

Benfleet Surgery

Quality Report

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

Ratings

Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Benfleet Surgery on 16 September 2015. Overall the practice is rated as inadequate.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example appropriate recruitment checks on staff had not been undertaken prior to their employment, risks to patient safety such as insufficient infection control and fire safety had been identified but not actioned

Staff were reporting incidents, near misses and concerns, however these were not sufficiently investigated and there was no evidence of learning and communication with staff.

- There was insufficient assurance to demonstrate patients received effective care and treatment. For example, the practice had an absence of systems in place to assess the quality of clinical care being provided to their patients.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Appointments were available on the day and urgent requests responded to in a timely manner. Patients told us they never had to wait and were always able to speak to staff or a GP to resolve issues.
- The practice had a leadership structure, but formal governance arrangements were in their infancy.

The areas where the provider must make improvements are:

- Ensure there is appropriate emergency medical equipment in place.

Summary of findings

- Ensure the premises are safe to provide care and treatment, addressing risks identified in fire assessments and infection prevention control assessments.
- Ensure recruitment processes include necessary employment checks for all staff.
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure there is an accessible system for the identification, recording, handling and responding to complaints.
- Ensure staff receive training, supervision and support to undertake their roles.
- Ensure appropriate policies and guidance are in place to support staff to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.

The areas where the provider should make improvements are:

- Review complaints and significant incidents for trends and themes
- To implement recommendations from the practice audits.
- Record serial numbers of prescription pads and record who they are issued to.

- Ensure patients have access to translation services, where required.
- Capture and consider the experiences of patients to inform service improvements
- Ensure arrangements are in place to record accidents
- Ensure carers are identified and their needs considered and responded to.

On the basis of the ratings given to this service at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the provider again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

I have also served a notice on the provider placing conditions on their registration, which they must comply with. The conditions relate to the management and training of staff in relation to infection control and the suspension of surgical procedures.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services and improvements must be made. Recent improvements had been made to the reporting of incidents, near misses and concerns. However, there was an absence of investigation relating to concerns or evidence of learning being shared, so safety was inadequate.

Patients were at risk of harm because systems and processes were not implemented in a way to keep them safe. We found infection prevention control assessments had been conducted and risks identified but these had not been actioned and resolved. The practice had conducted their own fire safety audit identifying significant risks to patient, staff and visitor safety and not acted on them. The practice had no fire evacuation procedures or equipment in place in the event of a fire. We found personnel files were incomplete. Staff did not hold contracts of employment with the practice.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services, as there are areas where improvements should be made. The practice had no established systems in place to monitor patient outcomes. Data showed patient outcomes were low for the locality and nationally. Knowledge of and reference to national guidelines were inconsistently employed in patient assessments. There was evidence of single clinical audit cycles, but learning had not been shared or proposals implemented to improve practice and patient outcomes. There was multidisciplinary working taking place with strategic partners and health and social care professionals. The practice did not ensure all staff had the skills and knowledge to undertake their roles. Their induction process was not followed for new employees and learning not identified through meetings or appraisals.

Inadequate



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. The practice had acknowledged an increase in their patient population but had not reviewed the needs of its local population. Feedback from patients reported good access to the GP and continuity of care was available with the practice retaining responsibility for the out of hours provision. Urgent appointments were also available the same day. The practice had recently revised their complaints procedure. Patients could get information about how to complain in a format they could understand. Complaints had been investigated, but were not responded to in a timely way or lessons learnt communicated widely to inform practice.

Requires improvement



Are services well-led?

The practice is rated as inadequate for being well-led. The practice had a documented vision and strategy to increase the size of their practice and expand clinical provision. Staff we spoke with were clear about their responsibilities. They enjoyed working at the practice and felt supported by the practice management. However, there had been an absence of governance and policies and practices had only recently been introduced. Staff had not been trained in the policies and they were not reflective of practice. Risks had been identified, documented but not addressed to mitigate them exposing patients to potentially unsafe care and treatment. Governance meetings with the partners had been introduced over the past three months but were not sufficiently established to show how they had informed and improved practice. The practice had not proactively sought feedback from staff or patients. A staff member told us they had not received performance reviews, training or development.

