

Easthampstead Surgery

Quality Report

Easthampstead Surgery
Rectory Lane
Easthampstead
Bracknell
Berkshire
RG12 7BB

Tel: 01344 457535

Website: www.easthampsteadsurgery.co.uk

Date of inspection visit: 11 January 2017

Date of publication: 02/03/2017

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?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Easthampstead Surgery in Berkshire on 11 January 2017. Overall the practice is rated as requires improvement. This inspection was a follow-up of our previous comprehensive inspection which took place in April 2016 when we rated the practice as inadequate overall. In particular the practice was rated as inadequate for providing safe, effective and well-led services and requires improvement for providing caring and responsive services. The practice was placed in special measures for six months.

Following the inspection in April 2016 the practice submitted an action plan to Care Quality Commission outlining how they would make the necessary improvements to comply with the regulations.

In January 2017, we found the practice had responded to the concerns raised at the previous inspection and improvements had been made. However, the practice is

rated as requires improvement overall as there had been insufficient time since new systems and processes were implemented to evidence that improvements have been embedded and can be maintained.

Specifically the practice is rated as requires improvement for the provision of effective and well-led services and good for provision of safe, caring and responsive services. Our improved rating of requires improvement reflects the positive development of leadership and management systems to deliver significant progress in improving services.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Significant improvements to risk management had been made and risks to patients were now being assessed and managed.

Summary of findings

- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Staff training had been revised and records demonstrated that staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients relating to access to services and the quality of care had improved. This was corroborated by written and verbal feedback collected during the inspection.
- Data showed patient outcomes were lower when compared to local and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Records showed that staff were working with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had a clear vision that had improvement of service quality and safety as its top priority. The practice fully embraced the need to change, high standards were promoted and there was good evidence of team working. However, as systems were newly implemented there was evidence to show that they were not yet fully embedded and effective.

However, there were areas where the provider must make improvements:

- Continue to review patient outcomes to ensure that patients receive appropriate care and treatment. This would include a review of the system in place when reviewing patients with long term conditions and poor mental health.
- Ensure governance systems are fully embedded and maintained within the practice.
- Ensure the leadership team sustains improvements made to the overall governance of the practice.

The areas where the provider should make improvement are:

- Review the systems in place to promote the benefits of bowel screening in order to increase patient uptake.
- Review the practice computer and internal systems to ensure all documents and correspondence are easily and readily available.

This service was placed in special measures in April 2016. Improvements have been made and Easthampstead Surgery is now rated as requires improvement. I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

During our previous inspection in April 2016, we found concerns in areas relating to the reporting of significant events including the communication of investigations and subsequent learning. Concerns were also found due to a lack of systems and processes to keep patients safeguarded from abuse. Furthermore, the lead GP had a limited understanding of their role and responsibilities in relation to adult safeguarding.

At the inspection in January 2017, we found:

- There was an improved system in place for reporting and recording significant events, with policy guidance available.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- National patient safety and medicine alerts were now disseminated within the practice in a formal way and there was a system to record that these had been appropriately dealt with.
- The practice had worked closely with the local clinical commissioning group and now had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The health and safety policy was underpinned by risk assessments of the risks associated with the practice premises. For example, there was now a defibrillator available and all staff had been trained to use it during the basic life support training in December 2016.

Good



Are services effective?

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

During our previous inspection in April 2016, we found concerns in areas relating to how the practice reviewed patient outcomes. The practice was also unable to demonstrate staff had the skills, knowledge and experience to deliver effective care and treatment, as there were significant gaps in training.

At the inspection in January 2017, we found:

Requires improvement



Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average when compared to the local and national averages. In 2015/16, the practice had achieved 91% of points (local CCG was 97% and national average was 95%). This was a 5% reduction on the previous year's QOF performance.
- The most recent exception reporting was better when compared to the CCG and national averages, the practice had 6% exception reporting, the CCG average exception reporting was 8% and the national average was 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- The practice was aware of the mixed results and advised significant changes within the practice team over the last 18 months had an effect on the systems for recalls and patient outcomes. There was an action plan to address QOF performance which included working with other local practices and the computer clinical software developments.
- We saw the practice had implemented a programme of clinical audits with evidence of quality improvement.
- The practice was now able to demonstrate staff had the skills, knowledge and experience to deliver effective care and treatment. The induction process had been formalised including the training matrix
- Data from Public Health England indicated mixed success in patients attending national cancer screening programmes. The lead GP had endeavoured to increase uptake. Actions included an individual personalised letter encouraging patients to attend national screening programmes.

