

# Dr T Abela & Partners

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# 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 Abela and Partners on 3 May 2016. Overall the practice is rated as requires improvement.

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

- Significant events were routinely discussed at a weekly clinical meeting. Patients were informed of the outcome of the investigation and given an apology, where appropriate.
- Staff had received training on safeguarding children and vulnerable adults relevant to their role. Staff were kept informed of wider safeguarding risks, for example in relation to FGM (female genital mutilation).
- Each partner had a lead role for each area of QOF. The practice was not an outlier for any QOF (or other national) clinical targets.

- There was no robust system in place to ensure that patients on high risk medicines were receiving regular blood tests.
- Comment cards highlighted that staff were respectful and considerate to patients during difficult times in their lives.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it difficult to make an appointment with a named GP. Some patients were not satisfied with the practice's opening hours.
- Effective steps had not been taken to improve appointment access in response to patient feedback.
- There were weekly clinics held at the practice by the health visitor, midwife and the community counsellor.

The areas where the provider must make improvements are:

- Review and monitor patients taking high risk medicines.

# Summary of findings

- Take steps to improve access and respond to the issues raised in the National GP Patient Survey.

In addition the provider should:

- Monitor and track the use of blank prescription forms.
- Ensure the records of pathology results effectively record the action taken.

- Take steps to identify more patients who are carers and provide them with appropriate support and health checks where relevant.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Learning was shared to ensure that staff knew how to respond in the event of an emergency.
- Nurses employed by the practice were trained, observed and supervised carrying out routine checks and immunisations by a more senior member of the nursing team before they were signed off as competent.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The practice shared learning about current safeguarding issues.
- Risks at the premises were assessed and well managed.

### 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 patient outcomes were in line with the national average.
- There was no robust system in place to ensure that patients on high risk medicines were receiving regular blood tests.
- We saw five examples of completed clinical audit which demonstrated that improvements had been made and learning had been shared.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and role specific training for all staff.
- There was joint working with other professionals through regular multi-disciplinary meetings. The health visitor, midwife and community counsellor held weekly clinics at the practice which promoted the on-going information sharing.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients told us that staff and clinicians were respectful and considerate during difficult times in their lives.

# Summary of findings

- The practice had identified 48 patients as carers, which amounted to less than 0.5% of the practice list. The practice believed the register of carers was low as they had a younger practice population, as there were means of identifying carers in place.
- There were 39 patients on the learning disabilities register and 13 had received a health check in the current year. The practice was commissioning support to review and if necessary, rectify the register to improve figures.
- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- There were systems and training in place to maintain patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said that they were able to get an appointment in an emergency, but not with a named GP.
- On the day of our inspection, there was a three week wait for a routine appointment with a GP.
- The surgery was closed on a Thursday afternoon. During this time, an emergency phone number was answered by a duty GP.
- There was a local health hub held on a Wednesday evening and Saturday and Sunday morning where patients could make routine appointments with a GP or nurse.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were weekly clinics held at the practice by the health visitor, midwife and the community counsellor.

Good



## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a comprehensive, informed administrative team which supported the delivery of the strategy and care.
- Although the practice had taken steps to respond to the issues identified with appointment access, these had not been effective. It was anticipated by the practice that the same issues would be reported in the next GP survey.
- The staffing structure was supported and underpinned by a sound system of organisational meetings.
- There was a programme of continuous clinical and internal audit, although this had not been effective in identifying and managing issues found.

Requires improvement



# Summary of findings

- The practice had not managed the risks to patients taking high risk medicines.

# 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 requires improvement for the care of older people overall. The provider is rated as requires improvement for effective and well-led and rated as good for safe, caring and responsive. The concerns which led to this rating apply to everyone using the practice, including this population group. However there were some examples of good practice.

- Annual health checks were available to patients over 75. In 2015, 125 relevant patients took advantage of this check.
- Joint injections were available for elderly patients living with osteoarthritis.
- Home visits were available for flu vaccinations and chronic disease reviews.
- Patients on high risk medicines were not being reviewed effectively prior to being issued with a repeat prescription to ensure that their medicines were being prescribed at a correct and safe dose.

Requires improvement



### People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions overall. The provider is rated as requires improvement for effective and well-led and rated as good for safe, caring and responsive. The concerns which led to this rating apply to everyone using the practice, including this population group. However there were some examples of good practice.

