Dr Rajan Mohile

Quality Report

Chadwell 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	Inadequate
Are services safe?	Requires improvement
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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Rajan Mohile, also known as Chadwell Medical Centre on 21 March 2016. Overall the practice is rated as inadequate.

Our key findings were as follows:

- Significant events were not consistently reported and recorded in line with the practice policy. Some significant events were missed and not investigated until they happened for a third time.
- Data showed some patient outcomes were low compared to the locality and nationally. Although some audits had been carried out, these had not identified and rectified serious risks. There was no other system in place for quality improvement.
- Patients taking high risk medicines were not being effectively monitored to ensure their medicines were prescribed at the correct and safe dosage.
- Some staff carrying out chaperone duties had not undertaken a DBS check and there was no risk assessment in place as to why this was not required.
- Patients praised the kind, sensitive attitude of all staff but expressed concern with the availability of appointments. There was a three week wait for routine appointments with the nurse.
- The practice was not pro-active in supporting patients to live healthy lifestyles and systems in place to recall patients for health checks and reviews were not robust.
- There were robust recruitment checks, and all staff had received an appraisal in the last 12 months.
- There was no legionella risk assessment to assess and manage the risk of legionella.
- Information about services and how to complain was available and easy to understand.
- Feedback from the GP survey was similar or below national and local averages.

Summary of findings

- Not all patients' records were complete. Significant omissions had been identified and although the practice had taken steps to remedy these, these were still outstanding. This included updating patient records following home visits to reflect attendances, prescriptions or reviews of care plans.
- Staff at the practice told us they felt supported; however there was an ongoing dispute at the practice between the CQC registered GP and another GP at the practice which had negatively impacted on the way the practice was being managed, putting patients at risk.
- There was a lack of vision and strategy in place and this was not being shared with staff. There was no system in place to ensure that all clinicians were keeping up to date with and implementing NICE guidelines.

Importantly, the provider must:

- Review and monitor patients taking high risk medicines.
- Ensure all significant events are promptly recorded and investigated and relevant action is taken in a timely manner to mitigate reoccurrence.
- Put in place a robust system of quality improvement including clinical and non-clinical audit.
- Take steps to act on patient feedback raised in the National GP Patient Survey.
- Improve the systems to recall patients to their routine checks and appointments and put systems in place to encourage and advise patients on a healthy lifestyle.
- Ensure all patient records represent a complete and accurate picture of their communications and consultations either at the practice or when visited in their homes.
- Complete a legionella risk assessment.
- Ensure staff who act as chaperones have a DBS check undertaken or conduct a risk assessment if one is not required.
- Take positive action to resolve the dispute affecting the management of the practice to ensure that the safety of patients is treated as a priority.
- Increase nursing provision so that more appointments are available to patients.

In addition the provider should:

- Track and monitor the use of prescriptions.
- Develop a vision and strategy and discuss and share this with staff.
- Improve the recall system in relation to the national screening programme for cervical cancer.
- Continue to improve the identification of carers and provide them with appropriate support and information.
- Improve communication to check that clinicians are performing in line with NICE and other best practice guidance.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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?

Requires improvement

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

- There was an ineffective system in place for reporting and recording significant events which meant that opportunities had been missed to investigate and mitigate the chances of these happening again.
- There was poor communication and a lack of transparency throughout the practice due to an ongoing dispute with two GPs.
- Staff who acted as chaperones were trained for the role, although they had not received a Disclosure and Barring Service check or been risk assessed to ascertain whether one was required.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- Risks to patients were sometimes assessed and well managed, although this was inconsistent. There was no risk assessment in place to assess the risk of legionella.
- There were appropriate recruitment procedures in place.
- The use of prescriptions was not being monitored.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were below average compared to the national average.
- Patients taking high risk medicines were not regularly reviewed and monitored.
- There were efforts to keep clinical staff up to date with NICE and other guidance, but the communication was not effective due to an ongoing management dispute.
- There were some positive examples of non-clinical audit although this was not robust as serious risks identified on inspection had not been discovered through audit processes. Only one clinical audit had been completed in the last two years.
- Staff received appropriate induction and ongoing training.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Patient records were incomplete and did not accord with information held by other providers. They did not accurately reflect the consultations taking place and the care and treatment provided.
- The practice was not pro-active in supporting patients to live healthy lifestyles.

Are services caring?