Inadequate



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as inadequate for the care of older people. The practice is rated as good for being caring. The practice was rated as inadequate for safe, effective and well-led and requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Care and treatment of older people did not always reflect current evidence-based practice with no system in place for identifying potential needs, scheduling clinical reviews or improving outcomes. The practice were responsive with patients reporting an accessible and compassionate service.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of people with long-term conditions. The practice is rated as good for being caring. The practice was rated as inadequate for safe, effective and well-led and requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice did not review their clinical admission data to reduce hospital admissions or employ systems to identify, invite and conduct reviews for patients with long term conditions. Longer appointments and home visits were available when needed. Patients reported an accessible, responsive compassionate service.

Inadequate



Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. The practice is rated as good for being caring. The practice was rated as inadequate for safe, effective and well-led and requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Systems were not used to identify and follow up children living in disadvantaged circumstances and who were at risk. The GP relied on their knowledge of patients and did not monitor children and young people who had a high number of A&E attendances. Immunisation rates for the standard childhood immunisations were similar to CCG averages. Patients reported an accessible and caring service with appointments were available outside of school hours.

Inadequate



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The practice is rated as good for being caring. The practice was rated as inadequate for safe, effective and well-led and requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The age profile of patients at the practice was young and those of working age, the services available reflected the needs of this group. Although, the practice offered extended opening hours for appointments from Monday to Thursday, patients could not book appointments or order repeat prescriptions online above.

Inadequate



People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The practice is rated as good for being caring. The practice was rated as inadequate for safe, effective and well-led and requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice did not maintain a register of patients living in vulnerable circumstances such as those with dementia or a learning disability. The practice did not schedule reviews to monitor and maintain the health of people whose circumstances may make them vulnerable.

The practice worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Most staff knew how to recognise signs of abuse in vulnerable adults and children. Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Inadequate



People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The practice is rated as good for being caring. The practice was rated as inadequate for safe, effective and well-led and requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Inadequate



Summary of findings

The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health. The practice had told patients experiencing poor mental health about how to access various support groups, voluntary organisations and the counsellor attended the practice.

Summary of findings

What people who use the service say

The National GP Patient Survey results published on July 2015 showed the practice was performing above local and national averages. There were 106 responses which represents 32.8% response rate, 2.86% of their practice population views.

- 97% find it easy to get through to this surgery by phone compared with a CCG average of 70% and a national average of 73%.
- 98% find the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.
- 90% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 68% and a national average of 60%.
- 97% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 100% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.

- 97% describe their experience of making an appointment as good compared with a CCG average of 74% and a national average of 73%.
- 89% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 74% and a national average of 65%.
- 91% feel they don't normally have to wait too long to be seen compared with a CCG average of 67% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive but one about the standard of care received. Patients commented on the excellent accessibility of the surgery with evening appointments for those who work. Many patients spoke highly of the GP's sensitivity, patience and their confidence in them to address their concerns and explain the options available to them.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Ensure there is appropriate emergency medical equipment in place.
- Ensure the premises are safe to provide care and treatment, addressing risks identified in fire assessments and infection prevention control assessments.
- Ensure recruitment processes include necessary employment checks for all staff.
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure there is an accessible system for the identification, recording, handling and responding to complaints.
- Ensure staff receive training, supervision and support to undertake their roles.

- Ensure appropriate policies and guidance are in place to support staff to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Review complaints and significant incidents for trends and themes
- To implement recommendations from the practice audits.
- Record serial numbers of prescription pads and record who they are issued to.
- Ensure patients have access to translation services, where required.
- Capture and consider the experiences of patients to inform service improvements
- Ensure arrangements are in place to record accidents

Summary of findings

- Ensure carers are identified and their needs considered and responded to.

Benfleet Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a **CQC Lead Inspector**. The team included a GP specialist adviser, a second CQC inspector and a practice manager specialist adviser.

Background to Benfleet Surgery

Benfleet Surgery is situated in a residential area of Benfleet and has approximately 3700 patients.

The clinical team consists of a full time single male GP and a female GP who are supported by a practice nurse and administrative team. The practice holds a General Medical Services contract with NHS England who commission their services.

