Mrs Suhasini Nirgude

Quality Report

Abbey Medical Centre
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Date of inspection visit: 28 November 2017
Date of publication: 23/01/2018

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement overall.

At our previous inspection in January 2016 the practice had an overall rating as good with requires improvement in safe. We carried out a desktop follow up inspection in May 2016 to ensure improvements had been made and to review if the service was meeting regulations. We found the practice had made improvements and as a result we updated the rating to good in safe.

Following the November 2017 inspection, the key questions are rated as:

- Are services safe? – Requires improvement
- Are services effective? – Good
- Are services caring? – Good
- Are services responsive? – Good
- Are services well-led? – Inadequate

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

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

We carried out an announced comprehensive inspection at Mrs Suhasini Nirgude (Abbey Medical Centre) in Reading, Berkshire on 28th November 2017. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether Abbey Medical Centre was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. However these did not always operate effectively. For example in relation to infection control, security of blank prescriptions and recruitment checks.
- When incidents did happen, the practice learned from them and improved their processes.

Summary of findings

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses in a number of areas.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Most staff had received training appropriate to their roles and the population the practice served. However, we identified update training that had not been completed and the practice did not have a system for monitoring training needs.
- We received positive feedback from external stakeholders and patients who access GP services from the practice.
- The clinical and managerial leadership was not always supported by good governance. For example in relation to recruitment processes and checks, oversight of staff training, disabled access and practice policies.

The areas where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Ensure systems and processes are in place to monitor and respond to safety alerts when the registered manager is not in the practice.
- Continue to review arrangements for the identification of carers to assure themselves that they are identifying carers effectively and are able to offer them the appropriate support.
- Ensure failsafe systems are in place to make sure results are received and reviewed for all samples sent for the cervical screening programme.
- Ensure systems and processes are in place to facilitate access to all services and practice facilities by patients with mobility problems.

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** 
Are services effective?	**Good** 
Are services caring?	**Good** 
Are services responsive to people's needs?	**Good** 
Are services well-led?	**Inadequate** 

Summary of findings

The six population groups and what we found

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

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

Mrs Suhasini Nirgude

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 one further CQC inspector in a shadowing role.

Background to Mrs Suhasini Nirgude

Mrs Suhasini Nirgude is the registered manager and owner of the practice operated from The Abbey Medical Centre.

The practice has a registered population of approximately 2,460. There is a higher than average number of patients of working age and fewer older patients than average registered. The practice is located in an area of Reading with a high density of rented accommodation which results in a greater than average turnover of patients. Approximately 300 patients leave and 400 register with the practice each year equating to nearly 14% turnover. Abbey Medical Centre is located in a pocket with a higher level of deprivation than the clinical commissioning group CCG and national averages. People living in more deprived areas tend to have a greater need for health services.

There are limited car parking facilities on site but the practice is within a short walk of main bus routes and is walkable from the mainline Reading railway station. The main entrance to the practice is accessed via steps but there is ramped access from the car park at the rear of the premises for patients with a disability or those with prams and pushchairs. Normally there are two female GPs covering all the appointment sessions per week. Cover for holidays and other periods of absence is provided by locum GPs. There is a part time practice nurse who works one day a week, a part time phlebotomist and four members of the administration and reception team.

The practice is open between 8am to 6.30pm Monday to Friday. Appointments are from 8.20am to 11.30am every morning and 3.30pm to 6pm daily. Extended surgery hours are offered between 6.30pm and 7.45pm on a Monday evening every week. The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Westcall. The out of hours service is accessed by calling 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and in the practice information leaflet.

All services are provided from: The Abbey Medical Centre, 41 Russell Street, Reading, Berkshire, RG1 7XD. The practice is registered with the CQC for the carrying on of the regulated activities of: Diagnostic and screening procedures, Family planning services, Maternity and midwifery services and Treatment of disease, disorder or injury and Surgical Procedures.

The practice has been inspected before in January 2015 when it was found to require improvement for the delivery of safe, effective and well led services giving rise to an overall rating of requires improvement. A second comprehensive inspection was carried out in January 2016 to see if the practice had completed the action plan when it was found to require improvement for the delivery of safe services and an overall rating of good. A follow up focused desk based review was conducted in May 2016 to ensure changes had been implemented and regulations met when it was found to be good in the safe delivery of services.

Requires improvement

Are services safe?

Our findings

We rated the practice as requires improvement for providing safe services.