Good

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 for patients about the services available was easy to understand and accessible.
- The practice was in the process of identifying carers and would signpost them to obtain additional support.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Feedback from the GP survey was similar to or below national and local averages.

Are services responsive to people's needs?

Requires improvement

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

- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to or slightly worse than local and national averages.
- Patients told us they had some difficulty making appointments. There was a three week wait for routine appointments with the nurse.
- There was a heavy reliance on the local GP walk-in centre when there were no more appointments for the day. This was due to close at the end of March 2016 and no plans had been made to deal with the likelihood of an increased demand.
- There were phlebotomy clinics (blood tests) and midwife clinics at the surgery.
- Two of the receptionists were learning sign-language to enable them to improve their communication with deaf patients.

Are services well-led?

Inadequate

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

Summary of findings

- The practice did not have a robust vision and strategy to deliver high quality care or improve outcomes for patients.
- An ongoing dispute meant that where action was identified to mitigate risks to patients, this was not being effectively managed due to a lack of communication between the GPs and staff at the practice.
- There was a lack of an open culture at the practice as there had been a significant breakdown in communication between staff groups. Staff were apprehensive about discussing issues with all members of staff.
- The practice was reluctant to act upon feedback from patients.
- There was ineffective significant event reporting and it was unclear whether all safety incidents were being captured.
- Leadership was fragmented due to a dispute between the GPs at the practice. As a result the quality of the services provided, risks and issues affecting the practice were not being openly discussed. Where issues were identified, the lack of communication meant that they had not been dealt with effectively, putting patients and staff at risk.

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

Inadequate

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

- The practice visited a local care home on a weekly basis to see patients registered with the practice. Other appointments could be made as the need arose. However, records at the practice were not consistently updated after these visits.
- Care and treatment of older people did not always reflect current evidence-based practice, and some older people did not have care plans reviews documented in their records.
- There were regular meetings with other professionals to identify and manage older patients.
- Patients on high risk medicines were not being reviewed effectively prior to receiving repeat prescriptions.

People with long term conditions

Inadequate

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

- Nationally reported data showed that outcomes for patients with long-term conditions was worse than other practices. This included the monitoring of diabetes, asthma and hypertension.
- There was inadequate nursing provision which meant that people with long-term health conditions did not always have their health checks done.
- The percentage of patients with COPD who had received a review together with an assessment of breathlessness was 85%, which was in line with the national average of 90%.
- The practice worked with community nurse specialists in the ongoing management of patients with long-term conditions.
- Patients taking high risk medicines were not being monitored effectively to ensure their medicines were prescribed at the correct and safe dosage.

Summary of findings

Families, children and young people

Inadequate

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

- There were systems in place to identify and follow up children who may be at risk of abuse.
- Immunisation rates were relatively high for all standard childhood immunisations. For children under two years, these were between 89% to 97% compared to a local average of 92% to 96%
- Appointments were available outside of school hours. However, patients we spoke with told us that there were not always appointments available for children.
- The practice worked closely with midwives and health visitors. A midwife a held a weekly clinic at the practice.
- Staff were aware of Gillick competence in relation to children under the age of 16 attending the practice without a parent or guardian.

Working age people (including those recently retired and students)

Inadequate

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

- The practice's uptake for the cervical screening programme was 68%, which was much lower than the national average of 82%.
- Weekend appointments were available at the Tilbury health hub for patients who could not access the surgery during working hours.
- The practice offered online services, such as prescription requests. There was a text message reminder service for routine health checks.
- An immunisation service was available for patients to access.

People whose circumstances may make them vulnerable

Inadequate

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

Summary of findings

- The practice manager had reviewed all records of patients on the learning disabilities register to ensure they had an accurate diagnosis. They were sharing this learning with other practices in the locality.
- Carers were identified and the practice informed vulnerable patients about how to access

Various support groups and voluntary organisations.

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for providing safe, effective, and well led services. It is rated good for providing caring services, and requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- Data available to us reflected that the practice was considerably below the local and national average for people with poor mental health.
- 16% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was significantly worse that the national average of 84%.
- 42% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in place, which was significantly worse than the national average of 88%.
- 42% patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded. This was significantly worse than the national average of 90%.
- Records were incomplete and not updated when reviews and consultations took place out of the practice.
- The lead GP was appointed clinical Mental Health lead on the board of the CCG and had instrumental in securing improvements to mental health resources in the locality.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published on January 2016. This related to information collected from January-March 2015 and July-September 2015. The results showed the practice was performing largely in line with local and national averages in relation to responses about the staff at the practice, although responses were below average concerning access. 320 survey forms were distributed and 116 were returned. This was a response rate of 36%.

