required action had been taken by the GPs, for example, an alert was raised regarding a specific medicine and incorrect braille labelling, we saw evidence that the practice had completed a search to check if any patients were affected by this alert.

### Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe.

- There were established systems and processes in place to ensure patient safety and enable staff to identify and take appropriate action to safeguard patients from abuse. These systems took into account the latest relevant legislation and Thurrock council requirements. Staff were aware of their responsibilities regarding this. One of the GP partners took the lead role for safeguarding. The GPs supplied reports as required for safeguarding meetings. Safeguarding concerns were discussed at regular multi-disciplinary safeguarding meetings which a variety of health and social care staff attended. Safeguarding was also on the practice agenda for clinical meetings. One of the GP partners had completed an audit of the practice register of 'looked after children' (LAC). As part of the audit they had tracked all those on the register, liaised with other authorities and professionals where there had been a change in circumstances for that child. They had also called patients still within their practice area in for a health review and made referrals on to other professionals as required. The practice have now set in place proactive health and wellbeing reviews at least annually for those children on the LAC register. The audit and outcomes were discussed at the local safeguarding forum as an outline for a local best practice approach to the management of patients who

## Are services safe?

were also on the LAC register. The initial audit resulted in improved health outcomes for those children on the register and greater communication between agencies and health professionals.

- Staff had received training on safeguarding children and vulnerable adults that was relevant to their role and at an appropriate level. We found that all GPs were trained to child protection or child safeguarding level 3.
- There was a notice in the waiting room advising patients that a chaperone was available for intimate examinations if required. Only staff that were trained for the role and had received a Disclosure and Barring Service (DBS) check were used as chaperones. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.
- The practice nurse was the infection control clinical lead who attended local training and used online resources to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There was an effective process in place for reviewing patients prescribed medicines requiring monitoring, including high risk medicines.
- The practice had met with the local medicines management team to review their prescribing of anti-bacterial medicines, which had been high. They had audited their prescribing levels and put measures in place to reduce this with the support of the medicines team.
- The local medicines management team completed monitoring activities to ensure that the practice prescribing was in line with best practice guidelines for safe prescribing. Guidance was given on areas for the practice to focus on, evidence of this was seen.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We looked at three personnel files and found appropriate recruitment checks had been undertaken prior to employment for both permanent and locum staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had a system to ensure ongoing checks related to registration with professional bodies and immunisation status of staff.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had systems in place to assess and monitor risks to staff and patients. There were risk assessments in place for infection control, health and safety, control of substances hazardous to health (COSHH), fire and Legionella testing. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had several staff leave following the last inspection and staff on long term sickness. They were in the process of recruiting new staff members however had been unable to fill a full time GP vacancy. The practice was aware that their staffing numbers were not sufficient and had recruited locums to try to address this whilst they went through the recruitment process. This had not impacted on patient services. Management staff told us that they were stretched but were able to demonstrate the systems in place to minimise the risk to patients.

### Arrangements to deal with emergencies and major incidents

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

- There was an alert button on the computers in all of the consultation and treatment rooms which staff could press to summon other staff in an emergency situation, as well as a physical button in the consulting rooms.

## Are services safe?

- Staff had received training on basic life support and use of a defibrillator. There was a defibrillator available on the premises. Oxygen was in an accessible place.
- We spoke with staff regarding emergency medicines and found that they were kept in a secure area of the practice that was easily accessible to staff in the case of an emergency. We checked the medicines and found them to be stored securely and within their expiry date, with a system for checking the dates in place.
- The practice had a business continuity plan in place for major incidents such as IT failure or flooding. The plan now included emergency contact telephone numbers for relevant utilities and staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### What we found at our previous inspection

At our previous inspection on 24 May 2016, we rated the practice as inadequate for providing effective services. Data showed patient outcomes were low compared to the national average. Clinical audits had not been completed for over 12 months. The practice was aware of how their performance data compared with other practices nationally however there was no evidence of this being used to improve patient outcomes.

These arrangements had improved when we undertook a follow up inspection on 21 February 2017. The provider is now rated as requires improvement for providing effective services.

