

# Dr Pradeep Kumar Singh

## Quality Report

Fryerns Medical Centre  
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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?

Requires improvement



Are services effective?

Good



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

On 14 January 2015 we conducted an announced comprehensive inspection of the practice known as Fryerns Medical Centre which is registered to Dr Pradeep Kumar Singh. We found the practice overall required improvement.

Specifically, we found the practice good for providing effective, responsive and caring services. Improvements were required for providing safe and well led services.

Our key findings were as follows:

- We found the practice was visibly clean and tidy and there were systems in place to identify and prevent infection.
- We found strong and supportive leadership by the GP and practice manager. Staff we spoke with enjoyed their working environment and felt valued, supported and developed by the practice.

- Patients told us they received a responsive and individual service. They could access appointments with the GP and practice nurses and were treated with politeness and courtesy by staff.
- Medicines in the treatment rooms and medicine refrigerators were stored securely and were only accessible to authorised staff.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure risk assessments are conducted and equipment suitability maintained and safe to use e.g. fire assessments and equipment maintenance, legionella risk assessments and testing is undertaken and ensure manual prescribing is recorded on the electronic patient record to ensure completeness and mitigate the risk of potential duplicate prescribing.
- Carry out appropriate checks to ensure staff members suitability for their role and risks are assessed for staff who are not trained in undertaking chaperone duties.

# Summary of findings

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 requires improvement for providing safe services as there are areas where it must make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong, reviews and investigations were recorded and sufficiently evidenced to demonstrate how lessons learned were communicated widely enough to support improvement. Some risks to patients who used services were assessed. However, we found an absence of some health and safety assessments such as, a fire risk assessment, and not all clinical staff had been subject to the required recruitment checks to ensure they were safe to work with patients.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. People's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and planned. The practice had conducted appraisals and had personal development plans for staff. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff cared about the quality of service they provided to people and treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Patients said they were able to make an appointment with their named GP and that there was continuity of care, with urgent appointments available the same day.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. The practice learnt from complaints sharing learning with their staff.

Good



# Summary of findings

## Are services well-led?

The practice is rated as requires improvement for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice responded to feedback from staff and patients. Staff had received inductions and regular performance reviews.

## Requires improvement



# 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 provider was rated as requires improvement overall and this includes this population group. The provider was rated as requires improvement for safe and well led but good for effective, caring and responsive.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. It understood patients individual needs and was responsive to them, offering longer appointments and home visits, where necessary.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement overall and this includes this population group. The provider was rated as requires improvement for safe and well led but good for effective, caring and responsive.

There were emergency processes in place and referrals were made for patients whose health deteriorated suddenly. Longer appointments and home visits were available when needed. All these patients had a named GP and received regular reviews to check that their health and medication needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

The provider was rated as requires improvement overall and this includes this population group. The provider was rated as requires improvement for safe and well led but good for effective, caring and responsive.

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 were on the child protection register. Immunisation rates were high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies.

**Requires improvement**



# Summary of findings

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

The provider was rated as requires improvement overall and this includes this population group. The provider was rated as requires improvement for safe and well led but good for effective, caring and responsive.

Health checks and health screening were offered and any non-attendance followed up with correspondence and calls as appropriate. Although the practice offered extended opening hours for appointments from Monday to Friday, patients could not book appointments or order repeat prescriptions online. Health promotion advice was offered and accessible health promotion material available throughout the practice.

**Requires improvement**



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

The provider was rated as requires improvement overall and this includes this population group. The provider was rated as requires improvement for safe and well led but good for effective, caring and responsive.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for patients with a learning disability and followed up with patients who did not attend, to try and secure their attendance. Longer appointments were offered to patients with a learning disability and those who required additional support.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients contributing to case conferences where requested. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, they knew how to document safeguarding concerns and how to escalate them to the GP who would contact relevant agencies.

**Requires improvement**



## **People experiencing poor mental health (including people with dementia)**

The provider was rated as requires improvement overall and this includes this population group. The provider was rated as requires improvement for safe and well led but good for effective, caring and responsive.

Patients experiencing poor mental health were known to the practice and invited to regular health and medication reviews. The

**Requires improvement**



## Summary of findings

GP had clinical experience and expertise in the management of poor mental health. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health.