- 93% had confidence and trust in the last GP they saw or spoke to, compared to a CCG average of 91% and a national average of 95%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and national average of 82%.
- 71% found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%.
- 79% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 83% and a national average of 85%.
- 82% described the overall experience of their GP surgery as fairly good compared to a CCG average of 79% and a national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 patient Care Quality Commission comment cards and spoke with six patients. Patients indicated in the comment cards and verbal feedback that they were happy with the service provided. They said all staff were helpful, friendly and that when referrals were needed to other services, these were provided. However, some patients raised concern about how long they needed to wait for a routine appointment with the doctor or nurse.

We spoke with a representative of the local Healthwatch who informed us that they had not received any complaints regarding the practice. They praised the lead GP for their involvement and advice in relation to mental health concerns in the locality, although the data available to us reflected that performance was considerably lower than the local and national average.

We saw three responses to the Friends and Family test that had been received in the week prior to our inspection. All of these respondents stated that they would be extremely likely to recommend Dr Mohile – The Chadwell Medical Centre to their friends and family.

We spoke with a representative of the patient participation group who gave examples of how they had brought about change at the practice. They told us that they were involved and consulted about change and that the lead GP and practice manager attends their meetings.

Areas for improvement

Action the service MUST take to improve

- Review and monitor patients taking high risk medicines.
- Ensure all significant events are promptly recorded and investigated and relevant action is taken in a timely manner to mitigate reoccurrence.
- Put in place a robust system of quality improvement including clinical and non-clinical audit.
- Take steps to act on patient feedback raised in the National GP Patient Survey.
- Improve the systems to recall patients to their routine checks and appointments and put systems in place to encourage and advise patients on a healthy lifestyle.
- Ensure all patient records represent a complete and accurate picture of their communications and consultations either at the practice or when visited in their homes.
- Complete a legionella risk assessment.

Summary of findings

- Ensure staff who act as chaperones have a DBS check undertaken or conduct a risk assessment if one is not required.
- Take positive action to resolve the dispute affecting the management of the practice to ensure that the safety of patients is treated as a priority.
- Increase nursing provision so that more appointments are available to patients.

Action the service SHOULD take to improve

- Track and monitor prescription stationery.
- Develop a vision and strategy and discuss and share this with staff.
- Improve the recall system in relation to the national screening programme for cervical cancer.
- Continue to improve the identification of carers and provide them with appropriate support and information.

Improve communication to check that clinicians are performing in line with NICE and other best practice guidance.

Dr Rajan Mohile

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 and a practice nurse specialist adviser. An additional GP specialist advisor was asked to assist remotely.

Background to Dr Rajan Mohile

Dr Rajan Mohile, also known as Chadwell Medical Centre is situated in Grays in Essex. It provides GP services to approximately 5000 patients living in Chadwell St. Mary and Tilbury. The practice has recently seen a significant increase in its patient list size due to the retirement of other local GPs in the area.

The practice holds a Personal Medical Services contract (PMS) with the NHS. The practice is registered with the Care Quality Commission as an individual provider. The lead GP is supported by another male GP who is a partner to the NHS contract, a female long-term locum GP, a part-time practice nurse and a part-time healthcare assistant.

The practice population has a slightly lower number of children aged 0 to 4 years than the England average. It has more patients aged over 65 years and over 75 years. Economic deprivation levels affecting children and older people are significantly higher than average and unemployment levels are lower. The life expectancies of men and women are lower than the local average by one year. There are a higher number of patients on the practice's list who have long standing health conditions. The local area is on the more deprived decile on national indicators, which may indicate a higher demand for services.

Administrative support consists of a part-time practice manager as well as an assistant practice manager, a head receptionist and a number of reception and administrative staff.

The practice is open from 8am until 6.30pm every weekday. Appointments are available with a GP or nurse from 9:00am to 10:30am in the morning and from 4:30pm to 6:30pm, Monday to Friday.

The practice has opted out of providing 'out of hours' services which is now provided by Integrated Care 24, another healthcare provider. Patients can also contact the NHS 111 service to obtain medical advice if necessary. Patients could attend the Health Hub at Tilbury Health Centre on a Saturday and Sunday morning for pre-bookable appointments with a GP or nurse.

