Crosby House Surgery

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Inadequate
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 comprehensive inspection at Crosby House Surgery on 20 January 2016. Overall the practice is rated as requires improvement.

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. When there were safety incidents reviews and investigations were conducted, but action plans were not always carried out in a timely fashion
- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, appropriate recruitment checks on staff had not been undertaken prior to their employment, actions identified to address concerns with infection control practice had not been taken, and prescription pads were not appropriately monitored.
- Not all staff had received appropriate training.
- The practice had limited formal governance arrangements.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review. Actions outlined in policies were not always followed.
- There was an interpreter service but not all staff were aware of this.
- There was no hearing loop in reception.
- Complaints were not always responded to in a timely manner and patients were not always provided with information about the Ombudsman.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Data showed patient outcomes were high in some areas, similar in some areas and low in others compared to the locality and nationally. Audits had been carried out and we saw evidence that audits were driving improvement in performance to improve patient outcomes.
- The majority of patients said they were treated with compassion, dignity and respect.
- Urgent appointments were usually available on the day they were requested.
- The practice had proactively sought feedback from patients. It had a patient participation group and it was recruiting new members for this.

Summary of findings

The areas where the practice must make improvements are:

- Introduce robust processes to ensure action plans from significant events are carried out in a timely manner.
- Take action to address identified concerns with infection prevention and control practice.
- Address the monitoring of blank prescriptions.
- Implement recruitment arrangements that include all necessary employment checks for all staff.
- Provide staff with appropriate training to fulfil their roles to include safeguarding, infection control, basic life support, health and safety training.
- Implement appropriate processes to monitor and minimise risks related to the premises, such as fire safety, legionella, slips and falls, and spillages of clinical substances.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision. This must include governance arrangements to address provision of appropriate policies and guidance for staff, risks related to emergency equipment, prescriptions, infection control, training of staff, and the maintenance of the premises.

In addition the provider should:

- Improve staff awareness of the translation services available and how they can provide assistance to patients who may need access these services.
- Respond to complaints in a timely manner and provide all patients with information about the Ombudsman.
- Put in place further arrangements for assisting people with hearing difficulties, for example providing a hearing loop.

Where a practice is rated as inadequate for one of the five key questions or one of the six population groups the practice will be re-inspected within six months after the report is published. If, after re-inspection, the practice has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place the practice into special measures. Being placed into special measures represents a decision by CQC that a practice has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

Professor Steve Field CBE FRCP FFPH FRCGPChief 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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When there were safety incidents reviews and investigations were conducted, but action plans were not always carried out in a timely fashion.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- There were not systems in place to monitor the use of blank prescriptions.
- There were not records of appropriate recruitment checks being carried out.
- There were not sufficient records of Disclosure and Barring Service checks to identify whether a person had a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice did not always ensure appropriate processes were in place to maintain standards of cleanliness and hygiene.
- The practice did not always ensure that there were appropriate processes in place to minimise risks related to the premises such as fire safety, legionella, slips and falls.
- Emergency equipment such as oxygen had not received regular checks.
- There was a kit to clear up mercury spillages and blood neutralising granules, but no formal kit to safely clean up blood spillages.
- The practice had taken steps to try and ensure that appropriate arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff told us that they did this by recruiting additional staff and employing locums.
- There was not sufficient emergency equipment available to manage medical emergencies. At the time of inspection the additional equipment had been ordered, but due to supply problems was not in place to support emergency situations in the future.
- The practice had a business continuity plan in place, but not all staff in managerial support roles were aware of this plan.

Summary of findings

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.

- Data showed patient outcomes were high in some areas, similar in some areas and low in others compared to the locality and nationally.
- The practice's uptake for the cervical screening programme was 80%, which was in line with the national average of 82%.
- The practice reported that rates for child flu vaccinations were low (8.2%).
- The practice reported that 79% of patients had a medicine review if on four medicines or more and 60% had a medicine review if on under four long term medicines.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff did not have all of the skills, knowledge and experience to deliver effective care and treatment as not all staff had received appropriate training.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey was variable. It showed patients rated the practice higher than or comparable to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services was available.
- We saw staff treated patients with kindness and respect, and maintained confidentiality when speaking with patients.

Are services responsive to people's needs?

