Priory Avenue Surgery

Quality Report

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RG4 7SF
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Date of inspection visit: 29th July 2015
Date of publication: 24/09/2015

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?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection of the Priory Avenue Surgery, 2 Priory Avenue, Caversham, Reading, Berkshire, RG4 7SF on the 29 July 2015. We carried out this inspection to check that the practice was meeting the regulations and to consider whether sufficient improvements had been made.

Our previous inspection in November 2014 found breaches of regulations relating to the safe and effective delivery of services. There were also concerns and regulatory breaches relating to the management and leadership of the practice, specifically in the well led domain. The overall rating of the practice in November 2014 was inadequate and the practice was placed into special measures for six months. Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance.

At the inspection in July 2015, we found the practice had made significant improvements since our last inspection in November 2014 and that they were meeting two for the four regulations which had previously been breached. The ratings for the practice have been updated to reflect our findings.

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, and appropriately reviewed and addressed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and that they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

Summary of findings

- There was a leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- Recruitment checks for staff required improvement and documented evidence of these checks were not always recorded on staff files.
- Governance systems and processes required further improvement to monitor and assess the whole service in relation to risk and improvements.
- The practice was supported by mostly locum GPs, which may pose a risk to the continuity of care for patients and the leadership and management of the practice.

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

Importantly, the provider must:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Implement an effective system to ensure all complaints are responded to and outcomes and actions recorded.

In addition the provider should:

- Embed and maintain a continuous clinical audit programme.
- Ensure robust systems are in place to sustain current staffing levels at all times.
- Ensure all risks are assessed and actions followed up. For example, the risk assessment around the safety of the building and patients accessing first floor consultation rooms.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services, as there are areas where it must make improvements. Although most risks to patients who used services were assessed, there were areas where risk assessments had not ensured that patients were always kept safe. We found concerns in the following areas; recruitment, staffing levels and infection control. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Some clinical audits had been undertaken to identify changes and improvements in patient care. Some staff had not received an appraisal in the last 12-18 months. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff worked with multidisciplinary teams to support vulnerable patients and those who required additional support, care and treatment.

Are services caring?

Good

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

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services, as there are areas where improvements should be made. We found some of the complaints did not have a recorded response or evidence to show these were acted upon. However, patients could get information about how to complain in a format they could understand. On the day of inspection, patients of the practice did not have access to extended hours appointments. Feedback from patients on service access was positive. Patients also explained that urgent appointments were usually available the same day. Patients could see a male or female GP of their choice. Those we spoke with said they were pleased with the improvement, enabling them to see the same GP at each appointment.

Summary of findings

Are services well-led?

The practice is rated as requires improvement for being well-led, as there are areas where improvements must be made. The practice had not always ensured that risks were identified, managed and actions taken to maintain patient safety. Staff had received inductions, but not all staff had received a recent appraisal. The practice had a vision and strategy. There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular team meetings.

Requires improvement

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. The concerns which led to these ratings apply to everyone using the practice, including this population group. Elderly patients accessing the service were not always seen on the ground floor, making access to the consultation rooms difficult.

Home visits are arranged for housebound patients. The practice provides medical services to a local nursing care home, of which thirty one of the residents were registered patients with the practice. The practice introduced a weekly ward round by a named GP in April 2015. Audits showed this had improved the relationship with the care home and the quality of care delivered to these patients. The practice participated in the unplanned admission Directed Enhance Service (DES). The practice recorded patient care plans on an electronic system, with authorised access by other local healthcare providers. This ensured care plans were easily accessible to other health care providers such as out of hours, A&E and the local ambulance trust service. The practice had one of the highest completion rates of electronic care plans in West Berkshire and Reading CCGs. The practice had immunised 81.8% of patients for flu who were over 65 years of age, in the 2014-15 period.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients with diabetes are good. The practice has robust recall systems in place to ensure patients with long term conditions (LTC's) receive appropriate monitoring and support. For example, the practice runs an annual diabetic eye screening clinic on site. They have a specialist diabetes nurse. Patients with long term conditions were invited for regular reviews. Patients with respiratory health concerns were also well supported by a specialist respiratory nurse.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

Regular safeguarding meetings are held and there were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk. For example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. We saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses. Sixty per cent of pregnant women have received a flu vaccination in 2014-15.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The concerns which led to these ratings apply to everyone using the practice, including this population group.

Telephone calls to patients at work were made at times convenient to them. There was an online appointment booking system and repeat prescription service. The practice also offers NHS Health Checks to all its patients aged 40-75, in line with national guidelines. During 2014/15, the practice had completed 320 (4.1%) health checks, of which 150 (2.2%) patients were invited for a health check and the others were completed opportunistically. The practice had completed the highest proportion of checks for their practice list size. The practice followed up on patients who had failed to attending bowel screening appointments and this has improved the practice performance in this area. For example, in November 2014 62.6% of patients had received a bowel screening. In 2015/16 this has increased by 5%.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The concerns which led to these ratings apply to everyone using the practice, including this population group.

All vulnerable patients were prioritised, and given same day appointments. The practice provides medical services to homeless patients and temporary residents. Interpreters were used for patients who do not speak English. The practice kept a register for carers. These carers were offered annual flu vaccinations and

Summary of findings

information on local support services. The practice had completed 34 out of 35 health checks for patients with learning disabilities. All staff had received training in children and adult safeguarding in June 2015.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The concerns which led to these ratings apply to everyone using the practice, including this population group.