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. The 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.

Detailed findings

How we carried out this inspection

Before our visit to Dr Mohile, we reviewed a range of information that we hold about the practice. We carried out an announced visit on 21 March 2016 and during our visit we spoke with two GPs, four reception/administrative staff, the practice manager, the deputy practice manager and a visiting phlebotomist. We also spoke with six patients who used the service

We reviewed 33 CQC comment cards where patients and members of the public shared their views and experiences of the service. We viewed a number of documents including policies and procedures, audits and risk assessments.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a policy for reporting and recording significant events, although this was not always followed. Four significant events had been recorded in the past 12 months although we found a further two significant events that had not been recorded. Therefore, these had not been appropriately investigated and actioned. These were only identified on the occurrence of a third event of a similar nature. Staff were unclear on the policy for reporting significant events, although they were aware of where to locate the relevant documents.

When significant events were identified, the practice carried out an analysis and there was an annual meeting to identify learning and trends. However, due to an ongoing management dispute at the practice, not all clinicians were sharing their own significant events or attending relevant meetings to share lessons and improve safety. When significant events were reported, measures had been taken to mitigate the chances of a reoccurrence, but these were not robust due to the ongoing communication issues.

Overview of safety systems and processes

The practice had processes and practices in place to keep patients safe and safeguarded from abuse, although we found areas that required improvement:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff, which outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and knew where to locate relevant telephone numbers and policies. GPs and staff were trained to an appropriate level.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role, but those who had not received a Disclosure and Barring Service check (DBS check) had not been risk assessed to ensure their suitability for the role. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. Actions had been identified in the February 2016 audit, although some of these remained outstanding.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- Prescription paper was securely stored safely although blank prescription forms for use in printers and those for hand written prescriptions were not handled in accordance with national guidance as they were not tracked through the practice.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files. We found that appropriate recruitment checks had been undertaken prior to employment, for example in relation to proof of identification and references.
- The practice relied on an external provider to recall patients to their cervical screening appointments. We were informed that the healthcare assistant had begun to telephone patients who persistently failed to attend for their appointments, but we were told that there was no longer sufficient time to carry out this task.

Monitoring risks to patients

There were some procedures in place for monitoring and managing risks to patient and staff safety, although not all risks had been assessed.

- Staff received health and safety training. The practice had a fire risk assessment and fire safety equipment in place which was regularly checked to ensure it was fit for use. Regular fire drills took place. All electrical equipment was checked to ensure this was safe to use and clinical equipment was checked to ensure it was working properly.

Requires improvement

Are services safe?

- The practice had most risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control although there was no risk assessment in relation legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were systems in place to monitor and respond to patient safety and medicine alerts.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines were in date.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We saw evidence to show that best practice was being considered during consultations. The practice had some systems in place to keep clinical staff up to date with best practice guidelines through regular meetings and email cascade, although due to the ongoing management dispute, communication was not always effective.

The practice manager carried out searches of records to check that guidelines were being followed; however, when issues had been identified, these were not acknowledged by the relevant clinician. These issues were still outstanding during our inspection.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice.

The most recent results for the year 2014/2015 demonstrated that the practice had achieved 69% of the total number of points available, with 10% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice's exception reporting was 2.8% above CCG average.

Data from 2014/2015 showed;

- Performance for diabetes related indicators was worse than the national average. The percentage of patients on the diabetes register, who had a flu vaccination within the preceding 12 months was 80%, which was worse than the national average of 94%.
- The percentage of patients with hypertension having regular blood pressure tests was 76% which was lower than the national average of 84%.
- Performance for mental health related indicators was worse than the CCG and national average. For example, 42% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in place, compared to a national average of 89%.

There were a number of health care indicators that we looked at on the day of the inspection where low performance data had been identified. These included some of the issues identified above, as well as indicators relating to dementia, asthma and additional indicators relating to diabetes.

We spoke with the practice about the low data on the day of the inspection. We were informed by the provider that issues with incomplete care plans were because GPs did not complete the templates on the computer system after the review had taken place. We saw evidence of care plans being completed in a paper format, but not updated on the patient's computerised record. When patients lived in care homes, we were told that care plans were updated and stored at the patient's home rather than on the computer system. This was of particular concern due to the lack of communication between the GPs, as patients could see whichever GP was available and computer systems could not be relied upon. This also meant that information was not immediately available to other providers when investigations into patient care had taken place.