Are services caring?

The practice is rated as good for providing caring services.

During our previous inspection in April 2016, we found concerns in areas relating to low levels of patient satisfaction collected via the national GP patient survey, poor identification and support for patients with caring responsibilities. We also found the practice did not have a translation service for patients who did not have English as their first language.

At the inspection in January 2017, we found:

Good



Summary of findings

- We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- Verbal and written patient feedback highlighted patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff.
- Furthermore, when comparing data from the latest national GP patient survey (published in July 2016) to the previous survey results (published in January 2016) patient satisfaction had improved. For example, 83% of patients said the last GP they saw or spoke to was good at listening to them (CCG average 88%, national average 89%). This was a 5% increase on the previous survey results.
- Information for patients about the services available was easy to understand and accessible. We saw Easthampstead Surgery had successfully implemented the Accessible Information Standard in 2016. This Standard aimed to make sure people get information that they can access and understand, and receive any communication support that they need.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

During our previous inspection in April 2016, we found concerns in areas relating to the appointment system, patient feedback regarding access and the management of complaints. We also found there was no hearing loop for patients with hearing difficulties.

At the inspection in January 2017, we found:

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good accessible facilities and was well equipped to treat patients and meet their needs. All treatment and consultation rooms were on the ground floor. Following the April 2016 inspection, we saw the practice now had a portable hearing loop to help patients who used hearing aids.
- Data collected via the national GP patient survey reported patients found access had improved and the appointment and telephone triage system was now embedded. For example, 50% of patients said they usually got to see their preferred GP (CCG average 60%, national average 59%). This was a 29% increase on previous survey results.

Good



Summary of findings

- Furthermore, access to appointments had also improved, 80% of patients who were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%). This was a 5% increase on previous survey results.
- All of the verbal and written feedback received on the day of the inspection, was positive about access and commented on improvements in the appointment system.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

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

During our previous inspection in April 2016, we found concerns in areas relating to a limited and informal leadership structure with a poor governance framework which required significant improvement.

At the inspection in January 2017, we found:

- The practice had a clear vision to deliver a high standard of care to patients. Staff we spoke with were clear about the vision and their responsibilities in relation to it. All staff were aware of their own roles and responsibilities and felt supported by the leadership team. Staff informed us that they felt supported by the leadership team following the April 2016 inspection and during the period of special measures. Staff told us that although the past few months had been a time of change and uncertainty that they felt vast improvements had been made. Following the previous inspection, the practice had reviewed and revised policies and procedures to govern activity and held regular governance meetings. However, with the vast number of changes and as systems were newly implemented there was evidence to show that they were not yet fully embedded and effective. Further improvement was required specifically in ensuring the practice computer and internal systems was clear and effective.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Requires improvement



Summary of findings

- There was a focus on continuous learning and improvement at all levels. This included a review of patient satisfaction and the practice had enlisted external help in order to address the issues identified at our inspection in April 2016 in a timely way.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older patients. The practice was rated as requires improvement for effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. This included home visits and rapid access appointments for those with enhanced needs.
- Patients over the age of 75 were automatically given a same day appointment without needing to go through the telephone triage process.
- Nationally reported data showed that outcomes for patients for the majority of conditions commonly found in older patients were higher when compared with local and national averages. For example, 100% of patients with a history of non-haemorrhagic stroke or TIA had a record in the preceding 12 months that an anti-platelet agent or an anti-coagulant was being taken. This was higher when compared to the CCG average (98%) and the national average (97%).