# Summary of findings

## What people who use the service say

Although we were not able to speak to patients directly during the inspection we gathered feedback and views via the 27 CQC completed comment cards. All 27 patients comment cards spoke highly of the service and were

pleased with the care they received. They commented that staff were kind, caring and helpful. One patient told us that it was sometimes very difficult to make appointments.

## Areas for improvement

### Action the service MUST take to improve

- Ensure risk assessments are conducted and equipment suitability maintained and safe to use e.g. fire assessments and equipment maintenance,

legionella risk assessments and testing is undertaken and ensure manual prescribing is recorded on the electronic patient record to ensure completeness and mitigate the risk of potential duplicate prescribing.

- Carry out appropriate checks to ensure staff members suitability for their role and risks are assessed for staff who are not trained in undertaking chaperone duties.

# Dr Pradeep Kumar Singh

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor.

## Background to Dr Pradeep Kumar Singh

The practice is situated in a residential area of Basildon, with high representation of young people and children within their patient group. It is a deprived area, with a transient population due to temporary housing.

The practice benefits from having parking facilities and ramp access. The practice has a small clinical team consisting of one male GP and two practice nurses and a small administrative team of reception staff led by a practice manager. The practice currently holds a General Medical Service contract.

The practice does not have a website for patients to obtain information on the services. The practice has opted out of providing out-of-hours services to their own patients. The services are provided by SEEDS which is the South East Essex Emergency Doctors Service.

The CQC intelligent monitoring placed the practice in band one. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands,

with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

## Why we carried out this inspection

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

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. This inspection was planned to check whether the provider is meeting the legal 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.

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.

## 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?

# Detailed findings

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

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

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 January 2015. During our visit we spoke with a range of staff both clinical and administrative staff and reviewed comment cards completed by patients who used the service.

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, staff recorded reported incidents in the practice handover book kept in reception. These included national patient safety alerts as well as comments and complaints received from patients. The system was known to staff who told us they thought it worked well. They were all aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. The practice manager explained how they responded to a recent national patient safety alert relating to flu vaccinations for vulnerable patient groups. For example, the practice manager acknowledged receipt of the information prior to sharing it with the clinical staff team. The information was then filed if required for future reference by a member of staff.

We reviewed minutes of practice meetings where issues were discussed with all staff. These occurred every couple of weeks to ensure everyone was aware of any issues and how to manage them. For example we saw how alert information received from Essex Police had been shared and actioned by staff.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of eight significant events that had occurred during the last 12 months and we were able to review these. Significant events was a standing item on the practice meeting agenda and where appropriate staff were individually spoken with regarding the outcome of investigations and learning. Although we found records were not retained of all conversations.

There was evidence that the practice had learnt from significant incidents and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration both outside and within meetings and they told us they felt encouraged to do so.

Staff recorded any non-significant incidents within the practice handover book. We were shown the system used to manage and monitor incidents. We looked at several entries and could see where staff had addressed concerns and accepted responsibility. We saw evidence of action

taken as a result of any incidents but the actions taken were not always clearly recorded. Where patients had been adversely affected by something that had gone wrong, in line with practice policy, they were given an apology and informed of the actions taken.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that staff had received relevant role specific training on safeguarding. We asked members of staff about their most recent training. The clinical and managerial team were all trained to the appropriate level (level 3) in safeguarding of children and vulnerable adults. Two out of the four reception staff had been trained to level 1 and the other two members were awaiting confirmation of their training date to be undertaken online. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record safeguarding concerns and how to escalate to the GP who would contact the relevant agencies in working hours and out of normal hours. Contact details for the relevant agencies were easily accessible to staff in the practice.

Where staff witnessed inappropriate behaviour towards children and vulnerable adults or had concerns they recorded the patient name, contact details and brought them to the GP attention for them to review and action as appropriate. If the child or adult/patient was known as at risk and this was identified on their medical record, staff contacted appropriate agencies and involved the relevant safeguarding team in their care. All staff we spoke to were aware who the safeguarding lead was and who to speak to in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans or those requiring additional support from a carer.

There was a chaperone policy, which was visible within the reception, consultation and treatment rooms. All clinical staff and the practice manager had been trained in chaperoning. The reception staff had been provided with a verbal briefing relating to their role and responsibility

## Are services safe?

should they be required to chaperone and were happy to do so. However, we found that only one of the two nurses had received a criminal records check and none had been completed for the administrative/reception team. In the absence of these check risk assessments had not been completed to identify any potential risks to patients.