Patients requiring repeat prescriptions for blood thinning medicines were not being reviewed effectively prior to the issuing of a prescription. Of the 92 patients taking blood thinning medicines, only nine had received appropriate testing.

This was also the case for patients who required medicine for their thyroid function, hypertension and other heart conditions. Of the 268 patients taking medicines for their thyroid function, only 39 had received appropriate testing. Similarly, out of the 390 patients who were taking medicine for their high blood pressure, only 67 had received the appropriate test, and of the 119 patients taking medicines for heart condition, just 17 had received the necessary checks.

There was no system in place to ensure that patients on these types of high risk medicine were receiving regular blood tests as the practice assumed that these checks had

been performed during hospital appointments. The practice failed to ensure that the dose of medicine being taken by these patients was the most effective for their needs.

There were some positive examples of non-clinical audit, although these had not identified and actioned the issues detailed above. For example, prior to our inspection, the practice manager had begun to audit patient records to identify patients who had been allocated incorrect Read codes (on the GP system, patients are given certain codes to effectively record their physical condition and social circumstances, for example). The practice manager had found a number of patients with learning disabilities had been incorrectly coded as a result of historically incorrect diagnosis and this learning had been shared with other practices in the area. They were in the process of completing a similar audit in relation to patients who had dementia.

We asked to see all clinical audits performed in the last two years. We saw two audits in relation to medicines which had taken place with the local medicines management team but only one clinical audit. The initial clinical audit was dated March 2014 and the re-audit took place three months later. Further audit was to take place 'intermittently', with no set date. This audit did consider NICE and local guidance and demonstrated improvement had been made; however, there was no evidence of any other clinical audits taking place after this time. There were also no other quality improvement processes in place at the practice.

Effective staffing

- The practice had an induction programme for all newly appointed staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example in relation to administering vaccinations and taking samples for the cervical screening programme. Receptionists had received training in customer care.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had had an appraisal within the last 12 months and where training was requested and identified, this was provided.
- Staff received training that included basic life support, health and safety and infection control. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system, but these systems were not routinely updated to be effective.

We saw evidence of 17 Patient records that were incomplete and medicines, attendances and care plans were not routinely updated following patient review. Records held by other providers did not always accord with those held by the practice as the GPs did not consistently update their systems following visits to care homes. This meant that information could not be effectively shared with other providers when this was required.

Appropriate referrals were made to other providers. Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a three monthly basis for patients who had complex health needs, and monthly for those who required end of life care.

Information such as NHS patient information leaflets were available in the waiting area.

Consent to care and treatment

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

- Records were updated when consent was given.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance.

Supporting patients to live healthier lives

Information was available on the practice's website about minor illnesses and what services were available in the community, such as the pharmacy, to enable patients to manage their own health where appropriate.

Inadequate

Are services effective?

(for example, treatment is effective)

Large variations were identified with the number of patients with mental health conditions who had their smoking and alcohol consumption recorded. The percentage of relevant patients who had their alcohol consumption recorded was 42%, compared to a national average of 90% and the percentage of relevant patients having their smoking status recorded was 85% compared to a national average of 94%.

A very large variation was also identified relating to routine cervical screening tests. The practice's uptake for the cervical screening programme was 68%, which was much lower than the national average of 82%. We were informed that this was because the system was not updated when patients declined to have this test done. We found that the practice relied heavily on external agencies to recall patients to these appointments and little was being done by the practice to follow patients up themselves.

The practice was in the process of extending the text message reminder service. It was anticipated that the text reminder service would improve uptake generally with regards to immunisations and health-checks.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff being courteous and sensitive to patients. Patients that we spoke with were all positive about the friendly, kind attitude of all staff at the surgery.

- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Whilst the reception desk was situated in the waiting room, this was positioned away from the waiting area so that discrete conversations could take place if required.

Results from the national GP patient survey showed patients were satisfied with their treatment from the GPs, nurses and receptions, as the practice performed better than local averages:

- 90% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 88% said the GP gave them enough time them compared to the CCG average of 79% and national average of 87%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and national average of 95%.
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and national average of 85%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 93% said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed that Dr Mohile was performing better or in line with local and national averages in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and national average of 82%.
- 94% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 patient Care Quality Commission comment cards and spoke with six patients. Patients indicated in the comment cards and verbal feedback that they were happy with the service provided. They said all staff were helpful, friendly and polite.