Safety systems and processes

The practice did not always have clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. We saw examples of safety policies which were communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were accessible to all staff. They outlined clearly who to go to for further guidance. However, we found that the software used to access policies was no longer in use. None of the policies we inspected had a review or a review date scheduled.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment. However, there was no evidence of the professional registration checks being undertaken on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). However, we found that there was no documented review and risk assessment of a DBS check for a non-clinical staff member. We also found there was no documentation of a reference had been obtained or a risk assessment completed for one member of staff.
- All clinical staff received up-to-date safeguarding and safety training appropriate to their role. Staff who acted as chaperones were trained for the role and had received a DBS check. However, two non-clinical members of staff did not have up to date safeguarding children training, although this training was booked for the following month.
- There was not an effective system to manage infection prevention and control. No infection control audit had been completed since 2015. Immediately after the inspection the practice completed a further audit which identified outstanding actions from the 2015 audit.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, there was a sepsis toolkit. Sepsisis a rare but serious complication of an infection. Without quick treatment,sepsiscan lead to multiple organ failure and death.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice has systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines.

Requires improvement

Are services safe?

- The systems for managing medicines, including vaccines, medical gases, and equipment minimised risks.
- However, we found arrangements for emergency medicines did not mitigate risks to patients. For example, we were told that the GP sometimes took emergency medicines out to home visits leaving the practice without that medicine during that time and no risk assessment had been carried out.
- There was no medicine to treat hypoglycaemia and no risk assessment had been carried out. Hypoglycaemia is a condition where a person's blood glucose (sugar) levels were too low and this can be dangerous.
- We saw that the practice did not keep prescription stationery securely or monitor its use in line with current guidance.
- We saw evidence that staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The practice had reviewed antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. We saw evidence that the practice involved patients in regular reviews of their medicines and had reviewed 99% of patients on four or more medicines and 79% of patients on less than four medicines. The practice had also been nominated for an award for being in the top five of 1,200 practices participating in the 'best monitoring of high risk medications' through using a risk stratification and electronic checking software system used to improve prescribing safety and efficiency.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, a child had been given an out of date nasal influenza vaccination by a locum practice nurse. The practice had sought advice from the manufacturers and informed the parents of the advice given. All stocks of vaccine had been re-checked and disposed of where appropriate. The event had also been reported to the relevant NHS bodies and all staff had been reminded to double check expiry dates at all times.
- We reviewed medicine and other safety alerts and found they were shared with relevant staff. We saw alerts were then discussed within the practice. However, the practice manager was the designated person who received the alerts and disseminated them to the GPs for review. There was no deputy to carry out this role if the practice manager was on leave which increased the risk of alerts being missed or not actioned within an appropriate timescale.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and good for providing effective services to all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians (GPs, nurse and phlebotomist) assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

We reviewed 2015/16 prescribing data from the local clinical commissioning group (CCG). We found the practice performed better when compared to local and national averages. For example:

- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group was 0.10. This was better when compared to the CCG average (0.87) and national average (0.98). Hypnotics, more commonly known as sleeping pills, are a class of psychoactive drugs whose primary function is to induce sleep and to be used in the treatment of insomnia, or surgical anaesthesia. Hypnotics should be used in the lowest dose possible, for the shortest duration possible and in strict accordance with their licensed indications.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was 0.59. This was better when compared to the CCG average (0.91) and national average (1.01). Furthermore, the number of antibiotic items (Cephalosporins or Quinolones) prescribed was better (2.73%) when compared to local (3.36%) and national averages (4.71%). The practice demonstrated awareness to help prevent the development of current and future bacterial resistance. Clinical staff and prescribing data evidenced the practice prescribed antibiotics according to the principles of antimicrobial stewardship, such as prescribing antibiotics only when they are needed (and not for self-limiting mild infections such as colds and most coughs, sinusitis, earache and sore throats) and reviewing the continued need for them.

Older people:

- Patients aged over 75 were referred to other services as necessary and supported by an appropriate care plan.
- An examination with an on-site Doppler machine was offered to patients with circulation problems which helps to minimise extra hospital visits and enables earlier treatment where appropriate. A Doppler machine is a non-invasive device which can be used to measure blood flow velocities within arteries.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Home visits were offered to frail or housebound patients and flu vaccinations given by district nursing staff.

People with long-term conditions:

- The number of patients registered at Abbey Medical Centre with a long-standing health condition was 49%. This was higher when compared to the local CCG average (44%) but lower than the national average (53%).
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Data for 2016/17 showed the practice was not an outlier for any long term conditions and was achieving patient care in line with local and national averages. For example, overall performance for diabetes related indicators showed the practice had achieved 90% of targets which was similar when compared to the CCG average (89.2%) and the national average (91%).
- An email from the CCG, dated November 2017, congratulated the practice for achieving the lowest percentage of diabetic patients with an HbA1c test

Good

Are services effective?