All patients with dementia and mental health were invited for a regular annual health review. Longer appointments were available for people who needed them, such as those suffering from poor mental health. A drug counsellor held monthly sessions at the practice. Appointments were also offered to patients who required additional interventions. The practice referred patients to the appropriate mental health services. 45 out of 50 patients had received a dementia review in 2014/15. All newly diagnosed dementia patients had appropriate bloods tests taken. 45 out of 48 patients on the mental health register have an agreed care plan in place.

Summary of findings

What people who use the service say

On the day of inspection, we spoke with nine patients. This also included members of the patient participation group (PPG). A PPG is made up of a group of volunteer patients and practice staff who meet regularly to discuss the services on offer and how improvements can be made.

Most of the patients told us the staff were courteous, kind and treated them with dignity and respect. One patient told us the receptionists and nurses were fantastic. Patients told us they felt involved and supported in decisions about their care and treatment. They confirmed that all clinical staff treated them with care and concern. Patients said they were always given information about their medical condition by the GP or the nurse.

Feedback about accessing the service was mixed. Some patients told us it was relatively easy to make an appointment. One patient told us they had regularly visited the practice to see the nurse and that it was easy to get an appointment most of the time. However, some patients told us it was difficult to get a routine appointment and had contemplated leaving the practice due to this. One patient told us they had concerns about the lack of continuity of care. This was supported by some of the PPG members we spoke with, who confirmed many patients had left the practice for this reason.

We received further feedback from eight patients via comment cards. The comments cards reviewed were generally positive. Patients commented that it was easy to get an appointment. Other patients appreciated the service provided and told us they had no complaints. Patients were satisfied with the facilities at the practice and commented on the building being clean and tidy. They also confirmed how the GPs and nurses explained procedures in great detail and were always available for follow up help and advice.

The practice results for the national GP patient survey in July 2015 showed in some areas the practice performed better than the CCG and national average. For example, 89% of patient said they were able to get an appointment to see or speak with GP the last time they tried, in comparison to the CCG average of 87% and national average of 85%. Ninety two per cent of patients said the last appointment they had was convenient, this was slightly better than the CCG average of 91%.

However, in some areas the practice performed below the clinical commissioning group (CCG) and national average. Thirty three per cent of patients with a preferred GP were usually able to see that GP. This was significantly lower than the CCG average of 67% and national average of 60%. Forty two per cent of patients said they did not have to wait too long to be seen. This was lower than the CCG average of 63% and national average of 58%.

Areas for improvement

Action the service MUST take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Implement an effective system to ensure all complaints are responded to and outcomes and actions recorded.
- Ensure robust systems are in place to sustain current staffing levels at all times.
- Ensure all risks are assessed and actions followed up. For example, the risk assessment around the safety of the building and patients accessing first floor consultation rooms.

Action the service SHOULD take to improve

- Embed and maintain a continuous clinical audit programme.

Priory Avenue Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and two GP specialist advisors. The team also included a CQC inspection manager, practice nurse, practice manager and expert by experience. Experts by experience are members of the team who have received care and experienced treatment from similar services.

Background to Priory Avenue Surgery

Priory Avenue Surgery provides personal medical services to over 7,400 patients in Caversham, Berkshire. The practice has an older than average practice population and low deprivation scores. Priory Avenue Surgery has a high proportion of over 65 year olds registered with them.

The practice occupies a Victorian building converted for general practice usage and has been extended several times in the last 10 years. Consultation and treatment rooms are spread on the ground and first floors. The practice does not have onsite parking facilities for patients. Some parking was available for patients with a limited mobility in the neighbouring roads.

Priory Avenue Surgery was formerly a group general practice. In 2012 the partnership was dissolved and the contract was handed back to NHS Berkshire West Primary Care Trust (PCT). In April 2013, a new provider was found. Specialist Health Services Limited (SHS) were offered an eight year APMS contract. SHS were responsible for the management of the practice during the previous inspection in November 2014.

In April 2015, the SHS management team decided to withdraw from their APMS contract with NHS England. Working with the local North and West Reading Clinical Commissioning Group, NHS England was able to secure a new interim provider. On 1st June 2015, NHS England appointed Berkshire Healthcare NHS Foundation Trust (BHFT) to manage Priory Avenue Surgery on an interim 12 month Alternative Provider Medical Services (APMS) contract. The new management team had been working with the practice for two months prior to CQC's inspection.

BHFT were appointed to run Priory Avenue Surgery following a process to determine which provider could best fit the urgent needs of the patient population at the surgery.

The inspection in July 2015 was carried to consider if all regulatory breaches identified in the November 2014 inspection had been addressed and to consider whether sufficient improvements had been made.

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Westcall. There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice, in the practice information leaflet and on the patient website.

The practice has an Alternative Provider Medical Services (APMS) contract.

This was a comprehensive inspection.

The practice provides services from:

Priory Avenue Surgery

2 Priory Avenue

Caversham

Reading

Detailed findings

Berkshire

RG4 7SF

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

We undertook a comprehensive inspection of Priory Avenue Surgery on 27 November 2014. The practice was rated as inadequate overall and for the safe, effective and well led domains. It required improvement in the caring and responsive domains. In addition, all five population groups were rated as requires improvement. Due to the inadequate rating, the practice was placed in special measures.

The practice was found to be in breach of four regulations of the Health and Care Social Act 2008. Requirement notices were set for the regulations relating to the requirements of workers and cleanliness and infection control. Warning notices were issued for the regulations relating to records and assessing and monitoring the quality of service.

