

Dr H Okoi Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr H Okoi Practice on 26 July 2016. Overall the practice is rated as good.

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

- Staff were aware of their responsibilities regarding safety, and reporting and recording of significant events. There were policies and procedures in place to support this.
- The practice assessed risks to patients and staff. There were systems in place to manage the majority of these risks.
- Where patients were prescribed medicines requiring monitoring, the practice had a system in place to reassure themselves that monitoring had been completed by secondary care providers prior to issuing a repeat prescription.
- The practice had a defibrillator and oxygen on the premises in cases of emergencies, however there was no risk assessment completed to determine whether the practice had the required emergency medicines available.
- The practice business continuity plan enabled staff to take action in the event of a loss of utilities or premises. The practice had not included contact details for staff members in the plan.
- We saw evidence of quality improvement activities such as clinical audit which identified where the practice might improve.
- Staff received appropriate training to provide them with the necessary skills, knowledge and experience to fulfil their role. They had access to further role specific training if appropriate.
- Views of patients from comment cards and those we spoke with during the inspection were mostly positive. The majority of patients said they were treated with dignity and respect, and they were involved in their care and decisions about their treatment.

Summary of findings

- The national GP patient survey results, published in July 2016, were mostly in line with CCG averages for questions relating to GP care and treatment.
- The practice facilities met the needs of its patient population.
- Information about how to complain was available for patients both online and in the practice building itself. Complaints investigations and documentation showed that improvements were made to the quality of service provision as a result.
- Members of the patient participation group and the two patients we spoke with had mixed views on access to the service, however were mainly positive about the recent 'triage' system. The practice had implemented a 'triage' appointments system following a number of other initiatives to address the access issue.
- The latest national GP patient survey results with regards to access to appointments showed satisfaction levels were higher than CCG and national averages.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the patient participation group and staff.
- The practice complied with the requirements of the duty of candour.

- There was a strong management structure and staff told us they felt supported and involved in the development of the practice.
- The culture of the practice was friendly, open and honest. It was evident that the practice complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Complete a risk assessment to determine whether they have the appropriate emergency medicines on the premises.

In addition the provider should:

- Ensure that the business continuity plan includes contact details for all staff in the event of disruption to the services.
- Improve the identification of patients who are carers and provide them with appropriate support and guidance.
- Implement a system for the effective recording of action taken following receipt of patients safety and medicines alerts received at the practice.

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 improvements should be made.

Requires improvement



- Staff were aware of and could explain their role and responsibilities in reporting and recording of significant events. They told us, and we found evidence to show, that following investigation of any incidents the outcome was shared with appropriate staff to ensure that lessons were learned and action was taken to improve safety in this area in the future.
- When things went wrong involving patients, appropriate actions were taken and a full investigation completed, with the person affected, or their designated next of kin, given accurate and honest information as well as a written apology. They were also informed of any actions taken to prevent re-occurrence of the incident.
- There were clear safeguarding processes in place for adults and children. Staff were aware of their roles and responsibilities with regards to safeguarding and were aware of potential signs of abuse.
- There were systems in place for the identification and assessment of potential risks to patients, staff and the premises, and plans in place to minimise these.
- The business continuity plan did not contain staff contact details in order for the practice to contact its staff in the event of an emergency where services may be disrupted.
- A risk assessment was not in place to assess which emergency medicines were required to be kept by the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable or higher than the CCG and national averages. For example, performance for diabetes related indicators was in line with or higher than the CCG and national average.
- Staff had access to the latest clinical guidelines and best practice guidance and used these to assess and deliver patient care.
- Clinical staff used a range of measures to ensure they had the skills, knowledge and experience to provide effective care.

Summary of findings

- We found all staff had received an appraisal and had a personal development plan.
- The practice completed audits which were relevant to the service and demonstrated quality improvement.
- Staff had opportunities for career progression and ongoing learning.
- The practice had good working relationships with other health and social care staff.

Are services caring?

The practice is rated as good for providing caring services.