Their patients are over represented amongst the younger age bands with greater than national representation amongst five year olds to under 18 years. The practice patient profile suggests income deprivation levels are low for both children and older people. Their patients are in full time work or education and they have lower numbers of patients with long term conditions and health related problems in daily life. Life expectancy for their patients is also better than the national average.

The practice is open between 8am and 7pm Monday to Friday. Appointments are available from 9am to 1pm every morning and 4pm to 6.30pm daily, with the exception of Friday afternoon when the practice is closed. Appointments could be booked in advance, although daily appointments and urgent appointments were also available for people that needed them.

The practice has retained their responsibility for assessing and delivering care to their patient population out of normal working hours. The patients are asked to call the practice initially and are invited to call the GP directly on their mobile number. Alternatively, patients may call the national 111 service and are directed to the GP or the GP calls them back.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

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

Detailed findings

- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on Wednesday 16 September 2015. During our visit we

spoke with a range of staff including the GP, practice manager and a receptionist and spoke with two patients who used the service. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

We found there was a system in place for reporting and recording significant events. The practice had recognised this as an area requiring improvement and had more recently improved their recognition of such incidents. We found the reception staff noted potential complaints or significant incidents in a general communication book. However, when we tracked through the entries we found none had been recorded as significant events, investigated and responded to, or lessons learnt shared. For example, where a patient complained about receiving the wrong prescription medication.

The practice had formally recorded five significant incidents reports in 2015. Three of the reports related to the practice's failure to appropriately action Medicines and Health products Regulatory Agency alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice had identified an absence of systems to ensure the timely and accurate identification of risks to patients. As a consequence the practice revised their procedures and policies for the handling of alerts. They appointed a lead member of staff responsibility for readings the alerts and searching patient clinical data for those who may be adversely affected and then reviewed the patients care.

One other significant incident report from March 2015 related to a delay in receiving results from a specimen sample. An investigation was conducted by the practice and the specimen was located with the transportation company. The practice found they had no system in place to routinely follow up on patient histology results. The practice introduced a twice monthly check on all results to ensure issues were actioned in a timely and appropriate way. We checked patient records and saw this was happening but were not embedded in practice.

The practice had recorded no significant incidents prior to 2015 and had not conducted any trend or theme analysis of the five incidents we reviewed.

We reviewed the practice management meeting minutes from July, August and September 2015. These were the only records of meetings available. Formal meetings had only recently been introduced and started to be recorded.

The practice told us prior to these, discussions were held adhoc as issues arose and matters were resolved at time of reporting without records being maintained. We found the practice minutes had improved in quality and they had introduced a standing agenda in August 2015 to address risks to patient safety such as significant events and complaints.

Overview of safety systems and processes

The practice had recently introduced systems, processes and practices to keep people safe. We found:

- Arrangements were not sufficiently robust to ensure adults and children were safeguarded from the potential of abuse. The patient record system had the capacity to highlight those children or adults who may be vulnerable. However, we found this was not used by the practice. The GP told us they relied on their knowledge of their patients. Staff told us they were unaware of which children or adults were potentially vulnerable and/or at risk but would report any concerns to the GP and/or alert the safeguarding authority.
- We reviewed the practice safeguarding children policy dated July 2015. The policy identified the GP as the safeguarding lead. Staff we spoke to told us they had undertaken training in 2014 on adult and children safeguarding. The GP told us they had attended relevant training and would contribute to case conferences where necessary for other agencies.
- A notice was displayed in the waiting room advising patients that staff may act as chaperones, if required. Staff told us they had been spoken to by the GP about undertaking the role of a chaperone. All staff who acted as chaperones had not been formally trained for the role. They did not know where they needed to stand or what was required of them. They had not received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were limited procedures in place for monitoring and managing risks to patients and staff safety. We found the practice had failed to install a mains connected fire alarm as advised by Essex County Fire and Rescue Service in 2011. The practice last conducted a fire risk assessment on 25 July 2015 and identified a number of areas for improvement. We found an

Are services safe?

absence of emergency exit signs, emergency lighting and equipment available. Staff had not received any training in fire safety, evacuation procedures or where to assemble in an emergency. No consideration had been given to the limited mobility of patients such as those undergoing surgical procedures on the first floor of the practice. The practice told us that they had considered how to mitigate the risks to patient safety and we saw these were documented. However, we found no remedial actions had been taken since the assessment in July 2015. We notified Essex County Fire and Rescue Service of our findings.