- Nursing staff had training and lead roles in chronic disease management. Patients at risk of hospital admission were identified as a priority.
- 84% of patients with diabetes had received a flu immunisation in the last year. This was in line with the national average of 94%.
- The percentage of patients with COPD who had received a review in the last year was 97%. This was in line with the national average of 90%.
- 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.
- Patients on high risk medicines were not being reviewed effectively prior to receiving a repeat prescription.
- Patients indicated that they could not see a preferred GP to ensure continuity of care.

Requires improvement



# Summary of findings

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people overall. The provider is rated as requires improvement for effective and well-led and rated as good for safe, caring and responsive. The concerns which led to this rating apply to everyone using the practice, including this population group. However there were some examples of good practice.

- Immunisation rates were relatively high for all standard childhood immunisations. For children under two, vaccination rates were between compared to the local average of
- There was joint working with midwives and health visitors through regular multi-disciplinary meetings. The health visitor and midwife held weekly clinics at the practice and rooms were made available for professionals to hold meetings. This promoted the ongoing sharing of information.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding five years was comparable to other practices.

Requires improvement



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

The practice is rated as requires improvement for the care of working age people (including those recently retired) overall. The provider is rated as requires improvement for effective and well-led and rated as good for safe, caring and responsive. The concerns which led to this rating apply to everyone using the practice, including this population group. However there were some examples of good practice.

- There was a three week wait to get a routine appointment with a GP, although patients were able to speak to the duty doctor on the telephone.
- Appointments could be made or cancelled in person, on-line or over the telephone and text reminders advised patients of their appointment time. Repeat medicines could be obtained online.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the previous 5 years was 85% which was in line with the national average of 82%

Requires improvement





# Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable overall. The provider is rated as requires improvement for effective and well-led and rated as good for safe, caring and responsive. The concerns which led to this rating apply to everyone using the practice, including this population group. However there were some examples of good practice.

- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Evidence showed that staff were kept informed of wider safeguarding risks, for example in relation to FGM (female genital mutilation).
- The practice had identified 48 patients as carers, which amounted to less than 0.5% of the practice list. The practice believed the register of carers was low as they had a younger practice population, as there were means of identifying carers.
- There were 39 patients on the learning disabilities register and 13 had received a health check in the current year. The practice was commissioning support to review and if necessary, rectify the register.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



## 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) overall. The provider is rated as requires improvement for effective and well-led and rated as good for safe, caring and responsive. The concerns which led to this rating apply to everyone using the practice, including this population group. However there were some examples of good practice.

- Patients experiencing poor mental health could be referred to the community counsellor who held a weekly clinic at the practice.

Requires improvement



# Summary of findings

- Performance for mental health related indicators was in line with the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan was 84%. This was comparable to the national average of 88%.
- All patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. Surveys were sent to patients in January and July 2015. The results were variable, with patients responding that they could get an appointment, although not with a preferred GP. 346 survey forms were distributed and 113 were returned. This represented a completion rate of 33%.

- 57% of patients found it easy to get through to this practice by phone compared to the local average of 73% and a national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 83% and the national average of 76%.
- 79% of patients described the overall experience of this GP practice as good compared to the local average of 79% and national average of 85%.
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 71% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were positive about the care and support received from the surgery. They praised the kind, attentive attitude of staff. Some

patients commented that they found it difficult to see a preferred GP at a time that suited them, or that occasionally the GP did not run to time, but they told us they could always see or speak to a GP when they needed to.

We spoke with four patients during the inspection. They all told us that they could see or speak to a GP when they needed to and that receptionists were polite and helpful. They told us that they received timely referrals when this was required and they felt involved and listened to.

We reviewed the result of the NHS Friends and Family test in the year prior to our inspection. There were 202 responses received. In these, 176 patients said they would be extremely likely or likely to recommend the practice to their friends and family. 10 patients said they were neither likely nor unlikely to recommend the practice and four gave no indication. 11 patients said they would be unlikely or extremely unlikely to recommend the practice.

We met with a member of the Practice Participation Group (PPG). They told us that the patients they represented were happy with the GPs and nurses at the surgery, although it was difficult to see a preferred GP. They told us they felt very involved and valued by the practice and they gave examples of how they had been a part of the changes and improvements.

## Areas for improvement

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

- Review and monitor patients taking high risk medicines.
- Take steps to improve access and respond to the issues raised in the National GP Patient Survey.

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

- Monitor and track the use of blank prescription forms.
- Ensure the records of pathology results effectively record the action taken.
- Take steps to identify more patients who are carers and provide them with appropriate support and health checks where relevant.

# Dr T Abela & Partners

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a CQC Lead Inspector and supported by a GP specialist adviser.