- The two patients we spoke to during the inspection told us that they felt treated with dignity and respect by staff and that staff were good. They felt involved in decisions about their care. These views were backed up by responses on 30 of the 31 comments cards we received.
- Data from the national GP patient survey, published in July 2016, also showed patients rated the practice in line with CCG averages for most aspects of care. For example the percentage of patients that said they had confidence and trust in the last GP they saw or spoke to was in line with the CCG and national average.
- We saw that staff treated patients with dignity, respect and kindness.
- The practice had identified a low number of patients who were carers.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The latest GP survey, published in July 2016, showed the practice was rated higher than the CCG and national average with regards to satisfaction with opening hours and making an appointment generally.
- Feedback from patients both via comments cards and those patients we spoke with on the day (including patient participation group members) were mixed with regards to ease of making appointments. However the majority were satisfied.
- The practice had accessible facilities and wide corridors.
- Information on how to complain was clearly displayed in the waiting area and in the practice leaflet.

Good



Are services well-led?

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

Good



Summary of findings

- There was a clear leadership structure in place.
- Risks to patients had been identified and acted on with the exception of documenting action taken when receiving patient safety alerts and assessing the risk associated with emergency medicines available in the event of a medical emergency.
- Staff were encouraged via an 'Innovation Award' to bring forward their thoughts for improvements to the quality of patient care.
- The practice had policies and procedures in place, which were relevant to the practice, regularly reviewed and updated as required.
- There were systems in place for notifying about safety incidents and evidence showed that the practice complied with the duty of candour when investigating and reporting on these incidents.
- The practice sought feedback from staff and patients, which it acted on. There was an active patient participation group which provided a 'critical friend' view and a balanced viewpoint on the various aspects of the service provided.

Summary of findings

The six population groups and what we found

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

Older people

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

- If patients required a longer appointment due to complex needs or multiple medical conditions this was available. Housebound patients could also request a home visit.
- All older patients had a named GP.
- Those patients unable to come to the practice, for example, due to being housebound, were able to access home visits from the GP.
- The practice communicates changes and news by letter and results by telephone to this group of patients, unless they request communication by text message.

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions.

- The practice nurse took the lead in reviews and management of patients with long term conditions.
- The practice performance for diabetes indicators was in line with and for some indicators higher than the CCG and national averages. For example, the number of patients who had received a foot examination and risk classification was higher than the CCG and national average.
- If patients required a longer appointment due to complex needs or multiple medical conditions this was available. Housebound patients could also request a home visit.

Good



Families, children and young people

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

- There were systems and processes in place to enable staff to identify and take appropriate action to monitor and safeguard children and young people living in disadvantaged situations. For example, where a child does not attend a booked appointment this was followed up.
- Immunisation rates were in line with CCG and national averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way.

Good



Summary of findings

- Due to opening hours appointments were available outside of school hours.
- The premises were suitable for children and babies

Working age people (including those recently retired and students)

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

- The practice offered extended hours as well as lunchtime telephone appointments.
- Prescriptions were sent electronically to the patients preferred chemist.
- The practice offered online appointment booking and prescription requests.
- The percentage of women aged 25-64 who have had a cervical screening test in the past 5 years was in line with the CCG and national average.
- The practice changed to a 'triage' appointments system, which had received positive feedback from this patient population group.

Good



People whose circumstances may make them vulnerable

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

- The practice was aware of those patients on their register who lived in vulnerable circumstances.
- If patients required a longer appointment due to complex needs or multiple medical conditions this was available.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice sign-posted vulnerable patients to various support groups and voluntary organisations.
- There were established systems and processes in place to ensure patient safety and enable staff to identify and take appropriate action to safeguard patients from abuse. Staff knew how to recognise signs of abuse in vulnerable adults and children.
- The practice had an easy read action plan booklet that they could give to patients with a learning disability at their health checks.

Requires improvement



Summary of findings

- Although we saw evidence that the practice was meeting the needs of some carers, the number of carers on their practice register was low. The practice had identified 14 patients as carers (0.3% of the practice list). They had an action plan in place to improve this

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The percentage of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, was comparable to the CCG and national average.
- The practice worked closely with mental health professionals to deliver coordinated care in the community.
- Longer appointments were available for patients experiencing poor mental health.
- The practice sign-posted patients to local voluntary support services.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing mostly in line or above the CCG or national average, with only three of the 23 questions asked scoring below these averages. 365 survey forms were distributed and 91 were returned. This was a completion rate of 25%.