Requires improvement

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical

Summary of findings

Commissioning Group to secure improvements to services where these were identified. For example, the practice had secured some funding to provide additional out of hours appointments jointly with other practices.
- Feedback from patients reported that access to a named GP was not always available quickly, although urgent appointments were usually available the same day.
- The practice was equipped to treat patients and meet their needs. However, not all steps had been taken to help patients who spoke other languages, had hearing difficulties, and used wheelchairs to access the practice.
- Patients could get information about how to complain in a format they could understand. However, complaints were responded to, but not always in a timely manner and information was not always provided about the Ombudsman.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- There were not robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Confidentiality of patient records could not always be ensured.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review. The actions outlined in policies were not always implemented.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- The practice was not keeping accurate and appropriate records in relation to staff training and recruitment of staff.
- The practice had a patient participation group (PPG), but it had not proactively sought feedback from the group. Other patient surveys had carried out by the practice and had been acted upon.
- Staff told us they had regular appraisals.

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 provider was rated as good for caring and this includes for this population group. The provider was rated as requires improvement for effective, responsive and well led. The safe domain was rated as inadequate. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice must make improvements to safety systems and processes. The concerns identified at the inspection, which led the rating of inadequate in the safe domain, apply to all members of the practice population, and includes this population group.
- There were some aspects of the practice which meant that patients with mobility difficulties may experience problems accessing the practice. There was no lowered section of the reception desk and the lock on the disabled toilet door was faulty.
- There was no hearing loop in reception. Reception staff told us that they would write information down to assist if someone had difficulties hearing. The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was in line with national averages.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as good for caring and this includes for this population group. The provider was rated as requires improvement for effective, responsive and well led. The safe domain was rated as inadequate. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

- The practice must make improvements to safety systems and processes. The concerns identified at the inspection, which led the rating of inadequate in the safe domain, apply to all members of the practice population, and includes this population group.
- Nursing staff had lead roles in chronic disease management.
- Performance for diabetes related indicators was 94% which was above the CCG (91%) and national average (89%). For a number of these indicators there were high levels of exception reporting where patients had been excluded from the data.
- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as good for caring and this includes for this population group. The provider was rated as requires improvement for effective, responsive and well led. The safe domain was rated as inadequate. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice must make improvements to safety systems and processes. The concerns identified at the inspection, which led the rating of inadequate in the safe domain, apply to all members of the practice population, and includes this population group.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances. However, not all staff had received appropriate safeguarding training.
- The practice reported that rates for child flu vaccinations were low (8.2%) and stated that they were taking steps to try and improve the uptake of these vaccinations.
- The practice's uptake for the cervical screening programme was 80%, which was in line with the national average of 82%.
- Immunisation rates for the standard childhood immunisations were mixed. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 100% and five year olds 73% to 92%.

Summary of findings

- The percentage of 75% of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months was comparable with national averages.
- Appointments were available outside of school hours.
- We saw positive examples of joint working with midwives.

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 provider was rated as good for caring and this includes for this population group. The provider was rated as requires improvement for effective, responsive and well led. The safe domain was rated as inadequate. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice must make improvements to safety systems and processes. The concerns identified at the inspection, which led the rating of inadequate in the safe domain, apply to all members of the practice population, and includes this population group.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended opening hours during early mornings, evenings, and weekends to meet the needs of this age group.
- The practice was proactive in offering online services as well as health promotion and screening that reflects the needs for this age group.

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 provider was rated as good for caring and this includes for this population group. The provider was rated as requires improvement for effective, responsive and well led. The safe domain was rated as inadequate. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

- The practice must make improvements to safety systems and processes. The concerns identified at the inspection, which led the rating of inadequate in the safe domain, apply to all members of the practice population, and includes this population group.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies. However, not all staff had received appropriate safeguarding training. The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

Requires improvement

health (including people with dementia). The provider was rated as good for caring and this includes for this population group. The provider was rated as requires improvement for effective, responsive and well led. The safe domain was rated as inadequate. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice must make improvements to safety systems and processes. The concerns identified at the inspection, which led the rating of inadequate in the safe domain, apply to all members of the practice population, and includes this population group.
- Quality measures for monitoring patient outcomes identified high exception reporting within the mental health indicators. This may indicate that not all patients were receiving the care they needed.
- 88% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health and dementia.
- The practice provided information to patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7th January 2016. The results showed in some areas the practice was performing in line with or above local and national averages, but in others the practice was performing below these averages. 417 survey forms were distributed and 104 were returned. This represented 25% of the practice's patient list.