How we carried out this inspection

Prior to the inspection, we reviewed wide range of intelligence we hold about the practice. Organisations such as local Healthwatch, NHS England and the clinical commissioning group (CCG) provided us with any information they had. We carried out an announced visit on 29 July 2015. During our visit, we spoke with practice staff team. This included the management team, GPs, practice nurses, and the administration team. We spoke with nine patients, three Patient Participation Group (PPG) members and reviewed eight completed patient comment cards. We observed interactions between patients and staff in the waiting and reception area and in the office where staff received incoming calls. We reviewed policies and procedures the practice had in place.

To get to the heart of patients experiences of care, we always ask the following five questions of every service and provider:

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

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

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

Requires improvement

Are services safe?

Our findings

Safe track record

When we inspected the practice in November 2014, we found that the practice was not managing safety and risks consistently overtime and therefore they were unable to demonstrate a safe track record. Staff had told us safety alerts were not being discussed routinely at meetings or being recorded.

During the July 2015 inspection, we found the practice had a system in place which demonstrated a safe track record in the last six months. The practice used systems and information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts, as well as comments and complaints received from patients. All safety alerts were now passed on to the individual GPs, were available on the internal computer system and actioned appropriately. For example, the practice had recently received a cancer care alert, this was discussed with staff and in response to the alert, a policy was developed for all staff to follow.

The practice had also devised a policy for staff to use for reporting incidents, significant events and complaints. Staff knew how to access this information and those we spoke with, knew it was important to report incidents and significant events in order to keep patients safe from harm. Staff told us they were encouraged and supported to raise any concerns that they may have and were able to explain and demonstrate the process in place.

We reviewed safety records, incident reports, complaints, significant events and minutes of meetings where these were discussed over the lasts six months. This showed the practice had managed these consistently and could show evidence of a safe track record having been introduced.

Learning and improvement from safety incidents

When we inspected the practice in November 2014, we had found no evidence of learning being shared. Staff had told us team meetings to discuss significant events, incidents and complaints had lapsed. During this inspection, we found a system had been introduced for reporting, recording and monitoring significant events, incidents and accidents. Staff told us significant events and complaints were now discussed in weekly meetings. Minutes of the meetings were stored on the internal computer system and accessible to all staff. We saw evidence of the meeting minutes, but it was too early to assess how the learning from this process informed future care.

We reviewed records of five significant events that had occurred during the last seven months and found these had been appropriately dealt with and actioned. We noted that the practice also kept a summary of all the significant events that took place in 2015, this included action taken and the learning points.

National patient safety alerts were disseminated to the appropriate GP. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. We found the alerts had been appropriately dealt with.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of the medical, nursing and administrative team about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had appointed a dedicated GP as lead in safeguarding vulnerable adults and children. They had been trained in both adult and child safeguarding and could demonstrate they had the necessary competency and training to enable them to fulfil this role. All staff we spoke with were aware of who the lead was and who to speak with in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to a child protection plan. There was active engagement in local safeguarding procedures and effective working with other relevant organisations including health visitors and the local authority.

Requires improvement

Are services safe?

When we inspected the practice in November 2014, we found no evidence to confirm which staff had received appropriate chaperone training. During this inspection, we found all nursing staff (including health care assistants) had been trained to be a chaperone. Reception staff would act as a chaperone if nursing staff were not available. Receptionists had also undertaken training and understood their responsibilities when acting as chaperones, including where to stand in order to appropriately observe the examination. All staff undertaking chaperone duties had received a Disclosure and Barring Service (DBS) check. (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).

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed room temperature and fridge temperature checks were carried out to ensure medication was stored at the appropriate temperature.

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

All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. The PGDs we reviewed were all current and had been appropriately signed. We saw evidence that nurses had received appropriate training and had been assessed as competent to administer the medicines referred to under a PGD.

Cleanliness and infection control

When we inspected the practice in November 2014, we had found no evidence of any completed infection control audits. The practice did not have a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). There was no risk assessment to determine if action was required to reduce the risk of legionella infection to staff and patients. There was no cleaning rota for the practice equipment, such as the telephone, spirometry monitors, keyboards and blood pressure cuffs. The cleaning of these items was not being monitored. Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance.

During the inspection in July 2015, we found all of the above concerns had been addressed. We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use. Staff were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training on infection control that was specific to their role. They also received annual updates. We saw evidence that the practice had carried out comprehensive infection control audits in February 2015 and May 2015. A number of areas of improvement had been identified in these audits, and the practice was working through each recommendation.

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

Requires improvement

Are services safe?

The practice had a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings). The practice had completed a legionella risk assessment in January 2015 to assess the management, testing and investigation of legionella.

We were provided with evidence of Hepatitis B status of the practice staff. However, we found Hepatitis B status checks had not been completed for all staff. This had been identified by the practice. We were told that an action plan was in place to ensure all staff would be appropriately immunised against Hepatitis B.

Equipment

A schedule of testing was in place for equipment. Electrical appliances were tested to ensure they were safe. We saw a log of calibration testing for the practice and all equipment was calibrated in February 2014. Disposable medical instruments were stored in clinical treatment rooms in hygienic containers ready for use.

Staffing and recruitment

When we inspected the practice in November 2014, we had found that not all of the information required by the regulations were recorded in the individual staff files.

During this inspection, we found the practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. We reviewed four staff personnel files for staff who had been recruited in the last six months. We found that most of the information required by the regulations was recorded in the individual staff files. Some staff files did not contain evidence of a health assessment to determine whether staff were physically and mentally fit to carry out their roles and there was no evidence of interview records in the personnel files.