- 83% of patients found it easy to get through to this practice by phone compared to the CCG and national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and the national average of 85%.
- 79% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and the national average of 85%.
- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 70% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 31 comment cards of which 28 contained only positive comments about the standard of care received and the friendly and caring attitude of staff. Three contained both positive and negative comments and highlighted some areas they felt required improvement. Of those three, two related to access to appointments, one commented on the length of time waiting after their appointment time and the third related to manner in which some staff spoke to them.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received, that it was easy to make an appointment and that staff were good. We spoke with seven members of the patient participation group (PPG) who had mixed views on the care provided by the practice and ease of access to appointments. For example, some members felt that access to appointments was good and the new triage system had greatly improved this. However other members did not find the triage system effective and still found it difficult to make an appointment when they wanted one.

Areas for improvement

Action the service **MUST** take to improve

- Complete a risk assessment to determine whether they have the appropriate emergency medicines on the premises.

Action the service **SHOULD** take to improve

- Ensure that the business continuity plan includes contact details for all staff in the event of disruption to the services.

- Improve the identification of patients who are carers and provide them with appropriate support and guidance.
- Implement a system for the effective recording of action taken following receipt of patients safety and medicines alerts received at the practice.

Dr H Okoi Practice

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 adviser.

Background to Dr H Okoi Practice

This practice is also known as 'The Derry Court Medical Practice'. This practice is a training practice which has GP registrars in their final stage of training. GP registrars are fully qualified and will have had at least three years of hospital experience.

The list size of the practice at the time of our inspection was 4,927. There are two male GP partners, one female practice nurse and a female health care assistant (HCA). There are a number of other staff carrying out administrative duties, led by a practice manager.

The practice is open between 8am and 9pm on Mondays and 8am and 6.30pm on Tuesdays to Fridays. The practice operates a triage telephone system between 8am and 11am. Patients receive a call back from the doctor who will either deal with the issue by telephone or book the patient in for a face to face consultation that day. Skype appointments are also available.

Appointments times are from 9am to 1pm and 2pm to 6.15pm daily. Extended hours appointments are on Mondays 6.30pm to 7.45pm. Weekend appointments are available via 'Thurrock Health Hubs' a service set up by

Thurrock Clinical Commissioning Group (CCG). Patients are able to book through the practice to see either a GP or a nurse between 9.15am and 12.30pm at the weekend, at one of four 'hubs'.

There is a nursing service available Mondays, Wednesdays and Fridays from 9am to 1pm and 2pm to 6.30pm.

When the practice is closed patients are advised to call 111 if they require medical assistance and are unable to wait until the surgery reopens. The out of hours service is provided by IC24.

There are slightly higher than local and national average levels of income deprivation affecting children and older people at this practice. The practice had fewer numbers of older people than the national average and higher numbers of babies, children and working age people than the national average.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal 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 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 26 July 2016.

During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- We asked staff to explain the process of reporting significant events to us. They told us that they would either inform one of the management staff, probably the practice manager, or complete a significant incident form. All significant events were discussed at the next clinical meeting.
- Significant incident forms and the evidence of the analysis showed that when a significant incident directly affected a patient: a thorough investigation was completed, the patient was informed of the incident, given information and appropriate support. A verbal and written apology was given which outlined any actions taken to prevent the same thing happening again.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, one of the GPs prescribed an excessive quantity of medicine due to a mistype, this was picked up by the pharmacy and GPs were reminded to check the prescription details before signing.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare Products Regulatory Agency) alerts, patient safety and minutes of meetings where these were discussed. The practice told us that the alerts were received by the lead GP who decided what action needed to be taken. We found that any required action had been taken by the GPs, for example, a review of affected patients and potential changes to a patient's prescription. We saw the file in which the alerts were kept which were signed by relevant staff to acknowledge that they had seen them, however the action taken had not been recorded.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse:

- There were established systems and processes in place to ensure patient safety and enable staff to identify and take appropriate action to safeguard patients from abuse. These systems took into account the latest

relevant legislation and Thurrock council requirements. Staff were aware of their responsibilities regarding this. One of the GPs took the lead role for safeguarding. The GPs supplied reports as required for safeguarding meetings. Safeguarding concerns were discussed at regular multi-disciplinary safeguarding meetings which a variety of health and social care staff attended. Safeguarding was also on the practice agenda for monthly clinical meetings. The practice had recently changed its new patient process to ensure that all school age children had their school details included on their record when they were registered with the practice.