Requires improvement



People with long term conditions

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

- The number of patients registered with a long-standing health condition was higher than local and similar to national averages. For example, 55% of patients had a long-standing health condition, this was higher than the local CCG average (52%) and national average (54%).
- GPs, nurses and the health care assistant had additional training and lead roles in chronic disease management. The practice had commenced diabetes care planning.
- Performance for diabetes related indicators showed Easthampstead Surgery had achieved 71% of targets which was significantly lower when compared to the CCG average (92%) and the national average (90%).

Requires improvement



Summary of findings

- Performance for Chronic Obstructive Pulmonary Disease (known as COPD, a collection of lung diseases including chronic bronchitis and emphysema) indicators showed the practice had achieved 100% of targets which was similar when compared to the CCG average (99%) and higher when compared to the national average (96%).
- Longer appointments and home visits were available when needed.

Families, children and young people

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

- There were now 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.
- Immunisation rates were in line with local averages and higher than national averages 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, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 79%, which was lower when compared to the CCG average (84%) and similar to the national average (81%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

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

Requires improvement



Summary of findings

- 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 was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Approximately 22% of practice patients use the online appointment system and 21% use the online repeat prescription service. Easthampstead Surgery was in the top three practices within the clinical commissioning group for patients using online services.
- Although there were no extended hours available at the practice, appointments were available at another practice if patients wanted an appointment out of the practice standard opening hours.
- Phlebotomy services were available at the practice which meant patients did not have to attend hospitals for testing.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, those with caring commitments and those with a learning disability.
- We saw there were 20 patients on the learning disabilities register and 12 of the patients (60%) had a recorded health check. The remaining eight patients had been contacted and invited to attend a health check.
- The practice now promoted the availability of longer appointments (double appointments, 20 minutes in length) for patients with a learning disability.
- The practice had identified 97 patients, who were also a carer; this amounted to approximately 1.9% of the practice list and was a 106% increase since the April 2016 inspection.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Requires improvement



Summary of findings

- At the April 2016 inspection, not all staff were aware of their responsibilities regarding the protection of vulnerable people. This had been addressed and all staff we spoke with had a comprehensive understanding of local and national safeguarding procedures.

People experiencing poor mental health (including people with dementia)

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

- 93% of people experiencing poor mental health had a comprehensive care plan documented in their record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This was similar when compared to the CCG average (93%) and higher than the national average (89%).
- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower when compared to the local CCG average (82%) and the national average (84%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice had improving but lower performance in terms of patient satisfaction when compared with the local clinical commissioning group (CCG) and national averages. Specifically, Easthampstead Surgery patient's satisfaction for aspects relating to accessing and the overall quality of care and treatment at the practice had improved since the last Care Quality Commission (CQC) inspection in April 2016. On behalf of NHS England, Ipsos MORI distributed 307 survey forms and 110 forms were returned. This was a 36% response rate and amounted to approximately 2% of the patient population. Results from the survey showed:

- 70% of patients said they could get through easily to the practice by telephone (CCG average 71%, national average 73%). This was a 2% increase on previous survey results.
- 80% of patients who were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%). This was a 5% increase on previous survey results.
- 82% of patients described the overall experience of this GP practice as good (CCG average 85%, national average 85%). This was an 8% increase on previous survey results.
- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 77%, national average 78%). This was a 3% decrease on previous survey results.

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

We received 16 comment cards which all gave a positive view on the standard of care received. Furthermore, patients commented on receipt of excellent service from the GPs and nurses.

We spoke with three patients during the inspection and two members of the patient participation group. Verbal feedback aligned to the improving levels of satisfaction which was highlighted in the national GP patient survey and the written feedback we received. Comments showed that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns. Several comments highlighted concerns relating to access over the last two years had been addressed and the appointment system was now working effectively.

During the inspection, the practice presented further examples of written feedback which highlighted the compassion of practice staff when supporting patients at vulnerable stages within their lives.

We reviewed information and patient feedback about the practice collated via the NHS Friends and Family Test. This national test was created to help service providers and commissioners understand whether their patients were happy with the service provided, or where improvements were needed.

- Easthampstead Surgery achieved an 82% satisfaction rate in the NHS Friends and Family Test in December 2016 (17 responses), 100% in November 2016 (eight responses) and 100% in October 2016 (three responses).