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE online and used this information to deliver care and treatment that met patients' needs.
- There was a monthly clinical meeting attended by all clinical staff which included shared learning from internal and external sources.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework and performance against national screening programmes to monitor outcomes for patients. The most recent published results, from 2015 to 2016, indicated the practice achieved 84% of the total number of points available compared with the CCG average of 94% and the national average of 95%. The results for 2014 to 2015 were similar at 83%. The practice had a 4% exception reporting rate overall which was in line with the CCG average of 5% and national average of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015 to 2016 showed:

Performance for diabetes related indicators was lower than the CCG and national average. For example, the percentage of patients whose blood pressure reading was within specified levels was 74% compared to the CCG average of 75% and the national average of 78%. The percentage of patients with diabetes who had blood sugar levels within certain levels was 67% compared to the CCG average of 75% and the national average of 78%.

The practice told us that although reviews were offered patient take up was poor. They were in discussions with a diabetes specialist nurse to provide dedicated clinics for their patients in the hopes of improving this.

Performance for mental health related indicators was either in line with or lower than the CCG and national average. For example:

- The percentage of patient's, with a diagnosis of schizophrenia, bipolar affective disorder and other psychosis, who had had an agreed care plan documented in their records was 13% compared to a CCG average of 84% and national average of 89%.
- The percentage of patient's, with a diagnosis of schizophrenia, bipolar affective disorder and other psychosis, whose alcohol consumption had been recording in the last 12 months was 87% compared to a CCG average of 88% and an England average of 89%.

The practice exception reported very low numbers of patients. (The QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.)

We spoke with the practice regarding the poor data and found that they were contacting patients inviting them in for reviews by phone and letter more than the average amount of times however the compliance rate amongst this group of patients was very poor. They were aware of the data and were looking at ways to encourage attendance for reviews, or seeing patients opportunistically.

There was evidence of quality improvement activity including clinical audit:

- The practice had 14 audits commenced in the last 12 months, four of these were completed audits where the



# Are services effective?

## (for example, treatment is effective)

improvements made were implemented and monitored. Four had been prompted by medicines alerts, four by discussions with the local medicines management team, and another three related to prescribing of high risk medicines. Two others were also medicines related and one related to looked after children.

- Findings were used by the practice to improve services. For example, recent action taken as a result included a review of all looked after children (LAC) to check if they had any outstanding medical needs and look at their needs holistically. The action plan following the audit was to regularly review all patients on the LAC register annually as well as on an as and when needed basis. The audit also identified plans to improve communication with the designated LAC nurse in the local area and update them on changes in circumstance and those transitioning to adult services. The audit evidenced improved outcomes for this group of vulnerable patients.
- The practice participated in local and national benchmarking.

### Effective staffing

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

- Staff received role-specific training and updating as relevant. For example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work, as well as opportunities for career progression.

### Coordinating patient care and information sharing

Staff had access to the information they required to plan and deliver patients' care and treatment through the practice's records system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.

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

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

Meetings took place with other health care professionals on a regular basis when care plans and actions were routinely reviewed and updated for patients with complex needs and adult or child safeguarding concerns. Staff liaised with other professionals outside of these meetings too. Staff had working relationships with school nurses, health visitors, social workers, community matron and other community staff. Other health professionals told us that the practice was good at raising issues and responsive when action was required. Staff had working relationships with school nurses, health visitors, social workers, community matron and other community nurses.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Staff were able to give us examples that showed that when providing care and treatment for children and young people, they carried out assessments of capacity to consent in line with current relevant guidance.
- Where a patient's mental capacity to consent to care and treatment was unclear the clinical staff assessed the patient's capacity and documented this appropriately.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support through a series of system checks. Patients were then referred to an external provider for smoking and alcohol cessation, weight management and other health checks.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 80% and the national average of 81%. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results or non-attendance.

# Are services effective?

(for example, treatment is effective)

Patients who did not attend were invited by letter, then telephone, then reminder letters and also had opportunistic invites by GPs, nursing staff and reception upon contact with the practice.

Data for other national screening programmes such as bowel and breast cancer showed that the practice uptake was in line with CCG and national averages. For example, the uptake of screening for bowel cancer by eligible patients in the last 30 months was 55% for the practice, compared to 54% average for the CCG and 58% national average. The uptake of screening for breast cancer by eligible patients in the last 36 months was 65% for the practice, compared to 66% average for the CCG and 72% national average. Non respondents were contacted in writing and then sent further reminders.