- Staff had received training on safeguarding children and vulnerable adults that was relevant to their role and at an appropriate level. We found that all GPs were trained to child protection or child safeguarding level 3.
- There was a notice in the waiting room as well as in all clinical rooms advising patients that a chaperone was available for intimate examinations if required. Only staff that were trained for the role and had received a Disclosure and Barring Service (DBS) check were used as chaperones. Staff were aware of their responsibilities with regard to this 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). Patients told us that they were offered chaperones for intimate examinations.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The nurse practitioner was the infection control lead. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken and actions identified and taken.
- Most of the arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There was a process in place for reviewing requests for blood thinning medicine, where patients would only be issued another prescription once their blood monitoring results had been seen by the practice. The practice had a system in place to assure themselves that patients' on medicines requiring monitoring had received appropriate blood monitoring test by secondary care providers.

Are services safe?

- The practice monitored their performance using benchmarking data, with the support of the local medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had a system to ensure ongoing checks related to registration with professional bodies and immunisation status of staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had systems in place to assess and monitor risks to staff and patients. There was a contract in place with an external company to check that all clinical and electrical equipment was safe to use and working properly. There were also risk assessments in place for infection control, health and safety, fire and Legionella testing, as well as regular fire drills. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Risk assessments for the control of substances hazardous to health (COSHH) were completed by an external cleaning company and the practice had access to this information.

- The practice had a rota system to ensure there were sufficient staff with an appropriate skill mix, and staffing levels were determined by practice manager. Since the practice had recruited a permanent second GP they had not used any locum GPs. If they required more nursing input they would divert patients to the weekend hub. Administrative staff covered internally and were offered overtime.

Arrangements to deal with emergencies and major incidents

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

- There was an alert button on the computers in all of the consultation and treatment rooms which staff could press to summon other staff in an emergency situation.
- Staff had received training on basic life support and use of a defibrillator. There was a defibrillator available on the premises. Oxygen was in an accessible place.
- We spoke with staff regarding emergency medicines and found that they were kept in a secure area of the practice that was easily accessible to staff in the case of an emergency. We checked the medicines and found them to be stored securely and within their expiry date, with a system for checking the dates in place. However there was no risk assessment to determine what type of emergency medicines the practice required and reasons, if necessary, for not stocking certain medicines. For example, we found that there was no emergency medicines to treat patients with an allergic reaction or experiencing seizures.
- The practice had a business continuity plan in place for major incidents such as IT failure or flooding. The plan included emergency contact telephone numbers for relevant utilities; however no contact details were included for staff members.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Staff had access to guidelines from National Institute for Health and Care (NICE) and online resources and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

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

- The most recent published results, from 2014 to 2015, indicated the practice achieved 99% of the total number of points available compared with the CCG average of 90% and the national average of 95%.

This practice was not an outlier for any QOF clinical targets. Data from 2014 to 2015 showed:

Performance for diabetes related indicators was in line with or higher than the CCG and national average. For example, the percentage of patients with a record of an annual foot examination and risk classification was 98% compared to the CCG and national average of 88%. The practice had a 5% exception reporting rate which was in line with the CCG average of 5% and lower than the national average of 8%. (The QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.)

- Performance for mental health related indicators was in line with or higher than the CCG and national average. For example, the percentage of patient's, with a diagnosis of schizophrenia, bipolar affective disorder and other psychosis, who had had an agreed care plan documented in their records was 97% compared to a CCG average of 80% and national average of 88%. The practice had a 3% exception reporting rate which was lower than the CCG average of 5% and much lower than the national average of 13%.

The practice data for the number of antibacterial medicines prescribed was higher than the CCG and national average. The practice used benchmarking data from the local CCG to monitor their prescribing levels. They were aware of their higher than average use of antibacterial medicines and had undertaken reviews to ensure that prescribing was appropriate.