(for example, treatment is effective)

result of greater than 75 millimoles/moles in the CCG area. The HbA1c test is an important blood test that gives a good indication of how well a patient's diabetes is being controlled.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines were below the target percentage of 90% for three of the four sub-indicators for children aged up to two years. The practice was aware of the poor uptake and had worked with a specialist health inequality nurse, under a new CCG project, to improve the uptake of childhood immunisations amongst hard to reach groups. Data we looked at, regarding the cohort of children involved in the project, showed 100% of children under 12 months old, 100% of children under 24 months old and 80% of children under five years old had been vaccinated.
- Immunisation data for children aged five, was similar to the CCG and national averages.

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

- The practice's uptake for cervical screening was 85%, which was higher when compared to the local CCG (78%) and national average (81%). Patients who did not attend for screening were followed up by the practice. A recall system was in place with first and second letter reminders sent directly to patients.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- There were 10 patients on the Learning Disabilities register and 8 of these patients had received an annual health check. The remaining 2 patients had been contacted inviting them to attend a health check.

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was higher when compared to the CCG average (87%) and the national average (84%).
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was higher when compared to the local CCG average (93%) and national average (90%).
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 100%; CCG average 90%; national average 91%); and the percentage of patients experiencing poor mental health who had received a blood pressure check in the preceding 12 months (practice 100%; CCG average 90%; national average 90%).

Monitoring care and treatment

The practice reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

The practice was involved in quality improvement activity; we saw completed CCG led medicine management audits for long term antibiotics and diabetic blood testing strips. The practice acknowledged there had not been a planned approach or programme of clinical audits.

The most recent published Quality Outcome Framework (QOF) results were 95.6% of the total number of points available compared with the clinical commissioning group (CCG) average of 95.5% and national average of 95.6%. The overall exception reporting rate was 6% compared with the local CCG average of 8% and the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Staff told us they were encouraged and given opportunities to develop. We saw a variety of training certificates which demonstrated training had been completed. However, there was a lack of oversight of training needs, We saw gaps in staff training: for example, two non-clinical members of staff did not have up to date safeguarding children training or fire safety training. When raised with the practice the practice manager/registered manager told us that they did not have a training matrix and had not identified the issue.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for nurse revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, flu campaigns, healthy eating, stop smoking campaigns and tackling obesity.

Data from October 2016 from the NHS Screening Service indicated success in patients attending national screening programmes. For example:

- 71% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was similar when compared to the CCG average (69%) and the national average (73%).
- 55% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was similar when compared to the CCG average (50%) and the national average (58%).
- We found that there were no failsafe systems to ensure results were received for all samples sent for the cervical screening programme, however, the practice followed up women who were referred as a result of abnormal results.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- Written and verbal patient feedback commented that practice staff gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- 33 of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced and the two patients we spoke with were positive about the service experienced.
- 340 of the 402 responses (85%) the practice had received from the Friends and Family test said they were extremely likely or likely to recommend the practice.
- We received positive feedback from the Patient Participation Group (PPG) who commented that the practice staff are caring and helpful.
- We also received positive feedback from external stakeholders who access GP services from the practice. For example, a nearby care home providing accommodation and care for adults under 65 with learning disabilities commented that the GP is respectful, supportive and caring and that six monthly medicine reviews and annual health checks are carried out.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The survey sent out 355 forms and 111 were returned. This represented about 4.5% of the practice population. The practice was above both the clinical commissioning group (CCG) and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients who responded said the GP was good at listening to them compared with the CCG average (84%) and the national average (89%).
- 91% of patients who responded said the GP gave them enough time; CCG average (80%); national average (86%).
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG average (92%); national average (95%).
- 89% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG average (81%); national average (86%).
- 97% of patients who responded said the nurse was good at listening to them; CCG average (88%); national average (91%).
- 93% of patients who responded said the nurse gave them enough time; CCG average (91%); national average (92%).
- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG average (89%); national average (91%).

Involvement in decisions about care and treatment

Staff facilitated patients involvement in decisions about their care. Leaders were not fully aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given) but there were arrangements to meet the broad range of communication needs within the patient population. These included:

- There was significant ethnic diversity within the patient population, notably patients with an Asian background and a growing number of Eastern European patients. All staff we spoke with were aware that translation services were available for patients who did not have English as a first language. During the inspection, we saw notices informing patients that this service was available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. Carers were identified at registration and through information leaflets and posters in the waiting room. The

Good

Are services caring?

practice's computer system alerted GPs if a patient was also a carer. The practice had identified 16 patients as carers, this equated to approximately 0.65% of the practice list.