- 50% found it easy to get through to this surgery by phone compared to a CCG average of 49% and a national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried (CCG average 78%, national average 85%).
- 73% described the overall experience of their GP surgery as fairly good or very good (CCG average 70%, national average 85%).
- 59% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 61%, national average 78%).
- 30% said that they usually get to speak with a preferred GP (CCG average 42%, national average 59%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards and 25 of these were positive about the standard of care received. Patients reported that clinical staff and receptionists were friendly, approachable, helpful, and supportive. More negative feedback in comment cards related to difficulty making appointments. The practice staff told us that they offered appointments with preferred GPs where possible and where preferred GPs consulting rooms were upstairs they made arrangements for patients to be seen by that GP on the ground floor.

We spoke with eight patients during the inspection. All patients said that the practice met their needs and that staff were respectful and kind.

Crosby House Surgery

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, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Crosby House Surgery

Crosby House Surgery is situated in Slough. The practice resides in an adapted building with car parking for patients and staff. There is access for patients and visitors who have difficulty using steps. All patient services are offered on the ground and first floors. The practice comprises of three consulting rooms, two treatment rooms, one patient waiting area, administrative and management offices, and a meeting room which is sometimes used as a consulting room.

The practice has approximately 10841registered patients. The practice population of patients aged between 0 and 9 and 20 and 39 years is higher than national averages and similar to CCG averages (a CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services). There were a large number of patients registered at the practice from different cultural backgrounds.

There are two principal GPs and four salaried GPs at the practice. One salaried female GP is currently on leave. Two GPs are male and four female. The GPs (excluding the GP on leave) work 31 sessions in total between them. The practice employs three practice nurses. The practice manager and finance and complaints manager are supported by a team of administrative and reception staff. The practice is a training practice. Services are provided via a Personal Medical Services (PMS) contract (PMS contracts are negotiated locally between GP representatives and the local office of NHS England).

Services are provided from the following location:

Crosby House Surgery

91 Stoke Poges Lane

Slough

SL1 3NY

The practice is open routinely between 8am to 6.30pm from Monday to Friday. Extended surgery hours are offered at the following times: 7.30 am to 8am on Monday and Tuesday, 6.30 pm to 8pm on weekdays, and weekends 9am to 1pm. Appointment times were: Monday 7.30am to 12pm, 2pm to 8pm; Tuesday 7.30am to 12pm, 2pm to 6pm, 6.30pm to 8pm; Wednesday and Friday 8.30pm to 12pm, 2pm to 6pm, 6.30pm to 8pm; Thursday 8.30am to 12pm, 2pm to 5.30pm, 6.30pm to 8pm; Saturday and Sunday 9am to 1pm.

The practice had obtained funding from the Prime Minister's Challenge Fund to provide 48000 additional appointments jointly with other Slough practices. This enabled Crosby House Surgery patients and patients from other practices to be seen at evening and weekends. However, clinical staff from Crosby House Surgery saw only patients from their own practices and not other practices. The other practices were responsible for providing their own administrative support. Staff told us that they had plans to begin seeing other practices' patients.

When the surgery is closed patients can access East Berkshire Out of Hours Service.

Detailed findings

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20th January 2016.

During our visit we:

Spoke with a four GPs, one nurse, five reception and administrative staff, the practice manager, the assistant practice manager, the complaints manager, and spoke with patients who used the service.

Observed how patients were being cared for.

Reviewed an anonymised sample of the personal care or treatment records of patients.

Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a system to record and review significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- We saw examples where significant events led to changes. Following a significant event in November 2015 where staff had to deal with aggressive behaviour, training was provided. Staff told us that they felt more confident in knowing how to respond in such situations.
- However, in some cases minutes of the meetings contained limited information on the significant event analysis.
- The practice carried out analysis of the significant events and also conducted an annual analysis in order to further review events and improve practice.

Safety concerns were not always addressed quickly enough. For example, in December 2015 a medical emergency occurred in the patient waiting room and emergency equipment required for the treatment of young children was not available. The action plan was for the practice to obtain additional resuscitation equipment. At the time of inspection the additional equipment had been ordered, but due to supply problems was not in place to support emergency situations in the future.