There was evidence of quality improvement including clinical audit:

- We viewed in detail two of seven clinical audits completed in the last two years. One related to the referral and monitoring of patients with osteoporosis. It was initially completed in 2014 and data recollected in 2015, the audit showed improved recording. The second related to improving the uptake of the flu vaccination in people with sickle cell disease. Data demonstrated improved uptake over the last two years.
- The practice participated in local and national benchmarking.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. Core training for staff covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, information governance and confidentiality.
- Staff received role-specific training and updating as relevant. For example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, informal one-to-one meetings, mentoring and support for revalidating GPs. All staff we spoke with had received an appraisal. We saw evidence to support that all staff had received appraisals.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

Staff had access to information they required to plan and deliver patients' care and treatment through the practice's records system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans and actions were routinely reviewed and updated for patients with complex needs and adult or child safeguarding concerns. Staff liaised with other professionals on outside of these meetings too. Staff had working relationships with school nurses, health visitors, social workers, community matron and other community nurses.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Health promotion advice, blood pressure checks and smoking cessation advice were available from the practice nurse and health care assistant.
- Those with other needs were signposted to the relevant services.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 80% and the national average of 82%. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Data for other national screening programmes such as bowel and breast cancer showed that the practice uptake was lower than CCG and national averages. For example, the uptake of screening for bowel cancer by eligible patients in the last 30 months was 41% for the practice, compared to 54% average for the CCG and 58% national average. The uptake of screening for breast cancer by eligible patients in the last 36 months was 54% for the practice, compared to 66% average for the CCG and 72% national average.

The amount of patients with a diagnosis of cancer on the practice register was 0.4% lower than the CCG average and 0.9% lower than the national average.

The practice told us that they had held a meeting with the local cancer team to discuss this. There was a clear action plan in place to improve uptake for bowel and other screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example,

- The percentage of childhood 'five in one' Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenza immunisation vaccinations given to under one year olds was 94% compared to the CCG percentage of 95% and the national average of 93%.
- The percentage of childhood Mumps, Measles and Rubella vaccination (MMR) given to under two year olds was 96% compared to the CCG percentage of 92% and the national average of 91%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was 93% compared to the CCG percentage of 96% and the national average of 83%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Patients told us

Are services effective? (for example, treatment is effective)

that health promotion advice was also given as required during these health checks. Where abnormalities or risk factors were identified during these health checks, these were followed up appropriately.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were polite to patients, tried to accommodate their preferred requests for appointments and other items and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- We saw notices advising patients that a private area could be offered if they wanted to discuss issues privately. Staff could also use this if patients appeared distressed.
- For mothers who preferred to breast-feed in privacy a room would be made available.

30 of the 31 patient Care Quality Commission comment cards we received were positive about the service experienced. Comments cards said patients felt the practice offered a good service and staff were helpful, friendly and caring. Patient said they felt treated them with dignity and respect.

We spoke with seven members of the patient participation group (PPG). They were mixed in their views on the care provided by the practice, with some feeling that the service provided was good and others reporting that they felt that the GPs approach to patients was not consistent.

The two patients we spoke with during our inspection told us that staff treated them with dignity and respect.

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

- 79% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 82% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.

- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They felt treatment options were explained enabling them to make an informed decision about care and treatment. Patient feedback from the comment cards we received was also positive and aligned with these views.

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

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

- There was a sign in the waiting area to advise patients of the availability of translators.
- There was a hearing loop available although it was not in use.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of local and national support groups and organisations. For example, talking therapies.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 14 patients as carers (0.3% of the practice list). The practice was aware that this figure probably did not represent the actual

number of carers on their patient list; however they had an action plan in place to improve their identification of carers. The action plan included regular auditing of numbers of carers on the list. The practice had carers' packs and sign-posted identified carers to support services.

The practice hosted social events such as a yearly Macmillan Coffee morning.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice were aware of the needs of their patient population:

- Extended hours were available every Monday for working patients, or there were pre bookable appointments at a weekend 'hub'.
- The practice changed to a triage appointments system to ensure that patient who needed to be seen on the same day were.
- Longer appointments were available for those patients that required them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS.
- A private area for breastfeeding and baby changing facilities were available at the practice.
- Translation services were available, including sign language.
- The practice had wide corridors and an accessible toilet on the ground floor. There were also dedicated parking spaces available for disabled patients.
- The practice had an ECG machine, 24 hour blood pressure monitoring equipment and height and weight equipment to provide patients with these services from the practice.
- Patients were personally called to the consultation rooms by the doctor, nurse or health care assistant.
- There was braille signage throughout the building.