The practice was aware of children, young people and families living in disadvantaged circumstances (including looked after children, children of substance abusing parents and young carers). The practice had started an audit to look at identifying children and young patients with a high number of A&E attendances although this was in its infancy.

The GP told us they contributed to child protection case conferences and reviews and to serious case reviews where reports from the GP were requested. The practice followed up with children who persistently failed to attend appointments e.g. for childhood immunisations. They sent a letter to the child's registered address and tried to contact the parents/carers over the telephone. Where there were significant concerns, such as a child's parent not responding to requests from the practice these were escalated this to the local health visitors. This presented a further opportunity to follow up with the family, to provide information on the importance of the intervention and assist in securing their future attendance. The practice had good immunisations rates for children.

The practice was appropriately using codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed.

### Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible by authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures. We saw there was a system in place for monitoring fridge temperatures. We found there were contingency arrangements in place in the event of power disruption, that may potentially damage the integrity of the medicines.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

Data showed that the practice was a high prescribing practice for two specific types of medicines. The GP with whom we spoke demonstrated a clear understanding of the reasons behind this data. They had also reviewed their prescribing practice through audits and discussions with the local prescribing advisor in order to improve practice. We saw records of practice meetings that noted the actions taken in response to the data.

We found the nurses had not administered vaccines in accordance with legal requirements and national guidance. We reviewed prescribing directions required to be endorsed by the clinicians to administer the medicines and found that the supply and administration of seasonal flu vaccination, diphtheria, tetanus, pertussis and inactivated poliomyelitis vaccine, rotavirus, all childhood vaccination were incomplete. Therefore, the nurses had not been administering in line with guidance. We brought this immediately to the attention of the GP and practice nurses who revised the guidance and assured us that prescribing directives would be adhered to.

There was a system in place for the management of high risk medicines, which included regular monitoring in line with national guidance. The GP told us not all prescribing was conducted electronically and where manually prescribed this may not always have been recorded on the electronic patient record. Therefore, the patient records may not have been complete and may have resulted in potential duplication of prescribing.

We found all prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

### Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients reported the practice was clean and they had no concerns about cleanliness or infection control.

## Are services safe?

The practice had a lead staff member for infection control. This was the practice nurse who shared the responsibilities with the practice manager. They had undertaken infection control training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and had received Hepatitis B vaccination. Hepatitis B is an infectious disease that can infect the liver. We saw evidence that the infection control lead had carried out audits for each of the last three years and no issues had been identified for action.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury. We found that the practice had clinical and reception staff trained in infection control and the spillage kits were in date and accessible.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice did not have a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings) and had not assessed the risk of the legionella at the practice.

### Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment for the last four years. The practice had scheduled their next annual inspection for equipment for January 2015.

We found that a mercury sphygmomanometer (blood pressure measuring device) was still in use. This may be retained by clinicians as considered more accurate than

alternative devices. However, guidance from the Medicines and Health products Regulatory Agency recommend appropriate health and safety procedures should be maintained including the availability of mercury spillage kits. No such kits were held by the practice. However they confirmed that this would be addressed as they valued the use of the device for accurate data.

### Staffing and recruitment

Most records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. We looked at the last record for a staff member employed and we found that neither references had been obtained nor proof of identification had been obtained. The practice confirmed they had not conducted a criminal records checks on all their clinical team through the Disclosure and Barring Service (DBS) or risk assessed staff to identify those who undertook sensitive duties.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

### Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular daily checks of the building and the environment.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. For example, there were emergency processes in place for patients with long-term conditions or receiving end of life care. Consent was obtained from patients to share their records with other providers such as district nurses, and day hospitals in order to provide coordinated care should their health deteriorate suddenly.

# Are services safe?

## Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. We spoke with staff who told us in an emergency they would call an ambulance.

Emergency medicines were available in a secure area of the practice, but accessible and known to staff. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. We reviewed the practice emergency equipment and found some items were out of date such as an endotracheal tube for intubation of a patient. The tube is nearly always inserted through the mouth or nose. By being out of date the tube presented a potential infection risk and the quality of the equipment may have degraded meaning it would no longer be as effective as intended. The laryngoscope (similar to a torch) was also not working to assist to intubate a patient. We spoke with the GP who told us they had never intubated a person and the equipment belonged to another commissioned health service which attended the practice a couple of days a week. We found processes were in place to check whether the practice's own emergency equipment and medicines were within their expiry date and suitable for use. There was, no risk assessment in place regarding the absence of oxygen kept on the premises, contrary to best practice.