We saw three responses to the NHS Friends and Family test that had been received in the week prior to our inspection. All of these respondents stated that they would be extremely likely to recommend Dr Mohile – The Chadwell Medical Centre to their friends and family.

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.

The practice was in the process of identifying carers. This had taken place while the practice manager carried out an audit of patients on the learning disabilities register. Further identification and support of carers was also carried out opportunistically during appointments. 1% of the practice population had been identified as of the date of our inspection. The GP provided these patients with further information and organisations to contact for support.

Staff told us that if families had suffered bereavement, they were contacted by their GP to see if they required further support.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with the NHS England Area Team and Clinical Commissioning Group (CCG).

- There was a car parking space available on site for patients who were registered disabled.
- Home visits were available for patients who were unable to attend the surgery in person.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were phlebotomy clinics (blood tests) at the surgery on a Monday morning.
- Appointments could be made or cancelled in person, on-line or over the telephone.
- Text reminders were used to remind patients to book in for their health checks.
- Repeat medicines could be requested at the practice, over the internet or by telephone.
- There were translation services and a hearing loop available. Two of the receptionists were learning sign-language to enable them to communicate better with deaf patients.
- A midwife held weekly clinics at the surgery.

Access to the service

The practice was open from 8am until 6.30pm every weekday. Appointments were available with a GP or nurse from 9:00am to 10:30am in the morning and from 4:30pm to 6:30pm, Monday to Friday. Patients could attend the Health Hub at Tilbury Health Centre on a Saturday and Sunday morning for pre-bookable appointments with a GP or nurse.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to or slightly worse than local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 71% of patients said they could get through easily to the surgery by phone compared to the CCG average of 73% and national average of 73%.
- 79% of patients said they were able to get an appointment to speak to see or speak to someone the last time they tried compared to a local average of 83% and a national average of 85%
- 92% patients said the last appointment they got was convenient compared to the CCG average of 90% and national average of 92%.

Patients told us on the day of the inspection that they had been successful in phoning for an appointment earlier that day; however, they also told us that they often had difficulty getting appointments at a time that suited them.

The practice had significantly increased its list size over the last year. The nurse worked 20 hours a week and a part-time healthcare assistant had been appointed to carry out some of the more routine health-checks, but there remained a three week wait for routine appointments with the nurse. There was no cover available when the nurse was on annual leave or had short-term absence. Staff told us that when the nurse was not in, patients were advised to go to the local minor injuries unit.

We overheard receptionists advising patients to attend the local GP walk-in centre when all of the GP appointments had been taken for the day. Alternatively, they told patients that they would be put on a waiting list and called back if there was a cancellation. However, if there were no cancellations that day, patients were not called back to advise them of this or to check on their symptoms. This was confirmed by staff. The GP walk-in centre was due to close at the end of March 2016, which would increase demand even further. The decision to close the centre had been made in September 2015 following twelve weeks of public engagement, and although the practice were aware of this, they had not put in place additional resources or systems to manage the increase in demand for GP services.

Listening and learning from concerns and complaints

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

- The practice website gave information about how to make a complaint, and the complaints policy was available at reception.
- We looked at four complaints that had been received in the last year. These were dealt with by either the lead GP or the practice manager, depending on whether the

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

complaint was clinical or administrative in nature. We saw that patients were given a full explanation as to what happened and an apology when this was appropriate.

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 did not have a clear vision and strategy as it was heavily embroiled in a management dispute which pervaded through most decisions and activity. Although staff were dedicated, there was uncertainty about what the practice would look like moving forward. The practice was apprehensive about the legal implications of making changes or improvements until the dispute had been resolved and there were no timescales set as to when this would occur. As such, the practice was reactive to change and apprehensive about planning for the future.

The practice population had grown in size in a short space of time. There were plans to close the local GP walk-in centre at the end of March 2016, which would increase demand even further; however, there were no immediate plans to recruit additional staff or a strategy in place to deal with the imminent changes.

Governance arrangements

Many areas we identified for improvement or inadequate practice had occurred because of the longstanding disagreement between the GPs at the practice. Not all staff attended the regular meetings held or partook in regular discussion and learning.