The amount of patients with a diagnosis of cancer on the practice register was in line with the CCG and national average.

Childhood immunisation rates for the vaccinations given were above the 90% national standard or in line with the CCG and national averages. For example,

- The percentage of children aged one with a full course of recommended vaccines was 97% which was above the 90% standard.
- The percentage of childhood Mumps, Measles and Rubella vaccination (MMR) given to under two year olds was 95% which was above the 90% standard.
- The percentage of MMR dose one given to under five year olds was 98% compared to the CCG percentage of 95% and the national average of 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Where abnormalities or risk factors were identified during these health checks, these were followed up appropriately.

# Are services caring?

## Our findings

### What we found at our previous inspection

At our previous inspection on 24 May 2016, we rated the practice as requires improvement for providing caring services as data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care.

These arrangements had improved when we undertook a follow up inspection on 21 February 2017. The provider is now rated as good for providing caring services.

### Kindness, dignity, respect and compassion

We observed members of staff were polite to patients and treated them with kindness, dignity and respect.

- Curtains or screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in the GPs rooms could not be overheard.
- We saw a notice in the reception area informing patients that a private area could be offered if they wanted to discuss issues privately. Staff could also use this area if patients appeared distressed.

All 18 patient Care Quality Commission comment cards we received were positive about the service experienced. Most patients said they felt the practice offered a good service and staff were friendly, professional and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients we spoke with told us that that staff responded compassionately when they needed help and treated them with dignity and respect.

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 82% and the national average of 89%.

- 85% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 89% and national average of 92%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. Their view on whether they felt listened to and supported by staff to make an informed decision about the choice of treatment available to them echoed this. Patient feedback from the comment cards we received, regarding patients' involvement, was positive.

Results from the national GP patient survey showed patients responses to questions about their involvement in planning and making decisions about their care and treatment were positive. Results for GPs and nurses were in line with local and national averages. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

The practice had completed their own patient survey based on the national GP survey questions and we saw that the outcome was positive.

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

## Are services caring?

- Staff told us that translation services were available for patients who did not have spoken English as a first language, including British Sign Language. We saw notices in the reception areas informing patients this service was available.
- There was a portable hearing loop available for patients to use.
- Information leaflets were available to help patients understand their diagnosis.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

If a patient would find it difficult to wait in the main waiting area then a room would be made available for them to wait in.

The practice had a designated member of staff to support carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 69 carers (which was 1.6% of the practice list). Carers were sign posted to the various avenues of support available to them.

Staff told us that if families had suffered bereavement the practice sent them a letter offering condolences and, if required, either a telephone call, appointment or home visit. Support was offered by a GP in whichever format they preferred.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### What we found at our previous inspection

At our previous inspection on 24 May 2016, we rated the practice as requires improvement for providing responsive services as complaints investigations were not fully documented and for some did not address the full extent of the complaint. There was no information displaying telling patients how to complain and learning from complaints was minimal.

These arrangements had improved when we undertook a follow up inspection on 21 February 2017. The provider is now rated as good for providing responsive services.

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and were engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) and other local providers to secure improvements to services where these were identified. For example, the practice had been working closely with the CCG to resolve the issues identified in the last inspection and to improve other aspects of service provision.

- There were longer appointments available for patients for those patients who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS and could be referred to other clinics for vaccines available privately.
- There were facilities for the disabled, a hearing loop and translation services available, including British Sign Language.
- The premises were suitable for babies and young children.
- Appointments were available outside of school hours, as well as a variety of appointments to suit working age people.
- The practice had systems in place to support patients undergoing gender reassignment and also with transition between paediatric and adult services.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 12.30pm every

morning and 3.30pm to 5.30pm every afternoon. GPs saw emergency patients and completed home visits outside of these consultation sessions. Thurrock had a weekend system called 'Thurrock Health Hubs'. Patients were able to book through the practice to see either a doctor or a nurse between 9.15am and 12.30pm at the weekend, at one of four 'hubs'. Out of hour's cover was provided by IC24.