We reviewed national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared at meetings and through dissemination of meeting minutes to make sure action was taken to improve safety in the practice.

When there were safety incidents, patients received reasonable support, truthful information, and a verbal apology.

Overview of safety systems and processes

Systems, processes, and practices were not always reliable or appropriate to keep patients safe. Monitoring of whether safety systems were implemented was not always robust:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs always provided safeguarding reports where necessary for other agencies and child protection plans were in place. Staff demonstrated they understood their responsibilities in relation to safeguarding. Most staff had received safeguarding training appropriate to their role.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones was trained for the role. Four reception staff told us that they had acted as chaperones in the past year. All but one of the staff told us that they had a recent DBS check. (DBS checks identify whether a person has a criminal record or were on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice manager reported that the staff members without a DBS check would not undertake chaperoning until the relevant checks had been undertaken.
- The practice did not always ensure appropriate processes were in place to maintain standards of cleanliness and hygiene. We observed litter on the floor in the waiting area. Carpets and chairs in the treatment rooms and communal areas were stained. There were supplies of hand wash and paper towels in the toilets but no handwashing signs were present. The caps were missing from the taps in the staff toilet making it hard for these to be cleaned. There were blood neutralising granules but no formal kit to safely clean up blood spillages. Staff told us that if a patient was infectious they would keep them in a separate waiting area but they were not aware of a practice policy in place to provide guidance on this. There were arrangements for segregation and storage of clinical waste. Disposable curtains were in place in most treatment rooms and we saw individual cleaning schedules for these rooms.
- The practice manager was the infection control clinical lead and she had undertaken annual updates for infection control training. There was an infection control protocol in place. This stated that all staff should receive infection control training. Reception staff was able to describe appropriate infection control measures when receiving samples. An infection control audit had taken place in June 2015. However, there were was no action

plan in place and we observed a number of the identified issues to still be present, such as some sinks not having elbow or non-touch taps, and floor covings not being easily washable.

- The practice had arrangements in place for managing medicines, including emergency drugs and vaccinations (including obtaining, prescribing, recording, handling, storing). The practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. The use of blank prescriptions was not appropriately monitored. There was a risk these could be used inappropriately to obtain medicines. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. These were signed and dated appropriately. The practice had a cold chain policy in place. However, this did not cover fridge cleaning and stock rotation. Regular fridge temperature checks took place and were recorded. Medicines were in date and stored securely.
- The practice reported that one GP, one nurse, one receptionist, and one member of administrative / management staff had joined the practice since registration with CQC. We reviewed their personnel files and could not find records of appropriate recruitment checks prior to employment. We found documentation was missing, including application forms, interview summaries, references, evidence of professional registration and verification of this, occupational health information, proof of qualifications, the appropriate checks through the Disclosure and Barring Service, and risk assessment to determine whether a DBS check is required.
- We reviewed the files of 19 staff members including GPs, nurses, management staff, receptionists and administrative staff. The GPs were all on the National Performers List. There were no records of DBS checks for the practice manager and nine members of administrative and reception staff. However, we were told that four of these reception and administrative staff had received their checks back within the past week. The practice policy said that the practice should undertake assessments of whether DBS checks should be completed for all staff. There were no risk assessments in the staff files.

Monitoring risks to patients

The risks associated with anticipated events and emergency situations were not fully recognised, assessed, or managed:

- There was a health and safety policy available. There was no health and safety risk assessments were not robust and actions were not always undertaken to make improvements or in a timely manner.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as asbestos and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, not all recommended actions had been carried from the legionella assessment. There was a kit to clear up mercury spillages. We also observed that the floor in one of the patient toilets was wet. Staff told us that this was a frequent occurrence due to high water pressure in the taps. These issues may have posed a falls risk but there was no immediate plan in place to resolve these.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a defibrillator available on the premise. Defibrillator pads were available for adults. No adult or child masks or bags for resuscitation were present. An anaphylaxis protocol was present but dated 2002. An accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However, not all staff in managerial support roles were aware of this plan.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, with 5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 to 2015 showed;

- Performance for diabetes related indicators was 94% which was above the CCG (91%) and national average (89%).
- The percentage of patients with hypertension having regular blood pressure tests was 82% which was similar to the CCG 82% and national average 80%.
- Performance for mental health related indicators was 100% which was better to the CCG (97%) and national average (93%). However, one indicator within mental health which had high exception reporting.