We found a documented risk assessment was in place for all staff, which determined whether a DBS check was required for their role. We saw evidence that appropriate DBS checks had been completed for all relevant staff and locum GPs.

When we inspected the practice in November 2014, we had found the practice did not have sufficient regular clinical staff on duty to support the needs of the patient population safely. A number of salaried GPs had resigned and some were serving their notice period. On occasion, we noted the practice only had two GPs providing nine regular clinical sessions per week. This meant that if the practice had not made significant improvements to staffing levels, there was a serious risk to the safety of patients and their care and treatment. The practice was required to take immediate corrective action to address the staffing issues. CQC requested regular updates on the clinical and non-clinical staff provision.

During the inspection in July 2015, the practice was providing medical services to over 7400 registered patients. We noted the patient list had decreased since the last inspection by approximately 650 patients. Clinical care was being provided by a single salaried GP and five long term locum GPs.

We noted from records, that the practice had significantly increased the clinical sessions per week between January 2015 and July 2015. However, there were concerns in relation to the current locum GP staffing arrangements. We discussed the risk of using a high number of locum GPs with the BHFT management team. They were aware of the risks and had an active campaign to recruit new salaried GPs. They explained that some of the locum GPs had expressed an interest to increase their clinical sessions to further support the continuity of care, but this was likely to remain on a locum contract basis.

We found the practice had employed appropriate levels of staff in the nursing team and administrative and reception team. Additional staff had been appointed to ensure workloads were managed more effectively. For example, two medical record summarisers had been employed to work through the clinical paperwork backlog identified in the November 2014 inspection, and to ensure a long term system was in place to action paperwork in a timely manner.

At the time of inspection we were also advised that the interim practice manager was also leaving the practice in August 2015 when their contract ended. We were advised that a recruitment process had commenced to employ a new practice manager as soon as possible.

Monitoring safety and responding to risk

When we inspected the practice in November 2014, we had found the practice had failed to identify the risks associated with the staffing problems, which began to arise earlier in 2014. We were unable to evidence how the practice management and leadership team had identified this risk and what immediate and corrective action was taken to

minimise the impact for patients and the practice. We had also found no evidence of relevant health and safety risk assessments. For example, risk assessments in fire safety or the control of substances hazardous to health (COSHH).

During this inspection, we found the practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included a regular building compliance survey, DBS risk assessments and a fire and legionella risk assessment had been completed. We noted appropriate actions plans were in place and the practice had made changes as a result.

However, we found the practice had not fully assessed and followed through with actions against all risks. Specifically, relating to the building and access to first floor consultation rooms. On the day of inspection, the practice advised us that patients who were frail, had mobility difficulties or young children were seen on the ground floor. The receptionists told us that there were alerts of patient records to remind staff to book appointments on the ground floor. However on the day of inspection we noted several patients having difficulties on the stairs. Including elderly patients, those with mobility aids and a parent with a young child. We noted a COSHH risk assessment was in place, however, this was incomplete and required further work.

Arrangements to deal with emergencies and major incidents

Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). All emergency equipment we checked was in date and fit for use.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. Processes were in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use. The practice nurse was responsible for checking resuscitation equipment and medicines and recorded this information weekly.

Staff told us they had received training in fire safety and health and safety. All practice staff had received basic life support training in June 2015. The practice had health and safety protocols and staff knew how to access these should the need arise. Health, safety and welfare procedures were also available in the staff handbook.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. The staff we spoke with were familiar with this and knew how to access it should the need arise. Each risk was rated and mitigating actions recorded to reduce and manage the risk. The risks identified included power failure, full loss of computer system (both short term and long term), adverse weather, infection, loss of GP partner and equipment failure. The document also contained relevant contact details for staff to refer to. For example, contact details of the utility companies to contact if the electricity and gas system failed.

The practice had alarm buttons to alert staff in the event of emergencies.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

When we inspected the practice in November 2014, we had found the practice did not maintain an accurate record in respect of each patient. This included not recording appropriate information and documents which related to the care and treatment provided.

During the July 2015 inspection, we sampled a number of medical records. We found patient records were fully computerised with appropriate documents in relation to their care and treatment recorded on the system. For example, we saw all incoming test results and hospital discharges were promptly summarised and stored on the computer system. All pathology results were actioned and recorded on the same day they arrived. Similarly all X-ray results, all hospital and other correspondence were actioned on the same day they were received.

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. Staff told us they had access to guidance from local commissioners.

GPs and nursing staff described how they carried out comprehensive assessments which covered all health needs in line with national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

The practice clinical lead GP was the main specialist in clinical areas such as mental health, minor surgery, long term conditions and dementia. This was due to the rapid and significant changes required after the inspection in November 2014 and the new provider taking over the contract only six weeks before the inspection in July 2015. However, some of the staff we spoke with had expressed their interest in taking a lead in these clinical roles in the future.

Management, monitoring and improving outcomes for people

When we inspected the practice in November 2014, we had found there was no evidence of completed clinical audit cycles in the last two years. A clinical audit is a process or cycle of events that help ensure patients receive the right care and the right treatment. This is done by measuring the care and services provided against evidence base standards, changes are implemented to narrow the gap between existing practice and what is known to be best practice. The audit documents made available to us during the November 2014 were system searches and not completed audit cycles which demonstrated improved outcomes for patients.