- Staff told us that if families had experienced bereavement, the practice sent them a sympathy card and their usual GP contacted them with a follow up phone call. Information giving advice on how to find and access support services was available in the waiting room.

Results from the national GP patient survey showed patients satisfaction to questions about their involvement in planning and making decisions about their care and treatment was commensurate with local and national averages:

- 86% of patients who responded said the last GP they saw was good at explaining tests and treatments; CCG average (81%); national average (86%).
- 80% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG average (76%); national average (82%).
- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average (86%); national average (90%).
- 84% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG average (82%); national average (85%).

These results were an improvement on previous year's results. For example, there was an 11% improvement on patient satisfaction regarding GPs involving them in decisions about their care.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. Extended hours were offered one evening per week. Patients had access to online services such as booking appointments and requesting repeat prescriptions.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were not fully appropriate for the services delivered and no Disability Discrimination Access (DDA) audit had been carried out. Services were located on three floors, the main entrance to the practice was accessed via steps and there was no lift. Staff told us that patients with mobility problems were flagged on the patient record system and provided with appropriate assistance. However, although there was ramped access to one floor from the car park at the rear of the premises for patients with mobility difficulties or those with prams and pushchairs, patients and staff told us that there were significant difficulties in accessing a treatment room and toilets.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs also accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

- The practice was fully aware of the challenges with the local health economy.
- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Appointments and consultation times were flexible to meet each patient's specific needs.
- The practice participated in the Diabetes Care Planning service provided by the clinical commissioning group (CCG) and held regular communication meetings with the CCG's specialist diabetes nurses.
- Appointments for annual health check reviews for patients with diabetes were arranged to coincide with diabetic eye screening appointments.
- The practice held regular meetings with the local multi-disciplinary teams to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours in the evening.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice website was well designed, clear and simple to use featuring regularly updated information. The website also allowed registered patients to book online appointments and request repeat prescriptions.

People whose circumstances make them vulnerable:

- We spoke with a nearby care home providing accommodation and care for adults under 65 with learning disabilities who informed us the practice responded to the needs of their residents compassionately and in a timely way. They were able to access support and advice easily.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice offered longer appointments for patients with a learning disability.
- The practice clinical computer system was used to alert staff to patients living in vulnerable circumstances and booked appointments were monitored by staff and followed up if there were any concerns. For example, if any vulnerable patient did not attend their appointment.
- The patient registration form included questions about caring responsibility and sensory impairment, to inform the practice of any additional care or support needs.

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

- The majority of staff had additional dementia training and all staff we spoke with had a good understanding of how to support patients with mental health needs and dementia.
- The practice offered longer appointments for patients experiencing poor mental health.
- Patients could access counselling services through the Berkshire wide talking therapies service. Details of this were available to patients in the patient leaflet and in reception.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use. During the inspection we saw GP, nurse and phlebotomist appointments were still available on the day of the inspection and the rest of the week.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher when compared to local and national averages.

- 77% of patients who responded were satisfied with the practice's opening hours compared with the CCG average of 77% and the national average of 76%.
- 88% of patients who responded said they could get through easily to the practice by phone; CCG average (69%); national average (71%).
- 88% of patients who responded said they were able to get an appointment to see or speak to someone the last time they tried; CCG average (82%); national average (84%).
- 89% of patients who responded said their last appointment was convenient; CCG average (78%); national average (81%).
- 71% of patients who responded described their experience of making an appointment as good; CCG average (70%); national average (73%).
- 59% of patients who responded said they don't normally have to wait too long to be seen; CCG average (53%); national average (58%).

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Five complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints. For example, a patient complained about being able to overhear confidential information discussed at reception. Staff were reminded about respecting the privacy and dignity of all patients by internal email and discussion at a staff meeting.

Are services well-led?

Inadequate

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

Our findings

We rated the practice as inadequate for providing a well-led service.

Vision and strategy

The provider's vision to deliver high quality care and promote good outcomes for patients was not always supported by effective governance processes.

Governance arrangements

The practice had a governance framework but this did not fully support the delivery of safe, effective and responsive care. There were arrangements for identifying, recording and managing risks within the practice, but these did not identify all risks.