Clinical audits demonstrated quality improvement

- There had been six clinical audits undertaken by GPs in the last year, these were completed audits where the improvements made were implemented and monitored. For example, repeated audits of how patients with chronic kidney disease were coded showed an improvement in appropriate coding of these patients meaning that appropriate medical treatment could more easily be provided. Nurses undertook audit in a number of areas, for example post ear irrigation infection.
- The practice participated in local audits, accreditation, and peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring that patients with chronic kidney disease were coded appropriately on the computer system. This was to ensure that they received appropriate follow up and treatment.

Effective staffing

Staff did not have all of the skills, knowledge and experience to deliver effective care and treatment.

- We reviewed information provided by the practice and staff records and not all staff had completed appropriate training appropriate to their role. Information provided by the practice advised that one staff member had not completed child safeguarding training and two staff had not undertaken adult safeguarding training. Ten staff had not completed infection control training, three staff had not undertaken basic life support training, and 16 staff had not completed health and safety training.
- The practice described how they provided some role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. Staff who administered vaccinations told us how they had undergone training and how they stayed up to date with changes to the immunisation programmes, for example through discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. GP trainees reported that they were well supported with shadowing, tutorials, and supervision from senior partners.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Locum doctors were employed where required. However, there was no locum pack available to provide information about the practice.
- The practice had taken steps to try and ensure that appropriate arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff told us that they did this by recruiting additional staff and employing locums.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. For example, when patients were discharged from hospital medicines were checked and home visits offered if necessary. We saw that regular multi-disciplinary team meetings took place and that care plans were routinely reviewed and updated. The practice told us that they aimed to strengthen links with social services.

Consent to care and treatment

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

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- There was a sign advising patients that they could choose whether or not they wished to see a trainee GP.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition.
- Patients requiring advice on exercise, smoking and alcohol cessation were signposted to the relevant service. The practice told us that they aimed to improve their rates of smoking cessation.

The practice's uptake for the cervical screening programme was 80%, which was in line with the national average of 82%. The practice told us that there was a policy of having someone contact patients who did not attend for their cervical screening test. There were female practice nurses who were responsible for taking samples. The partner GP provided patient information on the radio about cervical smears to raise awareness. The practice's uptake for females aged 50-70, screened for breast cancer within six months of invitation was 32%, which was lower than the CCG average of 69% and the national average of 72%. The practice waiting area contained information about breast cancer.

Childhood immunisation rates for the vaccinations given were variable in comparison to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 100% (CCG 75% to 95%) and five year olds 73% to 92% (CCG 81% to 93%). The practice reported that they had difficulty reaching targets for child immunisations. Nurses carried out opportunistic immunisations where possible. The practice told us that they held Saturday clinics to increase immunisation rates for children and adults.

Flu vaccination rates for the over 65s were 70%, and at risk groups 59%. These were comparable to national averages which were 73% for the over 65s and 52% for at risk groups. The practice had signed up to offer an enhanced service for flu vaccinations. The practice reported that rates for child flu vaccinations were 8.2%. They said that they were trying to improve uptake of flu vaccines in all ages by having a designated member of staff to contact patients who did not

Requires improvement

Are services effective?

(for example, treatment is effective)

attend, offering Saturday clinics. One of the partner GPs had also provided information about flu vaccinations on the radio. There was also information about flu vaccinations on the practice website.

Patients had access to health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Nurses carried out opportunistic blood pressure checks if a patient required these but was attending the practice for something else. The practice also did pre-diabetes checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice told us that 79% of patients have had a medicine review if on four medicines or more and 60% have had a medicine review if on fewer than four medicines.

The practice kept registers of patients with learning difficulties and dementia. If a patient was suspected of having memory loss the nurse would arrange for them to be seen by the GP. They would conduct annual reviews for multiple conditions at the same time to minimise disruption for the patient.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff told us they were aware of when patients needed to discuss sensitive issues or appeared distressed and they would offer them a private room to discuss their needs.

25 of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Some of the other comment cards reported difficulty making appointments.