During the inspection in July 2015, we found there was evidence of completed clinical audits. We saw audits had been undertaken in a number of clinical areas. For example, bowel screening, cytology, prescribing, end of life care, sore throat, antibiotics, repeat prescription and home visit audits. A bowel screening audit showed 56% of patients had received bowel screening in the previous year, which was lower than the England and CCG achievement for the same period. Following this audit the practice had introduced a system in which they sent a personal letter to the patient offering a screening appointment. A second clinical audit was completed six months later. This demonstrated that uptake for bowel screening had increased to 62%.

We saw that clinical audits were linked to medicines management information or as a result of information from the quality and outcomes framework (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). For example, we saw that the GPs had completed audits in statin co-prescription , aspirin and UTI treatment. We saw evidence these prescribing audits had been regularly completed.

Requires improvement

Are services effective?

(for example, treatment is effective)

We noted a number of audits had been undertaken and a clinical audit programme was being implemented to ensure clinical audits were completed on regular basis, by all relevant staff.

The practice prescribing rates were better than national figures for prescribing of antibiotics and anti-inflammatory medicines. There was a protocol for repeat prescribing which followed national guidance. This required staff to regularly check patients receiving repeat prescriptions had been reviewed by the GP. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence that after receiving an alert, the GPs had reviewed the use of the medicine in question.

The practice routinely collects information about patients' care and outcomes. The practice used the Quality and Outcomes Framework (QOF). The 2015 QOF data made available to CQC showed the practice had either met QOF targets or exceeded them. The practice had performed well in all clinical and public health outcome areas.

The practice had made use of the gold standards framework for end of life care. It had a palliative care register and had regular internal, as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.

The practice kept a register of patients aged over 75, obesity, young smokers and HPV vaccinations for girls. This included those in various vulnerable groups such as patients with learning disabilities and carers.

Effective staffing

All GPs were up to date with their yearly continuing professional development requirements and all had been revalidated or received a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). The nursing team had been appraised annually. We saw learning needs had been identified and documented action plans were in place to address these. Staff told us that their training and development needs had been discussed. For example, one nurse told us that they were currently completing a course in wound care and that the practice had been supportive with this.

We saw evidence that confirmed all staff had completed training in a number of different areas. This included training for adult and children safeguarding, how to chaperone, basic life support, fire, information governance and infection control.

All the GPs we spoke with, told us they had attended meetings with the clinical lead. They also told us they had access to the clinical lead and could approach them if they had concerns or needed advice.

We found some of the non-clinical staff had completed annual appraisals where learning needs were discussed and actions plans were in place. However, some staff we spoke with told us they had not received a recent appraisal in the last 12-18 months. The new management team recognised the lack of appraisals, but had to prioritise the improvements required in the safe care and treatment of patients. They explained that all staff appraisals would be completed by the end of the year.

When we inspected the practice in November 2014, we had found there was no formalised induction programme for new administration and reception staff. During the July 2015 inspection, we found that a formalised induction for non-clinical staff was in place and this was confirmed by the staff we spoke with. For example, one staff member told us their induction covered all aspects of the job and that they had shadowed for a couple of weeks until they felt comfortable working without supervision. The staff told us their competence was checked before being allowed to work unsupervised and they could ask for further training if required. We saw records to confirm this.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from these communications. Out-of hours' reports, 111 reports and pathology results were all seen and actioned by a GP on the day they were received. Discharge summaries and letters from outpatients were usually seen and actioned on

the day of receipt and all within five days of receipt. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

The practice had strong working relationship with the district nurse team and the community matron, who were all based within the premises. They were called into the practice when information needed to be shared. The practice also worked closely with the midwife and health visitor who visited the practice regularly and ran clinics from the practice.

Information sharing

When we inspected the practice in November 2014, we found the process of information sharing to be ineffective and patients were at risk of inappropriate care and treatment. We had found there was a backlog of letters from hospitals, A&E reports, and reports from out of hours' services which needed to be processed and actioned by a GP. This information had not been dealt with in timely manner.

During this inspection, we found that there was no medical records summarisation backlog. The practice had put in place systems to ensure all paperwork received from external health providers was reviewed and actioned in a timely manner. This was a significant improvement from the previous inspection, and the systems in place ensured the risk to patients was minimised.

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours (OOH's) provider to enable patient data to be shared in a secure and timely manner. This ensured a patient's health information was available to the OOH's service to allow for the appropriate care and treatment of the individual.

Electronic systems were also in place for making referrals. The practice made most of their referrals through the Choose and Book system. Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital. Staff reported that this system was easy to use. The practice had a follow up system in place for all two week referrals. Audits had not been undertaken to measure the referral rates per GP and the reasons to confirm the appropriateness of the referral.

The practice had signed up to the electronic Summary Care Record and planned to have this fully operational by 2015. (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

Systems were in place to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage a patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

The GPs we spoke with had an understanding of the Mental Capacity Act 2005 (MCA) and its relevance to general practice. The GPs and nurses we spoke with understood the principles of the legislation and described how they implemented it. Staff were able to describe the action they would take if they thought a patient did not understand any aspect of their consultation or diagnosis. They were aware of how to access advocacy services.

The GPs we spoke with gave examples of how they considered a patient's best interests when their mental capacity meant they were unable to make a decision. GPs and nurses demonstrated a clear understanding of Gillick competencies, used to identify children under the age of 16 who have the legal capacity to consent to medical examination or treatment.

Health promotion and prevention

The practice actively promoted the 'Beat the Street' programme to their patients. The programme was designed to encourage and inspire communities to walk to school, to work and to the shops rather than travel by car. The practice wrote to 263 of their diabetic and heart disease patients and encouraged them to participate in the walks and promote this program in the practice.