Results from the national GP patient survey, published in July 2016, showed that patient's satisfaction with how they could access care and treatment were in line or above the CCG and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 76%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.

Two of the three patients we spoke with on the day of inspection told us that they had difficulty accessing appointments when they needed them. Four out of the 17 comments cards we received also cited an issue with accessing appointments.

The practice had identified through feedback from through national GP patient survey that late running in clinics was an issue. In response to this they had built in catch up slots for the affected clinical staff to minimise this and also asked reception staff to book a longer appointment if they were aware that more than one problem needed discussing.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

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

- The practice manager handled all complaints in the practice, with clinical input from the GP.
- We saw that information was available to help patients understand the complaints system both on the website and within the practice building. Information was clearly displayed in the waiting area.

We looked at the complaints received in the last 12 months and reviewed three in detail. One of these related to concerns regarding a missed diagnosis. The practice fully investigated and an apology and honest explanation was

given to the complainant. We found that when due to the nature of the complaint the investigation took longer the practice sent correspondence updating on progress, apologising for the delay and explaining the reason. The complaint outcomes were discussed in practice meetings and learning shared with other staff as appropriate. Other complaints were investigated in a similar manner.

We saw that where a verbal complaint was made the practice apologised and a record of the complaint and actions taken was kept.

# Are services well-led?

Good 

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

## Our findings

### What we found at our previous inspection

At our previous inspection on 24 May 2016, we rated the practice as inadequate for providing well-led services as the overarching governance arrangements needed improving.

These arrangements had improved when we undertook a follow up inspection on 21 February 2017. The practice is now rated as good for providing well-led services.

### Vision and strategy

The practice had a vision to offer a high quality, safe and effective service to their patients, working together with other practices, the CCG and secondary care to achieve this.

### Governance arrangements

We found that the governance systems in place had been strengthened since our last inspection. There was an overarching governance framework which supported the delivery of the strategy and good quality care. The framework outlined the structures and procedures in place and ensured that:

- There was a clear staffing and leadership structure in place. Staff we spoke with were aware of their own roles and responsibilities and those of other staff.
- There were arrangements in place for identifying, recording, reviewing and managing risks, issues and implementing mitigating actions.
- Staff were made aware of the practice performance and other issues, such as significant incidents and complaints, through meetings where these were discussed.
- There were systems in place to monitor, review and improve the practice performance through national comparison data, practice audits and through working with the local medicines management team.
- There were practice specific policies which were implemented, updated and were available to all staff.

### Leadership and culture

The culture of the practice was friendly, open and honest. Staff told us that management were approachable.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). It was evident during our inspection that the practice complied with the requirements of the duty of candour.

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice completed a thorough investigation.
- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt valued and supported. All staff were involved in discussions about how to run and develop the practice, and staff were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. The practice acted on feedback from external agencies such as CQC and the local CCG.

- The practice had completed their own patient survey and compiled an action plan to respond to issues raised. The survey had closed just before this inspection therefore the practice had not had an opportunity to action some of the plan.



# Are services well-led?

Good 

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

- The practice had a book which was kept by reception for patients to make comments and suggestions. Where the practice had actioned suggestions the book detailed what action had taken place. For example, one person suggested a radio to be playing in the waiting area and this was provided.
- The practice patient participation group (PPG) had only just been set up when we completed our previous inspection. There was only one member at the time of our inspection however action to increase this had been postponed whilst the practice worked on areas of concern. We spoke with them and found out that they had regular meetings with the practice and the outcome of our previous inspection as well as any progress made had been shared with them. The PPG had identified concerns about the number of DNAs (did not attend) that the practice had, especially at a time where staffing was an issue. Following discussion with the practice, the practice agreed to display DNA monthly figures and devised an action plan with the PPG support.
- The practice gathered feedback from staff through staff meetings, appraisals and informal conversations. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt able to make suggestions for ways to improve the quality of care and that these, where possible, would be acted upon.
- It was evident that the practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from CQC, the local Clinical Commissioning group (CCG) and its own staff.

## Continuous improvement

The practice was aware that they needed to continue to work on the progress they had made, maintain and develop the quality of service provision. They had planned to achieve this by increasing patient feedback through regular surveys, continuing to work with CCG colleagues and increased benchmarking activity against local and national providers.