Easthampstead Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Easthampstead Surgery

Easthampstead Surgery is a GP practice located in a converted residential dwelling in Bracknell, Berkshire. It is one of the practices within Bracknell and Ascot Clinical Commissioning Group (CCG) and provides general medical services to approximately 5,270 registered patients.

All services are provided from:

- Easthampstead Surgery, Rectory Lane, Easthampstead, Bracknell, Berkshire RG12 7BB.

Ethnicity based on demographics collected in the 2011 census shows the population Easthampstead and the surrounding area is predominantly White British with 5.1% of the population composed of people with an Asian background.

The age distribution of the practice population is largely similar to the national average, with the exception of a higher proportion of patients aged below nine years of age and patients aged between 30 and 44. The prevalence of patients with a long standing health condition is 55% compared to the local CCG average of 52% and national average of 54%.

The practice comprises of two practice partners (one female GP and one male business manager). The lead GP is supported by a male salaried GP and two long term locum GPs (both male). There is a vacancy for an additional salaried GP.

The all-female nursing team consists of one long term locum advanced nurse practitioner, one practice nurse and a health care assistant who also performs phlebotomy duties.

An interim practice manager joined the practice in November 2016 and works alongside the business manager and a team of reception, administrative and secretarial staff to undertake the day to day management and running of the practice.

The practice is open between 8.30am and 6pm Monday to Friday, except Thursdays when the practice closes at 1pm. Telephone lines are open from 7am to 6.30pm daily. Appointments are from 8am to 1pm and 2pm to 6pm daily (except Thursdays). When the practice is closed on Thursday afternoons, the practice has an arrangement with another local GP practice to provide cover.

Extended surgery hours are offered via another practice hub every evening from 6.30pm to 8pm and Saturdays from 8am to 2pm.

The practice has opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on both practices door and over the telephone when the surgery is closed.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Easthampstead Surgery on 14 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe, effective and well led services and requires improvement for providing caring and responsive services and was placed into special measures for a period of six months.

We also issued a warning notice to the provider in respect of good governance. The full comprehensive report on the April 2016 inspection can be found by selecting the 'all reports' link for Easthampstead Surgery on our website at www.cqc.org.uk.

We undertook an announced comprehensive inspection on 11 January 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

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. This included information from Bracknell and Ascot Clinical Commissioning Group (CCG), Healthwatch Bracknell Forest, NHS England and Public Health England.

We carried out an announced visit to Easthampstead Surgery on 11 January 2017. During our visit we:

- Spoke with a range of staff. These included GPs, nurses, health care assistant, the interim practice manager, business manager and several members of the administration and reception team.
- Also spoke with three patients who used the service and observed how patients were being cared for.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed the previous Care Quality Commission (CQC) inspection report and the action plan submitted by the practice outlining how they would make the necessary improvements to comply with the regulations.
- Reviewed 16 CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed records relevant to the management of the service.
- Carried out observations and checks of the premises and equipment used for the treatment of patients.
- Circulated staff surveys at the inspection and received five responses.

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

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

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

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

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

Are services safe?

Our findings

At our previous comprehensive inspection on 14 April 2016 the practice was rated as inadequate for providing safe services.

- Staff were unclear of their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- Patients were at risk of harm because systems and processes were not in place to keep them safeguarded from abuse. The lead GP had a limited understanding of their role and responsibilities in relation to adult safeguarding.
- Patient safety alerts from the Medicines and Healthcare Regulatory Agency (MHRA) were reviewed, but there was no audit trail to show if these had been acted on or completed.

At our comprehensive inspection on 11 January 2017 we found the following:

Safe track record and learning

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

- Staff told us they would inform the practice manager or lead GP of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. As a result the practice were now recording and investigating significantly more (22 since June 2016) incidents and events as part of the incident reporting process.