The practice website and surgery waiting areas provided up to date information on a range of topics. Health promotion literature was readily available to support people considering any change in their lifestyle. These included information on, diabetes, asthma, cancer and carer's support. Patients were encouraged to take an interest in their health and to take action to improve and maintain it.

Requires improvement

Are services effective?

(for example, treatment is effective)

In 2013/14 the number of patients with a smoking status recorded in their records was 85.31% which was slightly lower than the CCG and England average. Of these patients 97.77% of patients had received advice and support to stop smoking which was higher than the national and CCG average.

The practice's performance for the cervical screening programme was 89% in 2015, which was better than the national target of 80% and was higher than the national average of 82%. The practice performance for bowel cancer screening was 62.6% in 2014, which was higher than the CCG (61.2%) and England achievement (58.3%). The practice also offered a chlamydia screening programme.

The practice had 35 patients on the learning disability register, of these 34 patients had received their annual review in 2014/15. The other one patient had been followed up by formal invites and telephone calls, but had not responded to the practice.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance was above average for the majority of immunisations where comparative data was available. For example:

- Flu vaccination rates for the 65s and over were 81.8% which was higher than national average. Flu vaccination rates for those at risk were 55.75% which was above the CCG and national average.
- Childhood immunisation rates for the vaccinations given to both under twos and five year olds ranged from 91% to 96%. Some of these were above the CCG and National averages and exceeded the national target of 90%.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This was taken from the national patient survey in July 2015 and compliments received by the practice. We also reviewed the eight Care Quality Commission (CQC) comment cards patients were invited to complete. The evidence from all these sources showed that patients were satisfied with how they were treated and confirmed that this was with respect, dignity and compassion.

Comment cards completed by patients told us what they thought about the practice. Some patients commented staff were nice, kind and sympathetic. We also spoke with nine patients on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was always respected. Observation of, and discussions with staff showed that they were compassionate and treated patients in a sensitive manner.

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

Staff we spoke with were careful to follow the practice's confidentiality policy when discussing a patients' treatment. Some staff we spoke with told us they knew conversations could be heard in the waiting area and in order to preserve confidentiality, they only asked for minimal information. Staff told us that if patients wanted to speak to the receptionist or practice manager in confidence, they would be taken to a private room.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us that referring to this had helped them diffuse potentially difficult situations.

Care planning and involvement in decisions about care and treatment

When we inspected the practice in November 2014, the data available identified that patients had responded negatively to questions about their involvement in planning and making decisions. The practice had performed low in those areas in comparison to other practices.

During this inspection, we found patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions. For example, data from the national patient survey 2015 showed seventy per cent of patients said the GP they saw was good at involving them in decision about their care and 90% of patients said they had confidence and trust in the last GP they saw or spoke with. Eighty six per cent of patients said the last nurse they spoke with was good at listening to them and 81% of patients said the last nurse they saw was good at giving them enough time. However, patients who had made complaints in the preceding three months said they did not have confidence in the GP they had seen.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. Patient feedback on the comment cards we received was also positive and aligned with these views. Patients commented that clinical staff at the practice took the time to make sure they fully understood their treatment options.

Patient/carer support to cope emotionally with care and treatment

Notices in the patient waiting room and on the practice website also signposted people to a number of support groups and organisations. This included carer support, counselling, dealing with loneliness for older people, memory loss and bereavement support. The practice website had information about family health, long term conditions and minor illness.

The practice website had online resources, which included information about health advice for young people and online talking therapies and support clinics. The online clinics are run across all websites and cover a wide range of health conditions.

Good

Are services caring?

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. The patients we spoke with on the day of our inspection told us GPs and nurses were supportive.

The practice maintained a register for patients with depression and provided these patients with appropriate care and support.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. For example, the practice had introduced a new planning system for diabetic care. In this process, the health care assistant (HCA) saw patients with diabetes two weeks in advance of their annual assessment, to measure their blood pressure and cholesterols levels. All this information was then discussed with patient before their annual review with the nurse. The patients were also provided with structured education on diabetes and were supported to improve their condition. The practice had carried out annual health checks on pre-diabetics and had completed 40 out of 122 pre-diabetic health checks between April-July 2015.

The practice had one of the highest completion rates of electronic end of life care plans in West Berkshire. The practice was able to achieve this through robust care planning, by offering choice to patients and by having dialogue with patients about the support they needed.

In order to improve patient continuity of care, the practice had put in place a nominated GP for each patient. Longer appointments were available for patients with multiple or complex needs and those with learning disabilities or suffering from poor mental health. For patients who were house-bound, home visits were available.

The practice had patient registers including learning disability, patients with obesity, young smokers, long term conditions and palliative care registers. We found there was an effective recall and annual review system in place for patients with diabetes and respiratory disease. Appointments could be booked with the nurses at the practice who monitored their condition and provided lifestyle advice and guidance to support them.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG).This included the purchase of new chairs for the waiting area.

Tackling inequity and promoting equality

During our inspection, we observed some patients struggling and unsteady on the staircase. We noted that the handrail did not extend all the way up on the stairs leading to the first floor, which made it difficult for patients with mobility issues or those that were frail. The practice did not have a lift in place. Staff told us elderly and frail patients and patients with a limited mobility were offered appointments on the ground floor. However, on the day of inspection we saw elderly and frail patients and parents with children, being seen on the first floor.

Staff told us if patients needed help with accessing the practice, they were able to ring the doorbell at the entrance and a staff member would assist them accordingly. During the inspection we saw some patients with limited mobility struggle with doors when entering and leaving the practice.