- All electrical equipment had been portable appliance tested to ensure it was safe to use. Equipment had been calibrated in August 2015 to check it was working properly.
- The practice had in place a legionella management, testing and investigation policy dated 11 September 2015. They had conducted an assessment on 11 July 2015 identifying the surgery to be low risk. As part of their maintenance programme the practice had checked the system temperatures in July 2015.
- The premises were clean and tidy. The GP was the infection control clinical lead and had undergone additional training to undertake the role on 15 September 2015. There was an infection control protocol in place. The practice showed us their latest infection control action plan dated 12 September 2015. It was incomplete and provided no evidence of how the practice was complying with any of the corrective actions identified. For example the plan identified what initial and on-going training staff will receive in infection prevention and control. No details had been entered on the form to show compliance, who was responsible or when actions were to be completed. The form contained no entries under any of the areas, including governance and documentary evidence, staff records (recommending 12 monthly updates on hand hygiene), expertise (contacting occupational health), clinical environment, clinical practice, hand hygiene, waste management, decontamination of environment, vaccination management including transportation and storage, minor surgery. We found the assessment did not accurately reflect the minor surgery room facilities. For example, the audit stated twice daily cleaning schedule for the minor surgery room when in use, the flooring in the room was not of the recommended design to facilitate cleaning and the ceiling was not

smooth, non-porous and impermeable. We found staff had not received up to date training in infection control. We found no records of the clinical team receiving appropriate vaccinations such as Hepatitis B to mitigate the risks of contracting a blood borne infection.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice prescribed in line with their CCG in all areas except antibiotic prescribing where they were above the CCG average. However, the practice did not review their prescribing trend data and did not conduct any medication audits to inform and improve practice. We found no system for logging prescription pads or monitoring of their use. However, they were securely stored.
- We reviewed the staff recruitment policy dated July 2015. We reviewed four staff files, for a member of the clinical team and three reception staff. We found incomplete records consisting of a single registration check for the clinical team member and only two staff had their identities confirmed. We found none of the files contained, references, qualifications or appropriate checks through the Disclosure and Barring Service. We also found none of the staff had employment contracts in place. This was not compliant with the practice's own recruitment policy.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs over two practices. The clinical and management team worked across two sites, their other practice was located in Shoeburyness, Essex. The practice told us that foreseeable changes could be managed within their current clinical provision. The practice acknowledged a significant increase in their patient numbers estimated to be between 16-20% within the last twelve months. However, this had not been reflected in any increased staffing to meet the increased need for services.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

We found only one member of staff had received appropriate first aid training and they were not present

Are services safe?

during our inspection. The practice confirmed no reception staff had received annual basic life support training. The last first aid training a member of reception staff recalled receiving was in 2010. The practice staff were unable to locate the first aid equipment during our inspection and there was no arrangements in place to record accidents.

There were emergency medicines easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. The practice did not have a defibrillator available on the premises or oxygen. The practice had not conducted

a risk assessment identifying means of mitigating the risks to their patients who may require either intervention. The practice have since commissioned both items of emergency equipment.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However, the plan did not consider the possibility of all their clinical team being unavailable through illness. The practice had identified alternative accommodation in Shoeburyness should they be unable to access the surgery. However, this was a significant distance away for patients to have to travel.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Clinical use of templates was not consistently employed making it difficult to assess that NICE best practice guidelines were being consistently applied.

The practice did not have established systems in place to monitor that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

We found the practice did not consider or monitor patient outcomes to make improvements to services. The practice chose not to fully participate in the Quality and Outcomes Framework (QOF) and did not actively monitor over the past year. (This is an optional system intended to improve the quality of general practice and reward good practice). The practice did not use the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 39.8% of the total number of points available and the practice was an outlier for QOF (or other national) clinical targets. However, their exception reporting was low at 2%, 3.6% lower than the CCG average and 5.9% lower than the national averages. QOF data from 2013/2014 showed;