- Staff we spoke with were aware of some areas of poor performance and had identified some actions required; however, due to the communication breakdown and mistrust of staff members, these actions had not been taken.
- The disagreement over contractual and legal entities meant that there was a lack of governance at the practice over all members of staff. One GP worked alone with limited verbal communication from other team members.
- There were ongoing issues regarding incomplete patient records as clinicians did not routinely update these after consultations. This issue had, in part, been identified, although a robust system had not been implemented to ensure clinicians updated records in a timely manner.
- Risks in relation to significant incidents were not being raised effectively in order to reduce the risk of reoccurrence.
- Whereas there were some positive examples of non-clinical audit, there was limited clinical audit, neither of which had addressed the issues found by inspectors.
- Staff were aware of their own roles and responsibilities, although the wider staffing structure was unclear due to the ongoing management disagreement.
- Practice specific policies were implemented and were available to all staff on the practice computer system. These included child and vulnerable adult protection, consent, equality and diversity and health and safety.

Leadership and culture

The lead GP was approachable and open and staff told us that they were involved and understood ongoing concerns. However, staff did not feel confident about approaching all clinicians which resulted in a culture of mistrust and uncertainty.

Due to the ongoing dispute between the lead GP and one other GP at the practice, we found that although visible leadership was being provided by the lead GP with the majority of the staff working there, it was not effective. This was due to the lack of response from the other GP involved in the dispute who we were told did not respond to issues raised with them that required action.

When the practice were made aware of unexpected or unintended safety incidents, the practice gave affected people reasonable support, truthful information and an apology, if appropriate. However, due to the breakdown in communication and issues identified with significant event reporting, it was unclear whether all safety incidents were being captured.

We saw evidence that staff meetings took place regularly but not all GPs attended. There were weekly clinical meetings, a quarterly meeting to discuss and review QOF and a yearly meeting to discuss significant events. These were used as an opportunity to learn and discuss ongoing issues at the practice, but these were not open and transparent due to the continued absence of one GP. This continued absence meant that they could not participate in or share learning with the rest of the team. There were defined leads in place for various aspects of the practice and these included infection control and safeguarding, although there was no communication to or from one GP to ensure that there was an effective information cascade.

Are services well-led?

Inadequate

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

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

The practice had obtained feedback from patients and staff, although we were told by the provider and practice managers that there was a reluctance to improve services until the management dispute had been resolved.

- We spoke with a member of the patient participation group (PPG) who told us they had last met in December 2015. They told us that they were trying to recruit new members as many were leaving the group. They explained how they had taken some measures to improve the practice, for example by organising the notice boards in the waiting area. They told us that their meetings were always attended by the lead GP and the deputy practice manager and that discussions had taken place regarding the possibility of securing a podiatry nurse to regularly attend at the surgery, but that had not since been actioned due to lack of resources.
- The practice had considered the results of the recent GP survey results and identified areas for improvement. However, in light of the ongoing uncertainty at the practice they had concluded that improvement would be limited
- The practice had gathered feedback from staff through appraisals, email, meetings and discussion. Day-to-day staff communicated issues, concerns and agenda items for their next meeting in a communication book held at reception.

Continuous improvement

The GP lead was the mental health lead for the CCG and had been instrumental in securing improvements to mental health resources in the locality. The practice manager continued to look at and address concerns with practice data, and shared her learning with other practices. Despite the challenging circumstances the practice was in, the practice management were capable of implementing continuous and valuable change.

However, there was an apprehension about making any improvements unless absolutely necessary due to the ongoing dispute at the practice. Significant issues relating to monitoring and improving patient outcomes had been overlooked as the provider focused on the immediate, pervasive management disagreement. This meant that significant risks to patient safety had not been effectively managed, imminent changes to the availability of local healthcare providers had been overlooked and the continued growth of the practice population had not been considered.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Patients on high risk medicines were not being monitored or reviewed prior to receiving a repeat prescription. Significant events were not being routinely reported and promptly investigated leading to reoccurrence. There was no legionella risk assessment carried out to mitigate the risks associated with legionella. Regulation 12(1)(2)(a)(b)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was a lack of systems in place to assess, monitor and improve the quality of the services provided. There inadequate clinical and non-clinical audits being undertaken at the practice to identify issues identified at inspection. Patient feedback was not acted upon. The system to recall patients to their routine checks was ineffective. Patient records were incomplete. Regulation 17(1)(2) (a) (b)(c)(d)(ii)(e) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing There was an insufficient number of nursing hours to meet the needs of the practice population Regulation 18(1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014