Some of the actions to mitigate other risks had not made sufficient improvements to the levels and quality of services provided to patients. For example:

- The system and process for checking the professional registration of staff, and carrying out and risk assessing DBS checks, both at recruitment and on an ongoing basis, was not effective.
- Governance systems did not highlight the issues found with emergency medicines, such as medicines being taken off site and the lack of treatment for hypoglycaemia.
- There was a lack of oversight of staff training needs resulting in gaps in the update training of some staff. This included safeguarding and fire safety update training.
- The practice were aware of the limitations of their premises due to it being a listed building and no possibility of extending the building. However, they had not carried out a Disability Discrimination Access (DDA) audit and responded effectively to the problems of access.
- Policies practice specific policies were implemented and were available to staff but were not thereafter maintained, updated and reviewed. All policies we reviewed had not had a documented review and there was no review date planned.
- Clinical meetings or discussions were not held on a regular and planned basis. We found that when meetings were held these were not documented to enable the practice to demonstrate what had been discussed to demonstrate learning needed and monitoring of services provided.
- The practice conducted an infection control audit in September 2015 from which an action plan had been recommended. Following the inspection we received evidence of a new infection control audit conducted on 30 November 2017 and a new action plan. Some of the required actions reported in the previous audit of 2015 remain outstanding.

Leadership, openness and transparency

- There was a leadership structure in place. Staff stated they felt respected, supported and valued. They told us they were proud to work in the practice.
- There was a whole team endeavour to improve patient satisfaction.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints and previous Care Quality Commission inspection reports. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. For example, a child had been given an out of date nasal influenza vaccination by a locum practice nurse. The practice had sought advice from the manufacturers and informed the parents of the advice given.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- Staff told us the practice did hold regular team meetings although they were ad-hoc and did not always take place as planned.

Practice seeks and acts on feedback from its patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. We spoke with a nearby care home for adults under 65 with

Are services well-led?

Inadequate

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

learning disabilities whose residents were looked after by the practice. They told us they had a good working relationship with the GPs and felt they were listened to. Suggestions and feedback were taken and acted upon by the practice.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. We spoke with two members of the PPG who told us they met regularly with the practice and fed back patient views to the practice.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The practice used up to date information technology systems to monitor and improve the quality of care. These systems were now in line with the other local practices in preparation for collaborative working.
- The practice submitted data or notifications to external organisations as required.

Continuous improvement and innovation

- Practice leaders had oversight of incidents and complaints.
- The practice had plans in place and had trained staff for major incidents.
- The practice was active and worked collaboratively with the CCG and the local GP Alliance. (An Alliance is the term given to a group of GP practices coming together in collaboration to share costs and resources or as a vehicle to bid for enhanced services contracts).

This section is primarily information for the provider

Enforcement actions

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 **How the regulation was not being met:** • The systems and arrangements in place for infection control had not identified where all improvements were required. The practice conducted an infection control audit in September 2015 from which an action plan had been recommended. Following the inspection we received evidence of a new infection control audit conducted on 30 November 2017 and a new action plan. Some of the required actions reported in the previous audit of 2015 remain outstanding. • We found arrangements for emergency medicines did not mitigate risks to patients. For example, we were told that the GP sometimes took emergency medicines out to home visits leaving the practice without that medicine during that time and no risk assessment had been carried out. This could result in the practice nurse or other GP requiring the use of these emergency medicines and not having access to them. • There was no medicine to treat hypoglycaemia within the practice and no risk assessment had been carried out. Governance systems did not highlight the safety issues we found with emergency medicines being taken off site and the lack of treatment for hypoglycaemia. • We saw that the practice did not keep prescription stationery securely or monitor its use in line with current guidance.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:**

This section is primarily information for the provider

Enforcement actions

Treatment of disease, disorder or injury

- The provider was failing to operate systems and processes effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity, including the quality of the experience of service users in receiving those services.
- There was not an appropriate assessment or mitigating action regarding the risks of accessing the premises for patients with limited mobility. No full assessment had been undertaken on the premises to determine whether any alterations which could be made had been to ensure disabled accessibility was as safe as possible.
- The system and process for checking the on-going professional registration of staff, and carrying out and risk assessing DBS checks, was ineffective. There was a lack of effective systems to identify and mitigate the risk that staff had the appropriate skills and experience to deliver services to patients and that may have impacted on their care and welfare.
- There was a lack of oversight of staff training needs resulting in gaps in the update training of some staff.
- Practice specific policies were implemented and available to staff, however, they were not thereafter maintained, updated and reviewed.
- We requested the practice training matrix but they told us that there was not one available as the practice did not have a system to monitor training. Following the inspection the provider sent us a completed matrix which showed gaps in update training in safeguarding and fire safety for two non-clinical members of staff.
- Breaches of regulation 17 had been highlighted to the provider following our previous inspection in January 2016. Improvements had been identified at the May 2016 inspection; however, further and repeated breaches and a lack of effective governance systems were identified at our inspection on 28 November 2017.