- The practice had met 35.3% of their potential clinical points. Their performance was 51.7% lower than the CCG average and 57% lower than the England averages.
- Performance for diabetes related indicators was worse than the CCG and national average. For example, the practice health checks such as foot examinations, monitoring of cholesterol and blood sugar reading were significantly lower than the national averages.
 - The percentage of patients with hypertension having regular blood pressure tests was worse than the national average at 60.46% as opposed to 83.11%.
 - Performance for mental health related indicators was worse than the CCG and national average. The percentage of patients with mental health conditions who had comprehensive care plans in the preceding 12 months was significantly lower than the national average at 10% as opposed to 86.04%. The dementia

diagnosis rate was below the CCG and national average at 14.29% as opposed to 83.82%. This disparity of care was also evident with the percentage of patients diagnosed with dementia who received a face to face review within the preceding 12 months at 14.29% as opposed to the national average of 83.82%.

- The practice emergency cancer admission per 100 patients on their disease register were higher than the national average at 24.14 as opposed to 7.4.

As the practice did not fully participate in the QOF we asked them how they assessed and met the clinical needs of their patient population. They told us that they had no system in place but believed they were delivering an effective service as they were accessible to their patients and had a low number of out of hour calls. They confirmed that they did not ask their patients or conduct searches of patient data to determine clinical needs were being met or vulnerable patient groups were attending for appropriate health screenings.

We reviewed three clinical audits completed in the last year. These were single cycles and it was not evident what learning had been identified and how it had been used to inform and improve care and treatment. For example, we found the practice had conducted an audit relating to their application of long acting reversible contraception. They had reviewed the care and treatment provided to 34 patients between May 2014 and July 2015. They found overall the practice had adhered to the NICE guidelines providing information to patients on contraception choices and had consistently recorded consent for the procedure. Patient records also showed all the participants had been offered counselling. The practice had identified the need to improve their recording of post treatment procedures. They had considered adding this to the patient consent card to capture the information. However, when we checked to see if the recommendations had been implemented the practice told us that they had not changed the form.

Effective staffing

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

- The practice had not used their induction programme for newly appointed clinical and non-clinical members of staff, covering topics as safeguarding, fire safety,

Are services effective?

(for example, treatment is effective)

health and safety and confidentiality. We checked the most recent staff members personnel file, employed in December 2014 and found no induction programme or reference to familiarisation information.

- The learning needs of staff were not identified through any system, such as appraisals, meetings or reviews of practice development needs. The GPs had access to various training forums through the CCG and peer support. However, we found little evidence of non clinical staff receiving appropriate training to undertake their roles, such as in information governance, patient confidentiality and chaperoning. None of the staff had received an appraisal or formal supervision within the last 12 months and this was confirmed with the practice.

Coordinating patient care and information sharing

The practice did not utilise information available to plan and deliver care and treatment in a timely and accessible way. The practice did not code its patient data to schedule reviews or identify and follow up on clinical needs. They did not monitor their out of hours data or review their emergency admissions to reduce their hospital admissions such as through educating their patients and/or developing individualised care plans. However, even in the absence of formal processes we found adequate reviews and care plans in place for patients with conditions such as the management of hypertension, COPD and asthma.

Information such as NHS patient information leaflets was also available. We found relevant information was shared with other services in a timely way, for example when people were referred to other services. This was supported by patients we spoke with.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. However, the practice told us they did not attend multi-disciplinary team meetings but discussed with professionals their patient needs independently of meetings.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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 and Gillick competence. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through a records audit for some interventions to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were known to the GP but their needs were not consistently recorded within the patient record to advise others. Carers were known to the GP and services were offered specific to their individual circumstances and needs. The practice opportunistically advised patients regarding their lifestyle choices and referred to specialists to help them reduce or stop smoking.

The practice had a cervical screening programme in place and achieved 81.82%, which was comparable to the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82.4% to 93.3% and five year olds from 89.8% to 98%. Flu vaccination rates for the over 65s were 73.12%, and at risk groups 62.23%. These were also comparable to CCG and national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Dignity screens were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 21 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The practice did not have a patient participation group (PPG) despite advertising the group. They hoped to attract patients to the group once their practice website was working and were considering a virtual group for those patients who may struggle to attend in person. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey in July 2015 showed the practice were similar to or above the national average, with patients reporting that they were treated with compassion, dignity and respect. The practice were also similar to the CCG and national average for its satisfaction scores on consultations with doctors and nurses. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.

- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 98% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

The practice had reviewed the National GP Patient Survey findings. They intended to concentrate on improving patient experience with their nursing team, especially in relation to the explanations provided to patients and their involvement. The practice had not spoken to staff regarding their intentions as to how they were going to achieve this or measure their success.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey in July 2015 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with or above local and national averages. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 81%

Staff told us that they were unaware of any translation needs for their patients who did not have English as a first language. The practice did not have access to a translation service but were making enquiries regarding access to a translation service.

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice's computer system had the capacity to alert GPs if a patient was also a carer. However, the practice did not have a practice register of all people who were carers. There was no specific written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice had a high patient commuter population and they offered late appointments on Monday to Thursday until 6.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients on request.
- Telephone appointments were available on request from patients
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice nurse conducted a range of clinical reviews and immunisations during her sessions for the convenience of patients.
- The practice had a emotional health counsellor who attend the surgery every week.

However, we also found the practice did not have disabled facilities, the access path to the entrance was narrow, uneven and there were multiple doors with no assisted entry. There was also no lift to enable access to the first floor, where the surgical room was located. The practice were not able to book appointments on line or order prescriptions.

Access to the service

The practice is open between 8am and 7pm Monday to Friday. Appointments were from 9am to 1pm every morning and 4pm to 6.30pm daily, with the exception of Friday afternoon when the practice is shut. Appointments are pre-bookable although daily appointments were available regularly and urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey in July 2015 showed that patient's satisfaction with how they could access care and treatment was better than the local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 97% patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 73%.
- 97% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 89% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 74% and national average of 65%.

The practice monitored their Friends and Family data. The practice had received 43 responses to the survey since January 2015. We reviewed the comments and found these were overwhelmingly positive regarding the staff and service received.

The practice had retained responsibility for providing their patients out of hours provision. The practice told us they had a low number of calls, between four to five month. We reviewed meeting minutes between the practice and NHS England who commission the service. The practice had not surveyed their patients who had used their out of hours service but believed their low patient demand was due to them providing an accessible and responsive service to their patients during the week.

We asked the practice about their higher than national average emergency cancer admissions per 100 patients on the disease register between 1 January 2014 and 31 December 2014. The practice had 24.14 as opposed to the national average of 7.4. The practice were unaware they were an outlier for the data and had not conducted any analysis of their patients attendances to reduce their prevalence. The practice believed their high admission rates may be attributable to their recent increase in patient numbers.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures has recently been aligned with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

We saw that information was available to help patients understand the complaints system e.g. a patient information leaflet revised in July 2015. This included information on the independent complaints and advocacy service. Patients we spoke with were not aware of the process to follow if they wished to make a complaint but told us they had had no cause to raise any concern. They were confident that should any issues arise the staff would address them immediately.

We looked at three complaints received in the last 12 months but they had not been addressed under their new procedure. We found the practice had no record of any

initial complaints being received by them, all complainants had taken their concerns direct to NHS England. We found the practice complaint records were incomplete and the complaints had not been responded to in a timely manner. There was also a great disparity between the practice and the patients accounts. None of the complainants had been provided with any information in relation to how they may appeal the practice decision if dissatisfied. The practice had not reviewed the complaints to identify trends or themes. Lessons learnt from complaints were not clearly recorded or subsequent action taken to improve the quality of care.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice was a family run partnership. Both partners were GPs and practiced at one another's surgeries in Shoeburyness and at Benfleet surgery. The practice manager, also a qualified and registered GP was a family member. The practice had a clear vision to deliver accessible and good quality care to their patients. However, they accepted that they needed to improve in a number of areas and provide greater resilience within their current staffing structure. For example, the clinical team staffed both surgeries, they had a small part time administrative team at Benfleet Surgery amounting to approximately one working time equivalent and no staff had contracts of employment requiring them to attend.