## Background to Dr T Abela & Partners

Dr Abela and Partners, also known as Chafford Hundred Medical Centre is situated in Chafford Hundred, Essex. The practice registers patients who live in the town of Chafford Hundred. The practice provides GP services to approximately 16,000 patients.

The practice is one of 34 practices commissioned by the Thurrock Clinical Commissioning Group and it holds a General Medical Services (GMS) contract with NHS. This contract outlines the core responsibilities of the practice in meeting the needs of its patients through the services it provides.

The practice population has higher number of children aged five to 18 years compared to the England average and fewer patients aged over 65 years. Economic deprivation levels affecting children and older people are significantly lower than average, as are unemployment levels. The life expectancy of male patients is higher than the local average by one year. The life expectancy of female patients is the same as the local average. There are fewer patients on the practice's list that have long standing health conditions.

The practice is governed by a partnership that consists of three male GPs and two female GPs. The partnership is supported by a part-time long-term locum, and one part-time salaried doctor.

There is also a nurse practitioner, three practice nurses and a healthcare assistant employed at the practice.

Administrative support consists of a full-time practice manager, a practice administrator, a head receptionist, an IT manager, IT assistant and secretary. There are also a number of part-time reception staff.

The practice is open 8.30am until 6pm every day except Thursday, when it is closed from 11am. It is also closed on the weekends. On a Thursday afternoon, the practice is closed and the duty doctor responds to emergency calls with the assistance of a member of the reception team. When the surgery is closed, urgent GP care is provided by Integrated Care 24, another healthcare provider.

Morning surgery times are from 8.30am until 11am. Afternoon surgeries are from 3pm until 5.30pm every day except Thursday.

Patients can make pre-bookable appointments at the Health Hub located at Thurrock Community Hospital from 9.15am until 12.30pm on a Saturday and Sunday.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 May 2016. During our visit we:

- Spoke with three GP partners, a salaried GP, the practice manager, practice administrator, nurse practitioner, head receptionist and two reception staff. We spoke with four patients who used the service and a member of the patient participation group (PPG). We also spoke with a member of the local Healthwatch team.
- Looked at audits, policies, procedures, documents and staff files.
- 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

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Significant events were routinely discussed at a weekly clinical meeting. Although reporting was not detailed, this confirmed what action had been taken. Patients were informed of the outcome of the investigation and given an apology, where appropriate.
- We saw evidence to confirm that safety incidents were cascaded to the relevant individuals. Minutes of meetings confirmed that patient safety alerts were discussed. We saw that action was taken to mitigate risks to patients who may have been affected by the alerts.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. They worked closely with health visitors and school nurses which sought to keep children safe. Other safeguarding measures included:

- Arrangements to reflect relevant legislation and local requirements. Policies were accessible to all staff. These clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for adult safeguarding and another member of staff responsible for child safeguarding.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Evidence showed that staff were kept

informed of wider safeguarding risks, for example in relation to FGM (female genital mutilation). GPs were trained to child protection or child safeguarding level 3 and nurses to level 2.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and a resulting action plan completed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. There were systems to monitor the use of blank prescription pads, but not blank prescription forms. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Nurses employed by the practice were trained, observed and supervised performing immunisations before they were signed off as competent by a more senior member of the nursing team.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

## Are services safe?

health and safety policy available which detailed where the first aid box and accident book could be located. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had recruited an additional member of reception staff in addition to core requirements to cover short-term absence and holiday. In addition, a number of administrative staff had experience of working on reception so were able to assist at peak times.

### **Arrangements to deal with emergencies and major incidents**

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

- There was a panic button on reception as well as one on the computers. A recent significant event highlighted that reception staff were not aware of the panic button on the computers. Action was taken, therefore to ensure that staff knew how to respond in the event that the panic button on reception was not working.
- All staff received annual basic life support training. There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

- GPs and nurses met weekly to discuss individual and wider clinical issues. Minutes evidenced that these assessed needs in line with relevant and current evidence based guidance and standards, including trends and concerns identified by the Clinical Commissioning Group as well as National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice sought to monitor that these guidelines were followed through audit, although this was not always effective at identifying and actioning issues of concern.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice gained 98% of the total number of points available. This was comparable to the practice average across England of 94.2%.

Every partner had a lead role for each areas of QOF. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was in line with the national average. The percentage of patients with diabetes who had received a foot examination in the last year was 89%. This was in line with the national average of 88%.
- Performance for mental health related indicators was in line with the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan was 84%. This was comparable to the national average of 88%.