A business continuity plan, dated June 2014 was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was identified and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, incapacity of the GP, adverse weather, unplanned sickness and difficulty with access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed.

The practice had not carried out a fire risk assessment that included actions required to maintain fire safety. However, all fire safety equipment was checked annually with the last check on 11 December 2014. The practice manager, nurse and two administrative/reception staff had received fire safety training. All staff we spoke with knew how to evacuate the premises safely and where to wait for the emergency services to respond.

Arrangements had not been considered to address the potential unplanned absence of the GP or staff members. The practice had been fortunate that the GP had not experienced unexpected ill health. Where administrative staff were ill or unavailable they had arranged cover amongst the team where practicable. The GP told us they rarely took time off requiring a locum doctor to cover their patients.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GP and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them. We found from our discussions with the GP and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The GP told us they led on all specialist clinical areas as a sole operating GP and had a specialist interest in psychiatric care. Clinical staff we spoke with were very open about asking for and providing colleagues with advice and support. Our review of the multidisciplinary team meetings and clinical meeting minutes confirmed that this happened. The GP told us they attended 'time to learn' a training resource provided by the Clinical Commissioning Group.

National data showed that the practice was in line with referral rates to secondary and other community care services for all conditions. We saw the practice had a clear system in place to manage referrals in a timely and effective manner.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with the GP showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

### Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. The information staff collected was then collated by the practice manager to support the practice to carry out clinical audits.

The practice showed us two clinical audits that had been undertaken in the last year. They were completed audits

where the practice was able to demonstrate the changes following the initial audit. For example, the GP had changed diabetic testing strip prescribing, reducing the usage levels. Other examples included a medicines audit and changes to the prescribing patterns, reducing the usage of a specific medicine.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The **Quality and Outcomes Framework (QOF)** is the annual reward and incentive programme detailing GP practice achievement results.

The team was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with discussed how, they professionally and as a practice, reflected on their performance. Staff spoke positively about the culture in the practice.

There was a protocol for repeat prescribing which was in line with national guidance. Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. The staff monitored high risk hypnotic prescribing inherited from patients previously under secondary care. The practice worked with patients to reduce their dependency on this type of medication. However, the GP chose to prescribe weekly where still clinically required by the patient to mitigate the risks of adverse effects such as overdosing. The IT system flagged up relevant medicines alerts when the GP prescribed certain medicines. We saw evidence to confirm that, after receiving an alert, the GP had reviewed the use of the medicine in question and, where they continued to prescribe it outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GP had oversight and a good understanding of best treatment for each patient's individual needs.

The practice had very few patients who required end of life care. The practice did not implement the do not attempt resuscitation form due to the GP's beliefs, but this is a component of the gold standards framework for end of life care. The GP recognised this may be a potential issue in respect of the patient receiving clinical care. The GP had raised this matter with their local professional body in order to seek legal advice on the matter. However, the GP



# Are services effective?

## (for example, treatment is effective)

had arrangements in place to ensure patients could access other clinical staff such as the palliative care team for further advice and completion of a do not resuscitate form, if required.

The practice maintained a register of patients requiring end of life care and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.

### Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support. We noted a good loyal skill mix among administrative and clinical team with some staff having been employed by the practice for eleven years.

The GP was up to date with their yearly continuing professional development requirements and was to be revalidated in March 2015. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with the NHS England).

All staff undertook annual appraisals between February and March 2014 but they did not all have specific learning needs identified from which action plans were developed. Many of the practice staff had been with the practice for many years and they were confident and competent in performing their duties. However they acknowledged the benefits of further training in managing conflict due to some of their patients presenting with challenging behaviour.

We reviewed records and found that the practice was supportive in providing and facilitating training for both clinical and non-clinical staff. The practice was exploring what training would be beneficial for staff and how this may best be delivered.

Clinical staff attended regular training provided by the Brentwood and Basildon Clinical Commissioning Group in addition to the monthly time to learn days provided regionally. The practice nurses were also provided an additional three study days a year and were undertaking clinical assessment and safe management of minor illnesses provided by Anglian Ruskin University.

The practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, we reviewed the practice nurse's development file and they were up to date in a range of areas including working with people with a learning disability, safeguarding training, and insulin injections for example. The practice nurse specialised in COPD and worked with Basildon Hospital patients to review and develop appropriate care plans for the patients.