Governance arrangements

The practice had no overarching governance framework which supported the delivery of the strategy and good quality care. There was an absence of established structures and procedures in place. We found that:

- Staff were aware of their own roles and responsibilities. However, the practice did not oversee them to ensure staff fulfilled all aspects of their responsibilities. For example, following up on the outcome of infection prevention control audits or fire assessments to mitigate risks.
- Practice policies had recently been introduced. Staff had not been trained on the policies, they did not always reflect the current practice and were not being followed.
- There was no clear understanding of the clinical performance of the practice. There was no system to identify patient medication review dates or those who may benefit from attending health screenings.
- There was no programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were limited arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example the infection prevention control audit was not reflective of practice. There was no health and safety risk assessment in place and staff had not received training.

- The practice had not responded to requests for management information from NHS England relating to patient experiences of their out of hours provision requested in November 2014 and March 2015.
- We found an absence of succession planning.

Leadership, openness and transparency

The GP was well informed regarding proposals and developments within Castle Point and Rochford CCG. The partners in the practice were experienced and committed to their patient population. They prioritised accessible and compassionate care and were visible in the practice. Staff told us that they were approachable, but did not discuss or involve them in the management of the practice.

Staff told us that regular team meetings were not held. We found that the practice had only recently formalised practice management meetings between the partners and practice manager over the past three months. The GP told us they attended peer support and review meetings within the CCG but we found no evidence of clinical governance between the clinical staff within the practice or with external clinicians.

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

We found the practice had an absence of systems in place to capture patient feedback outside of the NHS Friends and Family Test, National GP Patient Survey 2015 data, NHS Patient Choices. The practice had no patient participation group or critical friends who would share their thoughts and experiences with the practice. The practice had recently introduced a staff diary encouraging staff to capture events and verbal feedback from patients. We reviewed the diary and found a number of comments had been entered by staff but not all had been acknowledged or responded to by the practice management.

The practice had not gathered formal feedback from staff. The practice told us they were managed informally in accordance with their family ethos. There were no staff meetings, staff appraisals or records of discussions. However, staff told us they enjoyed working at the practice and would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice manager explained how they were encouraging staff to ask questions and supporting their learning addressing issues as they arose.

Are services well-led?

Inadequate 

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

Innovation

The clinical team attended appropriate training but there was no records of planned training, or learning and improvement for the administrative team. They had no protected time to undertake additional learning.

The practice were committed to increasing the size of their practice premises and patient list. They foresaw their

practice facilitating a range of community health and clinical services, including enhancing the range of surgical interventions they already provide. In 2005 they submitted their initial planning application and since then have refined their plans.

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
Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>Receiving and acting on complaints 16(2) the registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to carrying out the regulated activity.</p> <p>The practice had only recently revised their complaint system. Records checked showed all three complaints had come via NHS England with no records of initial complaints to the practice. The complaints had not been investigated in a timely and thorough way and significant disparities existed between the complainants and providers accounts. There was no definitive findings and the complainants were not advised of their rights to appeal the decision. Regulation 16(2)</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>There was no defibrillator and oxygen available in the event of a medical emergency and no risk assessment had been conducted to define how the risks to patient safety were to be managed.</p> <p>The practice had failed to act on professional and expert advice from Essex County Fire and Rescue Service in 2011 regarding the installation of a main supply fire alarm. The practice had failed to act on their own fire risk assessment identifying inadequate systems, no equipment, staff training, insufficient alarms.</p>

This section is primarily information for the provider

Requirement notices

The practice failed to ensure a safe clinical environment. They failed to act on their own infection prevention control audit findings identifying risks to patient safety. Regulation 12(1)(2)(a)(b)

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Staff had not undertaken appropriate recruitment checks to ensure they were appropriate and safe to undertake their roles. Four staff files were checked and only two contained identification, none had references, qualifications or DBS. Regulation 19(3)(a)

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff were not provided with effective training, supervision or support. Only one member of staff had appropriate in date first aid training and no staff, other than the GP lead had received training in infection prevention control. No staff other than the GPs had received appraisals. Regulation 18(2)(a)

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found an absence of systems to identify, monitor and mitigate risks to the health and safety of service users or quality of their care (including asking them about their experiences of the service). There were single cycle clinical audits where recommendations had not been implemented. QOF was not used nor was an alternative system to assess clinical outcomes. No patient surveys had been conducted even when requested by NHS England in November 2014 and March 2015.

This section is primarily information for the provider

Requirement notices

The findings of the fire and infection prevention control audits had not been addressed and risks mitigated.
Regulation 17(2)(a)(b)