Although the practice had recently taken some medicines that require regular monitoring off repeat prescription and had discussed the issue with the CCG, we found that five out of the eight patients requiring repeat prescriptions for blood thinning medicines had not had their blood levels checked. Similarly, we found that 32 out of the 35 patients taking high-risk medicines to suppress their immune system had not received appropriate monitoring.

There was no robust system in place to ensure that patients on these types of high risk medicines were receiving regular blood tests as the practice relied on these checks being performed during hospital appointments. We were informed that GPs checked blood results with the patients during consultations although they did not record the check on the patient record.

There was evidence of quality improvement including clinical audit:

- There had been five completed two cycle clinical audits completed in the past two years. These demonstrated that improvements had been made and monitored. These included audits into cancer referral, for example and evidenced where clinicians were adhering to guidelines and when improvements were needed.
- Findings were used by the practice to improve services. Learning and NICE guidelines were shared within the practice as part of the actions taken.

### Effective staffing

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

- Staff told us how they had been inducted into their role and we saw evidence to support this. There was an induction programme for all newly appointed staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those who carry out child immunisations. Staff administering taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- Staff received training that included safeguarding, fire safety awareness, infection control, basic life support and information governance. Training was delivered online or at the practice.
- All staff had an annual appraisal with their line manager. They told us that they found this a useful means of



# Are services effective?

## (for example, treatment is effective)

reviewing their performance and that they felt confident discussing any issues or concerns. There was a clear meeting structure in place which sought to ensure staff were aware of changes and learning at the practice.

### Coordinating patient care and information sharing

The health visitor, midwife and community counsellor held regular clinics at the practice which sought to promote referral and information sharing when a need was identified. 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, when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. However, we saw that there were two blood test results that recorded no action taken by the clinician responsible. We were informed by the practice that this was a means of an aide memoir by the individual involved rather than indicating inaction, although it meant that records were not always clear to promote positive information sharing between clinicians.

### Consent to care and treatment

- The consent policy had been recently reviewed and discussed at the practice meeting. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance

- When an adult other than a child's parent or guardian attended with a child for their immunisations, steps were taken to ensure that the parent or guardian had given their consent.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients experiencing stress or anxiety could be referred to the community counsellor who held a weekly clinic at the practice. Further, those receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The nurse practitioner carried out an annual audit of inadequate smears to ascertain where improvements could be made. These audits demonstrated that learning was shared with relevant clinicians.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 94% to 99%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

Patients praised the kind, friendly attitude of the staff at Dr T Abela and partners. We observed staff being helpful and polite.

- Patients were asked to take a numbered ticket when they attended for their appointment. This number was called and displayed in the waiting area, rather than their name being called to maintain confidentiality.
- Chairs in the waiting area were positioned away from the reception desk, towards a television which sought to avoid discussions being overheard.
- If patients wished to discuss a private or sensitive matter, receptionists would direct them to an unused treatment room to discuss their concerns.
- The practice displayed their confidentiality policy on their website and staff had all received training in information governance so that sensitive information was handled appropriately.

We spoke with a member of the patient participation group (PPG). They also told us that the GPs at the surgery were compassionate and kind. Comment cards highlighted that staff were respectful and considerate to patients during difficult times in their lives.

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 79% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and national average of 85%.

- 86% 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 national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the 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. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% 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 the national average of 85%.

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

- There was a hearing loop available for patients who were deaf.
- Staff told us that translation services were available for patients who did not have English as a first language.
- The system for calling patients to their appointments was visual as well as audible, so that patients who were blind or hard of hearing knew when their appointment was being called.

## Are services caring?

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

The practice website provided information about how to access services in the community. Further, 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 48 patients as carers, which amounted to less than 0.5% of the practice list. There was a notice in reception inviting relevant patients to identify themselves as carers so that they could be referred for a carer's assessment. The practice did not

offer a routine carer's health check. The practice said that believed the register of carers was low as they had a younger practice population as they had means of identifying carers in place.

There were 39 patients on the learning disabilities register and 13 had received a health check in the current year. In the previous year, there were 37 patients with learning disabilities on the register and 16 had received an annual health check. The practice manager explained that they believed that many of the patients on these registers may have been incorrectly identified as having learning disabilities and therefore, they had commissioned support to help them to update and rectify their register.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

There were measures in place which sought to address the needs of the practice

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were weekly clinics held at the practice by the health visitor, midwife and the community counsellor.
- Minor surgery was carried out the surgery which included the removal of some cysts and moles.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered text message reminders of appointments when patients provided their mobile telephone number.