**Chronic obstructive pulmonary disease (COPD)** is the name for a collection of lung diseases that make it hard for people to breathe.

The practice told us they felt they were fortunate with their staff and had not had poor performance issues to manage. However, in the event such incidents occurred support and development opportunities would be explored.

### Working with colleagues and other services

The practice worked with other service providers to meet people's needs including those with more complex needs. The midwife attended the practice every Friday morning and a counselling service also operated from the practice every Thursday offering talking therapeutic interventions. We spoke to the District Nursing Team who told us they found the practice staff were polite and responsive to concerns they raised and updated them on actions taken.

The practice received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP reviewed the documents and results, and was responsible for deciding the action required. All staff we spoke with understood their roles and felt the system in place worked well.

The practice held multidisciplinary team meetings quarterly to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. These meetings were attended by the Clinical Commissioning Group organiser, district nurses, social workers, mental health teams palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this was not always necessary

# Are services effective?

## (for example, treatment is effective)

as decisions were not delayed awaiting the meetings and therefore care packages were already in place. However, the attendance of social services was appreciated for progressing outstanding assessments.

### Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital). Staff reported that this system was easy to use.

For emergency patients, there was a policy of providing a printed copy of a summary record for the patient to take with them to A&E. The staff told us how straightforward this task was using the electronic patient record system, and highlighted the importance of this communication with A&E. (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record SystmOne to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

### Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke to understood the key parts of the legislation and were able to describe how they implemented it in their practice.

All clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment without the need for parental permission or knowledge).

We found clinical staff asked and recorded consent for immunisations. We found patients were not routinely offered a chaperone for personal/intimate examinations.

The practice had not needed to use restraint, but staff were aware of the distinction between lawful and unlawful restraint.

### Health promotion and prevention

It was practice policy to offer a health check with the practice nurses to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way. We noted a culture among the practice for clinicians to use their contact with patients to help maintain or improve mental, physical health and wellbeing.

The practice offered NHS Health Checks to all its patients aged 40 to 75 years. Practice data showed that approximately 50% of their target population had attended for the health check.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and had 12 patients registered all of whom were offered an annual physical health check. However, even despite writing and calling the registered patients there was a low take up of the annual health check and records were kept of individual responses.

The practice had asked 87.5% of their patient population within the last 12 months of their smoking status. They had offered 64% of them support treatment via Vitality, a commissioned local health service, or by the practice nurse-led smoking cessation clinics to these patients. We saw staff were appropriately trained to provide the interventions and staff told us there was evidence these were having some success. With 57.6% patients referred to specialist treatment to help stop smoking.

The practice had already exceeded their QOF performance target for cervical screening for the year having attracted 83% of their applicable patients by January 2015. The **Quality and Outcomes Framework (QOF)** (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). Therefore, the practice was performing significantly better than other sole practitioners within the Clinical Commissioning Group area.

## Are services effective?

(for example, treatment is effective)

The practice sent patients reminder letters for screenings and also reminded patients when booking an appointment to attend for screening if this was showing as outstanding on their patient record.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. All patients registered with the practice were under the care of the single GP.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

The practice had not conducted an annual practice survey. They had previously tried to establish a Patient Participation Group (PPG), but were unsuccessful at attracting people from across their demographic. A **Patient Participation Group** (PPG) is a group of patients registered with the surgery who have no medical training, but have an interest in the services. The practice had been working in partnership with other practice managers within the Basildon and Brentwood Clinical Commissioning Group to identify and develop effective forums to capture patient views and experiences. At the time of our inspection they were researching appropriate means to develop a virtual PPG in the hope that it would be more representative and sustainable.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 27 completed cards and they were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. One comment was less positive in relation to the accessibility of the appointment system, but still commented on the care received as being very good.

We reviewed patient comments on the NHS choices website. There were two entries for 2014 and both were positive regarding the accessibility of the practice and service they received.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk and was shielded by glass partitions. This prevented

patients overhearing potentially private conversations between patients and reception staff. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us they would investigate these and any learning identified would be shared with staff.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. There was also information in the patient information folder and typed in bold capitals within their practice leaflet. The practice had warned patients regarding their inappropriate behaviour toward staff, but not had to exclude any patients as a result.

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

The practice had not conducted their own patient survey. However, the practice showed us Christmas cards and thank you cards received from patients within the year. The comments included thanks for the time and patience of staff in responding to their needs. Patient feedback on the comment cards we received was extremely complimentary about the clinical and administrative team at the practice. Patients reported feeling involved in decisions relating to their care and treatment and being pleased with the outcome.