We spoke with three members of the patient participation group and received an email from another. They also told us they were satisfied with the care provided by the practice. However, two members said that they did not like providing receptionists with information about why they needed an appointment. We saw that there was a sign in reception to explain to the reason that receptionists asked for this information. Reception staff described steps that they took to ensure patient confidentiality when speaking on the telephone. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey showed that some patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs and nurses were variable compared to CCG averages but lower than national averages. For example:

- 80% said the GP was good at listening to them compared to the CCG average of 82% and national average of 89%.
- 79% said the GP gave them enough time (CCG average 78%, national average 87%).
- 88% said they had confidence and trust in the last GP they saw (CCG average 91%, national average 95%)
- 80% said the last GP they spoke to was good at treating them with care and concern (CCG average 74%, national average 85%).
- 86% said the last nurse they spoke to was good at treating them with care and concern (CCG average 81%, national average 91%).
- 85% said they found the receptionists at the practice helpful (CCG average 80%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care (CCG average 70%, national average 82%)
- 83% said the last nurse they saw was good at involving them in decisions about their care (CCG average 75%, national average 85%)

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Information on the practice website was provided about sources of emotional support.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice website contained information for carers but no written information was available in the waiting room to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP sent them a sympathy card.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. One of the partner GPs went to locality CCG meetings and other GPs led on clinical areas within the CCG.

- The practice offered evening and weekend appointments for working patients registered with them who could not attend during normal opening hours. It had obtained funding to provide 48000 additional appointments, with the support of other Slough practices. This enabled Crosby House patients and patients from other practices to be seen at evening and weekends. However, clinical staff only saw patients from their own practices and not other practices. Staff told us that they had plans to begin seeing other practices' patients.
- There were longer appointments available for patients with complex needs and patients who were vulnerable in order that multiple conditions could be reviewed at the same time.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were automatic doors and a ramp so patients with mobility difficulties could access the practice. Patients with difficulty using the stairs were seen by their preferred GP where possible in a ground floor consulting room.
- There was no lowered section of the reception desk.
- Reception staff told us that they would write information down to assist if someone had difficulties hearing and that they would help patients to consulting rooms if they had visual difficulties. There was no hearing loop in reception.
- Information about healthcare services was provided on the practice website in a range of languages. However, further awareness and training was required to ensure all staff in the practice were aware of the translation services available and how to assist patients in accessing these.
- There was a system for flagging up patients with specific needs on the computer system, such as patients who needed an appointment on the ground floor, or those with hearing difficulties.
- The practice was able to register and offer appointments to patients with no fixed address.

Access to the service

The practice was open routinely between 8 am to 6.30pm from Monday to Friday. Extended surgery hours were offered at the following times: 7.30am to 8am on Monday and Tuesday, 6.30pm to 8pm on weekdays, and weekends 9am to 1pm.

Appointment times were:

- Monday 7.30am to 12pm, 2pm to 8pm;
- Tuesday 7.30am to 12pm, 2pm to 6pm, 6.30pm to 8pm;
- Wednesday and Friday 8.30pm to 12pm, 2pm to 6pm, 6.30pm to 8pm;
- Thursday 8.30am to 12pm, 2pm to 5.30pm, 6.30pm to 8pm;
- Saturday and Sunday 9am to 1pm.

In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them.

The opening hours of the practice were displayed on the practice website. However, there was no information about these in the reception area and no information about general opening hours on the front door, although the sign on the door said that extended hours appointments took place between 6.30pm and 8pm. Information about out of hours services was displayed in the waiting area and on the website, but not outside the practice.

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

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 50% patients said they could get through easily to the surgery by phone (CCG average 49%, national average 73%).
- 30% patients said they always or almost always see or speak to the GP they prefer (CCG average 42%, national average 59%).

Seven of the eight patients that we spoke with on the day of the inspection said that they were able to get appointments when they needed them. However, feedback in five of the comments cards mentioned difficulty making appointments. Three of the eight patients that we spoke with told us that they were not always able to see their preferred GP.

Listening and learning from concerns and complaints

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

- Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England.
- A number of designated staff were responsible for handling complaints in the practice.
- We saw that information was available to help patients understand the complaints system and a poster was displayed in the waiting room.

Reception staff were not initially aware that the practice had complaints forms and said that patients would have to write a letter of complaint. However, later on in the day they showed us these forms which were held by staff in reception.