Access to the service

The practice was open between 8am and 9pm on Mondays and 8am and 6.30pm on Tuesday to Friday. The practice operated a triage telephone system between 8am and 11am. This meant that the GP would call back all patients and either deal with the issue by telephone or would book the patient in for a face to face consultation that day. Skype appointments were also available. Appointments were from 11am to 1pm and 2pm to 6.15pm daily. Extended hours appointments were offered at the following times on Mondays 6.30pm to 7.45pm. There was a nursing service available Monday, Wednesday and Friday from 9am to 1pm and 2pm to 6.30pm. Weekend appointments were

available via 'Thurrock Health Hubs' a service set up by Thurrock Clinical Commissioning Group (CCG). Patients were able to book through the practice to see either a doctor or a nurse between 9.15am and 12.30pm at the weekend, at one of four 'hubs'.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and a national average of 76%.
- 83% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. Although there were mixed views on the triage system that the practice had implemented.

The practice told us that they had low demand for home visits and had a system in place to assess:

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

The policy for home visits was available on the practice website for patients to view. Patients were encouraged to ring prior to 10.3am for home visit requests. Requests were passed to the duty doctor who would contact the patient for more details, prior to determining the necessity for a visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. A copy of the policy was available for patients to view on the practice website.
- The practice manager handled all complaints in the practice, with clinical input from the GP.
- We saw that there were posters in the waiting area and information on the website to help patients understand the complaints system.

Are services responsive to people's needs?

(for example, to feedback?)

- Complaints were audited on a regular basis to identify any trends.

We looked at six complaints received in the last 12 months in detail and found these were satisfactorily handled and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve

the quality of care. For example, one complaint related to patient treatment by a clinician. The clinical notes were reviewed by the GP and a written response given which evidenced the reasons why certain actions were taken. Where there was learning from complaints we saw evidence that these were discussed at either clinical or practice meetings.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice mission statement according to their website was to aim to provide a high level of patient care.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and staff we spoke with were aware of their own roles and responsibilities and those of other staff.
- Risks to patients had been identified and acted on with the exception of documenting action taken when receiving patient safety alerts and, assessing the risk associated with emergency medicines available in the event of a medical emergency.
- The practice had an effective system in place for monitoring and assessing the quality of services provided through quality improvement.
- There were practice specific policies which were implemented, updated and were available to all staff.
- The practice compared local and national data against their own performance and were aware of their ongoing performance against national targets. They sought support where they recognised areas needing improvement.
- The practice used a variety of different methods to maintain and improve the standard of care provided to patients, including audits, peer review and benchmarking.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they were responsive and open to constructive feedback. Staff told us the partners were approachable and took the time to listen to all members of staff.

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

encouraged a culture of openness and honesty which was evident throughout our inspection. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a verbal or written apology, depending on the circumstances.
- The practice kept records of written correspondence.

We found that following our inspection the practice posted a letter on their website to advise patients of the concerns found around high risk medicines. The practice letter openly identified the issue and the practice resolution to this and how patients would be affected.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was friendly atmosphere within the practice. They had the opportunity to raise any issues both at team meetings and outside of these and felt confident that action would be taken to resolve these concerns.
- Staff told us that they felt involved in the development of the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice changed the method of delivering surveys when they realised that paper surveys were not being completed. The practice now sends out patient surveys using an external company providing tailored online surveys. The PPG met regularly, submitted proposals for improvements to the practice management team and supported the practice in the implementation of the triage appointments system. The triage system was introduced after several attempts to resolve patients' feedback that it was difficult to get an appointment to see a GP. Initially the practice employed a locum, then a permanent GP and finally moved to the triage system in

Are services well-led?

Good 

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

place at the time of our inspection. The PPG chair told us that feedback from the working age group was that it was much easier to make an appointment now, however other members of the group did not find the new triage system enabled them to get an appointment when they wanted one.

- The practice had gathered feedback from staff through staff meetings, appraisals and informal conversations. Staff told us the practice had set up an 'Innovation Award' to encourage staff to provide ideas for improving and developing the way the service was run.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment There was no risk assessment completed to identify which emergency medicines were required for use at the practice. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.