Staff had access to translation services for patients who did not have English as a first language. Staff told us that it had not been required, but they had identified a change in their patient group with increasing immigration from Eastern Europe. We were told many patients attended with family members or friends who spoke English. The practice displayed a notice advising patients that a translation service was available.

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

Patient feedback on the comment cards was extremely positive regarding the care staff showed patients and their carers. Staff we spoke with showed an awareness and empathy for patients and explained to us how they supported people when required.

## Are services caring?

Notices in the patient waiting room, told people how to access a number of support groups and organisations. The practice's computer system alerted the GP if a patient was also a carer.

Staff told us that when they receive notification from a hospital or family member that they have suffered a

bereavement, an entry was made in the practice handover book for staff to read and the GP was informed. The patient record was amended to reflect the death and a sympathy card was sent to the immediate family.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. We saw minutes of the last meeting with the CCG where this had been discussed and actions agreed to implement service improvements and manage delivery challenges to its population.

The practice had captured patient comments in a suggestion box within the patient waiting area, but we were told they had only received positive comments to date.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example the practice was responsive to the needs of families with young children, accommodating several family members during appointments to ensure them access to convenient and timely care. The practice did not have a website and therefore patients did not have access to online services such as prescribing or translation of services.

The practice had provided equality and diversity training through e-learning. The clinical and managerial team had completed the equality and diversity training in the last 12 months. Some staff were still to complete the training as a priority.

The practice consultation and treatment rooms were situated on the ground floor of the building enabling easy access for patients. The premises benefitted from their own parking facilities, although public street parking was also available and there was step free entry suitable for wheelchair users.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and

allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

### Access to the service

Appointments were available from 10:30am to 1pm and 5pm to 6:30pm on weekdays. Extended opening times operated on Wednesday evening until 7:30pm. The practice reception times were stated to be 9am to 7pm, Monday, Tuesday and Friday and 9am to 7:45pm on Wednesdays, 9am to 3pm on Thursday. We called the practice during reception opening times, but found that an answerphone message played asking people to call back at 4:30pm unless an emergency and then an alternative number was provided or people were asked to call the 111 service. We discussed our experience with the practice manager who told us that staff were available and would make appointments throughout the afternoon if patients called for an urgent appointment or presented at reception.

The practice did not have a practice website. Information on the service was available on the NHS Choices website detailing opening times, contact details and staff. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were also available for people who needed them and those with long-term conditions or with learning disabilities. Home visits were made to patients at their home. The GP told us they would normally call the patient prior to attendance to conduct a provisional assessment of their needs. If then required, the GP would provide the patient with a time they expected to attend. The practice also temporarily registered patients so they could access medical services.

We reviewed the practice meeting minutes for December 2014. The practice discussed concerns from patients regarding difficulties in obtaining an appointment. The practice had identified the complaints coincided with time to learn training sessions and Clinical Commissioning Group commitments, requiring the GP to be away from the practice and therefore unavailable. An audit of the appointments was conducted to determine if there had been increase in unmet demand. The practice showed us

# Are services responsive to people's needs?

(for example, to feedback?)

the audits they had conducted of their appointment system. They conducted weekly audits of their appointments; they recorded those patients who received an appointment on the day of their choice and those who were given appointments within the next three day. Their analysis showed there were no patterns of patients failing to attend and therefore measures could not be introduced to further reduce the occurrences. Waiting times for patients were also audited. Appointments from 1 October 2014 to 31 December 2014 were reviewed and the findings showed that the average waiting times for the GP were 12 minutes and the practice nurses five minutes.

The practice's extended consultations hours on Wednesday afternoons closing at 7:45pm. Appointments for children were prioritised including those after school to minimise disruption to their education. Telephone consultations were carried out by the GP where appropriate.

## **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures, dated 1 July 2014 were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available and patients were encouraged to make comments and complaints. The information did not detail the complaints procedure, but where patients had been unhappy with the outcome of investigations details of the ombudsman had been provided. We reviewed the complaints file; the practice had received 14 complaints in a year. Two of the complaints were considered more significant within the last 12 months. Both were responded to appropriately and dealt with in a timely and polite manner. The practice had obtained advice from other bodies in their investigation as appropriate. The complaints records included considerations to changes in practice and how findings were shared with the staff such as via practice team meetings.