Staff told us that a translation service was available for patients who did not have English as a first language. They said it was rare that this service was required. The practice also utilised language skills within the practice team, to support patients who did not understand English. We saw the self-check in service was available in several other languages. The practice website could be translated into over 50 languages. These included Urdu, Spanish, Polish and Arabic.

Access to the service

At our previous inspection in November 2014, we found that patients were often having to wait a considerable time for a routine appointment with a named GP. Patients we spoke with told us that they were also concerned about the continuity of care because they had to see a different GP at each appointment. The patient survey results and feedback from the national patient survey also confirmed this.

At the inspection in July 2015, we found patients were able to book appointments to see a GP or nurse by telephone, online and in person. Patients could also receive text reminders about their booked appointments. There was a mix of appointments available every day including: book in advance, book on the day, urgent and telephone consultations. Home visits and telephone consultations were available for patients who required them, including housebound patients and older patients.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

The practice was open Monday to Friday from 8am to 6.30pm. Since December 2014, the practice had stopped offering extended hours during the evening and the weekends. The management team told us, this provision was withdrawn as a temporary measure, in order to focus on stabilising the appointment system and increasing the staffing levels. They told us the extended hour provision was to recommence by Autumn 2015.

Comprehensive appointment information was available on the practice website. This included how to arrange urgent appointments, home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring to obtain healthcare advice or treatment. Information on the out-of-hours service was also provided to patients on the practice website.

Patient feedback about accessing appointments was mixed. Some patients we spoke with told us it was relatively easy to make an appointment. For example, one patient told us they had regularly visited the practice to see the nurse and that is was easy to get an appointment. Other patients told us it was difficult to get a routine appointment and had contemplated leaving the practice due to this. One patient told us they had concerns about the lack of continuity of care. Feedback received from the comments cards showed patients were happy with the service access. Some of this feedback related to patient experience in the previous 12 months. However, patients felt there had been a more recent improvement in accessing appointments and being able to see the same GP.

The practice results for the national GP patient survey 2015 showed the practice performed well, on some areas of service access. For example, 89% of patient said they were able to get an appointment to see or speak with GP the last time they had tried. This was better than the CCG average of 87% and national average of 85%. Ninety two per cent of patients said they the last appointment they booked was convenient, this was slightly better than the CCG average of 91%. Seventy four per cent of patients were satisfied with the practice opening hours. This was lower than the CCG average of 77% and national average of 75%.

In some areas the practice performed below the clinical commissioning group (CCG) and national average. For example, 63% of patients described the experience of making an appointment as good; this was low in comparison to the CCG and national average of 73%. Sixty three per cent of patients said they usually had to wait 15 minutes or less after their appointment time to be seen, this was slightly lower than the national average of 65% and lower than CCG average of 75%. Forty two per cent of patients said they did not normally have to wait too long to be seen, in comparison to CCG average of 63% and national average of 58%.

Listening and learning from concerns and complaints

The practice had a complaints procedure in place. The policy was in line with recognised guidance and contractual obligation for GPs in England. There was a designated responsible person who handled all complaints in the practice. The complaints procedure was displayed in the waiting area and on the practice website.

The practice kept a record of all written complaints received. We reviewed 27 complaints that had been received from the period of January 2015 to June 2015. Most of the complaints had been investigated by the practice and responded to, where possible, to the patient's satisfaction. However, we found 13 of these complaints did not have a recorded response and we were unable to evidence whether appropriate action had been taken.

We saw evidence the practice had reviewed complaints during team meetings, which were led by the clinical lead and learning was shared with staff. The meeting minutes were also stored on the internal computer system, which were accessible to all staff.

We noted that patient comments made on the NHS Choices website were not always monitored or responded to.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

When we inspected the practice in November 2014, we had found staff were not aware of the practice's vision or strategy. Staff were not clear on the responsibilities of other staff or which GPs had clinical lead roles. We had also found the practice had not developed a business or strategic plan for the future. There was no evidence of succession planning for the salaried GPs who were due to leave soon. The practice had not identified or developed internal staff to fulfil leadership positions. The practice did not have regular team meetings. Staff did not feel involved in supporting or improving the practice.

During this inspection, we found the practice had a business development and strategy plan in place for 2015-16. The practice team had made significant improvements to the practice in the previous six months, which demonstrated achievement against their own aims and objectives. These included providing an accessible, safe and clinically effective service, which will improve the patient experience and their outcomes of care.

Since BHFT were offered the 12 months interim contract the practice short term goals included:

- Establishing good quality and effective clinical leadership.
- To recruit suitable salaried GPs.
- Engagement of staff in future planning for practice.
- To achieve practice premises that are fit for purpose with estates works to be completed in a timely manner with limited interruption to patient care.

Staff we spoke with told us they had been involved in team meetings where aims and objectives, vision and strategy for the next 12 months had been discussed and shared with them. On the day of inspection we noted how the practice had ensured they had met or were working towards achieving these goals.

Governance arrangements

When we inspected the practice in November 2014, we found the practice did not have systems in place to monitor all aspects of the service such as complaints, incidents, safeguarding, risk management and clinical audit. The practice did not hold governance meetings to discuss performance, quality and risk. This was confirmed by the GPs and nurses we spoke with. Clinical audits had not been undertaken in the previous two years to drive improvement and change. We had also found evidence which identified how clinical audits were not effective.

During this inspection, we found the practice had a number of policies and procedures in place to govern activity and these were accessible to staff on the internal computer system. We sampled a number of these policies and found they had been subject to regular review and all were up to date.