We looked at four complaints received in the last 12 months and three of these were not responded to in the time frame outlined in the practice policy. There were no details of the Ombudsman in three of four recent complaint response letters. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint about the provision of home visits, a plan has been put in place for all home visits to be triaged by one of the partners.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice expressed a desire to deliver high quality care and promote good outcomes for patients.

- The practice vision was to place patient's needs at the heart of everything they do. They had a robust strategy and supporting business plan which reflected the vision and values and were regularly monitored.

Governance arrangements

The governance arrangements and their purpose was unclear. Governance systems did not always operate effectively.

- Practice specific policies were available to all staff. However, there was not a system for ensuring policies were reviewed in a timely manner to ensure the most up to date advice was provided. The practice's safeguarding policy had last been reviewed in July 2014 and there was no date specifying when the next policy review should take place. The anaphylaxis protocol was dated from 2002.
- The actions outlined in policies were not always implemented. For example, the chaperoning policy stated that all chaperones should have DBS checks before undertaking duties which had not occurred. In addition, actions described in the recruitment policies and infection control policies had not been undertaken. For example, staff recruitment records had not been maintained appropriately and not all staff had completed infection control training.
- The practice was not keeping accurate and appropriate records in relation to staff. We reviewed staff files for clinical, managerial, reception, and administrative staff. We found that numerous training certificates were missing for courses that the practice said had been completed.
- The practice's confidentiality policy state that the practice complied with data protection and access to medical records legislation. However, on inspection we noted on one occasion we observed that consulting rooms were left empty with the computers logged on, the smartcards present and doors unlocked. Therefore confidentiality could not always be ensured. There were limited systems for identifying, capturing and managing issues and risks. Robust arrangements were not in place to implement mitigating actions. Where risks had been identified actions plans were not always implemented in a timely fashion. For example, the fire risk assessment, legionella risk assessment, and infection control audit had not led to appropriate action to protect staff and patients.
- The practice had taken steps to try and ensure that appropriate arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs Staff told us that they did this by recruiting additional staff and employing locums.
- A programme of clinical audit which was used to monitor quality and to make improvements.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

Leadership and culture

The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When safety incidents occurred:

- The practice gave affected patients reasonable support, truthful information and a verbal apology
- They kept written records of verbal interactions as well as written correspondence. Analysis of incidents occurred, but action plans were not always carried out in a timely manner.

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

- Staff told us the practice held regular team meetings. However, there were no action plans observed in a number of the minutes meaning that follow up to any areas of improvement may have been difficult to monitor.

Are services well-led?

Requires improvement

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice.

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

The practice took some steps to obtain the views of patients and staff.

- There was a patient participation group and the practice reported that they offered an enhanced service for the PPG. The practice told us that it was currently a virtual group and they had not had face to face meetings for a long time. They were recruiting new members to be involved with this. The practice had not recently gathered feedback from patients through the patient participation group (PPG), but told us that it planned to do so in the future.
- Feedback was obtained through surveys and complaints received. For example, surveys had taken place regarding opening hours and feedback had been acted upon in terms of offering extended hours appointments.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff told us that they would like the reception area to be safer for staff and more confidential. The lead GP told us that they were taking steps to review the structure and location of the practice. Staff told us they felt involved and engaged towards improving how the practice was run.

Continuous improvement

There was some continuous learning and improvement within the practice. The practice team had signed up to pilot schemes to improve outcomes for patients in the area. For example, they stated that they had secured pharmacists for two days a week and planned to recruit a physician associate as part of pilot schemes.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person did not ensure the proper and safe management of medicines and assess, prevent, detect, and control the spread of infections, including those that are health care associated.** **This was in breach of regulation 12(1)(2)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Persons employed by the service provider in the provision of the regulated activity did not receive appropriate training as is necessary to enable them to carry out the duties they are employed to perform.** **This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The registered person did not ensure that the information specified in schedule 3 was available in relation to each such person employed.** **This was in breach of regulation 19(1)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

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 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 HSCA (RA) Regulations 2014 Good governance** **The registered person did not ensure that systems and processes enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety, and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. The registered person did not maintain securely such other records as are necessary to be kept in relation to persons employed in the carrying out of the regulated activity.** **This was in breach of regulation 17(1)(2)(b)(d)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**