The practice also reviewed, but had decided not to respond to comments on the NHS choices website where patients had reported on their experiences of the service. They considered the comments in their overall quarterly and annual trend and theme analysis. We looked at the report for the last review, and it had identified that five complaints related to appointment availability, five related to delays in preparing the prescription and four were non clinical complaints such as delays or failure by staff to check them in at their appointments. However, lessons learnt from individual complaints had been acted on.



# 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 clear vision to deliver high quality care and promote good outcomes for patients. The practice was well established having served the immediate community for over 14 years. They had plans and facilities within the current premises to increase their patient population and clinical services. However, they were awaiting the completion of local housing developments to assess the needs of the local population and the feasibility of any changes/expansion to their service.

We spoke with staff and they all knew and understood the vision and values of the practice and what their responsibilities were in relation to these. The practice was small and staff were open and committed to the practice and each other, addressing issues as they arose.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff. The practice manager periodically reviewed and amended policies and procedures to reflect changes in legislation or best practice.

There was a clear leadership structure with named members of staff in lead roles. For example, the practice nurse and practice manager led on infection control and the GP led on safeguarding. Staff we spoke with were clear about their own roles and responsibilities and how they complemented the work of others within the team. We found retention of staff was very good with many working for the practice for over eleven years. Staff told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed and actively monitored to enhance performance. Where exception reporting was required such as a patient declined a health check and/or treatment these were clearly documented.

The practice had arrangements for identifying, recording and managing some risks. However, a fire risk assessment had not been conducted or consideration given to how evacuation procedures need to account for persons with

limited mobility or communication barriers to ensure them a timely exit. Risks had also not been assessed in relation to some clinical and administrative staff not undergoing pre-employment checks to confirm their suitability to work with patients and or access personal information. Both were acknowledged by the practice manager who assured us they would be addressed as a priority.

The practice regularly attended local Clinical Commissioning Group meetings held monthly. We looked at minutes from the last practice meetings and found that there were standard agenda items addressing performance, quality and risks such as accessibility of appointments, QOF performance and trends in complaints and comments.

### Leadership, openness and transparency

We saw from minutes that formal practice meetings conducted quarterly that the practice operated an open culture. Staff had the opportunity and were happy to raise issues both within and outside of meetings and these were documented and responded to.

The practice manager was responsible for human resource policies and procedures. The practice had good staff retention and staff told us they liked their job and coming to work. They believed they were treated fairly and supported in their role. There had been no reported performance management issues with staff and in the event they should occur the practice manager was confident that support would be given to the person to achieve. We saw the practice manager and GP were highly regarded by their staff and patients.

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

The practice gathered feedback from patients through an annual survey to contribute towards the GP's appraisal. There was a comments box within the waiting area to capture views and opinions of patients. The practice found that informally speaking with staff daily was appreciated and well received by them. The practice manager would address any concerns reported and ensure they were resolved in a timely and appropriate way. Staff were committed to resolving patient concerns as they arose. Concerns were also captured within the practice day book if not recorded as formal complaints, to which the practice would respond and sign and date to ensure an audit trail was maintained. Trends in comments and complaints were discussed at the practice meetings and this was supported



# Are services well-led?

Requires improvement



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

in the minutes we reviewed. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

## **Management lead through learning and improvement**

Staff told us that the practice supported them to maintain their clinical professional development through training.

We looked at staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training although the administrative team had not received training in customer care or managing conflict that may have assisted them in their role.

The practice had completed reviews of significant events and other incidents and shared with staff at the time of review and during meetings and individual one to one conversations. Not all conversations with staff relating to learning were consistently documented, or checks made to ensure learning had been embedded into practice.

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>Risks were not identified, assessed and managed relating to the health and safety of service users. For example, the provider must ensure risk assessments are conducted and equipment suitability maintained and safe to use e.g. fire assessments and equipment maintenance, legionella risk assessments and testing is undertaken and ensure manual prescribing is recorded on the electronic patient record to ensure completeness and mitigate the risk of potential duplicate prescribing. Regulation 10 (1) (b).</p>

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p>Effective recruitment procedures were not in place in order to ensure the staff were of good character and had the qualifications, skills and experience necessary for the work to be performed. For example, the practice must conduct appropriate checks to ensure staff members suitability for their role and risks are assessed for staff who are not trained in undertaking chaperone duties.</p>