The practice had completed some clinical audits which were used to monitor quality and systems to identify where action should be taken. A clinical audit programme was in the process of implementation to ensure clinical audits were completed on regular basis, by all relevant staff.

The practice had introduced a system to ensure a series of staff meetings took place. Recently this included meetings such as, clinical governance and nurse meetings, safeguarding, unplanned admission and gold standard framework meetings, a PPG meeting and whole practice meetings. The minutes of the meetings were stored on internal computer system and staff who could not attend the meetings, were able to access these. For example, in the clinical meeting dated 23 July 2015, we saw the following topics were discussed- NICE guidelines, medicine alerts, GP bags, audits and children vaccinations.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example disciplinary procedures and the induction policy which were in place to support staff and management. There was a staff handbook that was available to all staff. This included sections on equality, harassment and bullying at work. Staff we spoke with knew where to find these policies if required. The practice had a whistleblowing policy which was also available in the staff handbook and electronically on any computer within the practice.

The practice had identified, assessed and managed most risks. Health and safety risks relating to the building and access to patients had been assessed. However, the actions to ensure patient safety had not always been effectively implemented. We found not of all the information required by the regulations was recorded in the individual staff files.

Are services well-led?

Requires improvement

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

For some staff, there was no evidence they had been appropriately vaccinated against Hepatitis B. Not all staff members had been annually appraised. The practice had not established a programme of clinical audits. Monitoring systems had identified these issues but the practice had worked on the concerns from the last inspection in order of priority. We saw the remaining issues in relation to governance processes were on the practice's action plan for completion.

Leadership, openness and transparency

When we inspected the practice in November 2014, we had found there was no clear leadership structure at the practice. Staff were not clear about their own roles and responsibilities, and this had been compounded by the constant changes in staffing. The practice had gone through a period of change in the last two years. We had found that no formal leadership team had been appointed or processes developed to manage and implement the significant change. There had been constant failures in communication between the current directors and salaried GPs, which had led to a breakdown in relationships and the failing of leadership in the practice. This had left the practice staff demoralised and disillusioned, with lack of management support.

During this inspection, we found that there was visible leadership and management in the practice. The Berkshire Health Foundation Trust (BHFT) management structure comprised of a lead clinical GP, a deputy clinical lead, a nurse lead, infection control lead and an experienced practice manager. The two clinical lead GPs provided six and two clinical sessions per week to the practice respectively. During these sessions they provided leadership and management to the practice only, and did not see patients. The nurse lead provided clinical leadership to the nursing team.

We found the group of GPs and nurses providing clinical care at the practice were enthusiastic, motivated and co-operating well with one another under the BHFT leadership. They had all contributed to the improvements and actions required from the previous inspection.

An experienced practice manager had been employed, to provide leadership to the non-clinical team and manage the day to day running of the practice. Staff told us the new management team was approachable and took time to listen to all members of staff. Staff told us there was an open and relaxed atmosphere in the practice and there were opportunities for staff to meet or to seek support and advice from colleagues. Staff were complimentary of the support they received from the BHFT management team and looked forward to their continued support in the future. Staff said they felt respected, valued and supported. Equally, we found the management team were supported by a well-established, cohesive and dedicated staff team.

All staff we spoke with expressed their concerns regarding the sustainability of the current management and leadership arrangement, in particular when the 12 month interim contract expires. The current practice manager had been appointed on a six month contract and was due to leave in August 2015. There was a concern that further management changes in the next few months will lead to destabilising a practice had only just started to settle.

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

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through GP Patient survey, family and friends test, via the patient participation group (PPG) and complaints received.

We spoke with the three PPG members during our inspection. The members told us the group met every month, and these meetings were attended by the practice manager and by a GP. The PPG members told us their feedback to the practice was acted upon. For example, the PPG had recommended new chairs in the waiting area, and this had been actioned. The PPG was involved in the purchase of a new telephone call handling system, and were hopeful this would improve access for patients.

We saw evidence that the practice had reviewed its' results from the national GP survey to see if there were any areas that needed addressing. For example, the last practice survey included a question on how easy it was for patients to through the surgery by phone. The practice had scored low in this in comparison to the CCG and national average. The practice put in actions plans to address this concern. This included, exploring a new telephone system and carrying out audits on the calls per hour received and match this up with the reception staff rota.

The practice had gathered feedback from staff through day to day discussions and staff meetings. This was supported by the staff we spoke with, who told us they would not

Are services well-led?

Requires improvement

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

hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

Management lead through learning and improvement

At the inspection in November 2014, the practice did not have effective systems to learn from incidents which potentially impacted the safe delivery of care and treatment to patients. Significant events were not being discussed and learning disseminated.

At the inspection in July 2015, we found the practice had introduced a system to ensure significant events and safety incidents were all analysed and investigated. Where areas for improvement or learning had been identified, this was cascaded to staff at team meetings. However, a review of complaints and an analysis of trends was not taking place.

We saw evidence the practice used their appraisal system to identify learning and development opportunities for some of their staff and supported them whenever they were able. There was also improved access to training and development opportunities for staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Regulation 19 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and Proper persons employed.** **The registered person must ensure all information specified in Schedule 3 is available in respect of staff employed for the purpose of carrying on the regulated activity. Regulation 19 (1) (2) and (3).**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **Regulation 16 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. Receiving and acting on complaints.** **The registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users, and other persons in relation to the carrying on of the regulated activity. Regulation 16 (1) and (2).**