### Access to the service

The practice was open 8.30am until 6pm every day except Thursday, when it was closed from 11am. It was also closed on the weekends. On a Thursday afternoon, the practice was closed and the duty doctor responded to emergency calls with the assistance of a member of the reception team. 50% of the allocation of the day's appointments were prebookable, up to six weeks in advance. The remaining 50% could be booked on the day. The practice operated a triage service whereby the duty doctor would contact patients requesting an emergency appointment initially by telephone.

Morning surgery times were from 8.30am until 11am. Afternoon surgeries were from 3pm until 5.30pm every day except Thursday. Patients were able to make pre-bookable appointments at the Health Hub located at Thurrock Community Hospital from 9.15am until 12.30pm on a Saturday and Sunday and on a Wednesday evening.

Patients we spoke with said that they were always able to get an emergency appointment and the provider told us that clinics would be extended until all patients had been seen. However, patients told us that they had to wait some time to see a preferred GP and that there was a wait when they needed to book a routine appointment in advance. On the day of our inspection, there was a three week wait for a routine appointment with a GP.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were lower than local and national averages.

- 38% of patients with a preferred GP usually get to see or speak to that GP. This was lower than the local average of 58% and the national average of 65%.
- 61% of patients were satisfied with the practice's opening hours. This was lower than the local average of 70% and the national average of 78%.
- 48% of patients usually wait 15 minutes or less after their appointment time to be seen which was lower than the local average of 64% and the national average of 65%.

The practice did not have an action plan in place to make improvements to the patient satisfaction in relation to the appointment system.

### Listening and learning from concerns and complaints

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

- Its complaints policy was available online and at the reception desk.
- The practice manager handled all complaints in the practice. These were investigated with the relevant member of staff or clinician and an open, honest response was provided.

We saw that verbal or written complaints were recorded, investigated and a response was given within the timescales indicated in the practice's policy. Complaints were shared with staff so that lessons were learnt to prevent these from happening again.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a vision to promote good outcomes for patients. Staff that we spoke with told us that they aimed to give the best care with the resources available. The practice had sought to put a strategy in place to address the issue of the limited resources, although the practice told us that it was not anticipated that this would improve patient feedback in the next GP patient survey.

### Governance arrangements

The practice had a comprehensive, informed administrative team which supported the delivery of the strategy. There were structures and procedures in place to ensure that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. The staffing structure was supported and underpinned by a sound system of organisational meetings. This meant that staff were aware of the issues and information that concerned them.
- Practice specific policies were implemented and available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. There was a partner who led on each clinical area identified by QOF.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements, although this had not been effective in identifying and managing the issues found with monitoring patients on high-risk medicines.
- There were arrangements in place for identifying, recording and managing risks in the practice building.

However we found that the practice was not effectively monitoring patients on high risk medicines, and did not have a process in place to track prescription stationery through the practice in line with national guidance.

### Leadership and culture

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). The partners encouraged a culture of openness and honesty when things went wrong. Staff gave examples of how they had reported and been involved in significant event reporting. The practice had systems in place to ensure that when things went wrong with care and treatment that they gave affected people reasonable support, truthful information and a verbal and written apology.

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

- Staff told us the practice held regular team meetings. All staff were aware of current changes and challenges to the practice and how this would affect their roles.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the management team and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the partners and management team.

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

The 2016 GP patient survey indicated that patients were unable to see a preferred GP. This was also the case for the previous year. Further, the most recent survey indicated that patients were dissatisfied with the practice's opening hours (this question was not posed in the survey for the previous year).

In response to this, the provider had held a participation event for all staff to discuss what measures could be taken to address the issue. We saw that some of the suggestions had been implemented as the practice were extending the period of telephone triage as they had found this a useful means of meeting the patient demand. Further, steps had been taken to enforce the practice boundary more stringently so that the patient list did not continue to increase at such a rapid rate.

The average number of patients per GP in the locality was 2,495. However, at Dr Abela and partners, as there were 5.7 GPs working at the practice and 16,000 patients. This meant that there were approximately 2,800 patients per GP. This was significantly higher than the local average. The practice informed us they had tried to recruit an additional GP via word of mouth although the last advertisement was placed a year ago. There were no plans to extend access on

# Are services well-led?

Requires improvement 

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

a Thursday afternoon. The Health hub was in place, although this would only be for two patients per day. There was a pilot in place where patients could access appointments at the hub on a Wednesday evening.

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	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  Patients on high risk medicines were not being monitored or reviewed prior to receiving a repeat prescription.  Regulation 12(1)(2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance  The provider had not taken adequate steps to address the issues highlighted in the GP patient survey particularly in relation to access and seeing a preferred GP.  Regulation 17(1)(2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	