- Although the practice carried out a thorough analysis of the significant events we saw several different templates used to record the analysis. We saw there was a practice specific analysis tool and a Royal College of General Practitioners analysis tool. During the inspection the practice provided rationale as to why two analysis tools were used. This was a short term measure as the practice was working with the clinical commissioning group (CCG) in piloting a web-based incident reporting, patient safety and risk management software. This was due to start at the end of January 2017 following staff training on how to access and use the software.
- Further improvements had been made in the practices management of alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). We reviewed the process and discussed a recent national patient safety alert. The alert was recorded and disseminated to all clinical members of staff and processes reviewed to ensure all potential stores of medicines, including the emergency kit were checked. All clinicians we spoke with were aware of this alert.

We saw evidence that lessons were shared and included minutes of the last significant review meeting from December 2016. We saw action was taken to improve safety in the practice. For example, we saw a full comprehensive significant event analysis including an apology to the patient following an incident when a patient had been incorrectly booked into the out of hour's service.

This investigation highlighted a gap in knowledge of local out of hour's arrangements and awareness training was provided to reception staff including the services available from the local urgent care centre to ensure this did not happen again.

Overview of safety systems and processes

- The practice engaged with the clinical commissioning group (CCG) and agreed a practice specific action plan to improve and update safeguarding systems, processes and practices.
- Actions included meetings with the CCG Named Professional Safeguarding Lead, reflection meetings to discuss recent safeguarding cases, dissemination of up to date contact details for all safeguarding professionals across Berkshire. There had also been various meetings between the practice and CCG to further increase awareness and compliance with Berkshire wide

Are services safe?

Safeguarding Adults Policies and Procedures.

Furthermore, the practice had added safeguarding as a standing agenda item to the practice's monthly Gold Standard Framework (GSF) meeting.

- All practice staff clearly understood the arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff, including an updated adult safeguarding policy and an updated child safeguarding policy. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. For example, GPs, the advanced nurse practitioner, the practice nurse and health care assistant were trained to Safeguarding Children level three and all clinical staff had completed adult safeguarding training.
- Notices in the reception, waiting area and on consultation and treatment room doors advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and 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).
- Easthampstead Surgery maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control leads. They had attended external training and had allocated time to complete this extended role which included liaison with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place which had been reviewed and amended following the latest infection control audit. We saw the results from the audit in November 2016; the practice achieved 75% compliance and was graded as minimal infection control compliance. We reviewed subsequent action that was taken to address any improvements identified as a result. The infection control re-audit saw an increase in compliance; the practice achieved 94% compliance (an improvement of 19%) and was now graded as compliant to infection control standards.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there was a policy in place to ensure prescription security. The advanced nurse practitioner was qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role.
- All PGDs we reviewed were current, signed and correctly authorised. The health care assistant was trained to administer vaccines (influenza) and medicines (vitamin B12) against a patient specific prescription or direction from a prescriber.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification (evident through SMART cards), references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The health and safety policy had been reviewed, updated and was displayed including identification of local health and safety representatives. The practice had up to date fire risk assessments, and was now recording fire drills, the last of which was in June 2016. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as a legionella assessment. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

Are services safe?

- The practice was actively recruiting a salaried GP to join the team, a long term locum GP had joined the practice and the other locum GP had increased the number of sessions they worked.

Arrangements to deal with emergencies and major incidents

The practice had reviewed the arrangements in place to respond to emergencies and major incidents and made several improvements. For example:

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had now received annual basic life support training and there were emergency medicines were available.
- A defibrillator was available and all staff had been trained to use it during the basic life support training in December 2016. Oxygen was available with adult and children's masks. A first aid kit and accident book were available.
- The location of emergency medicines had been reviewed and was now easily accessible to staff in a secure area the practice. All staff we spoke to knew of the new location and all the medicines we checked was in date and stored securely. Furthermore, there was now a process in place which checked medicines and equipment stored in the GP bag.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. We saw the plan had been updated and reviewed in October 2016 to address the changes within the practice. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous comprehensive inspection on 14 April 2016 the practice was rated as inadequate for providing effective services.

- There was no evidence of an ongoing programme of clinical audit to improve patient outcomes.
- The practice was unable to demonstrate staff had the skills, knowledge and experience to deliver effective care and treatment, as there were significant gaps in training. There was an informal, undocumented induction process for staff and an information pack was available which did not contain policies for staff to refer to.
- There was no formal monitoring of consent through patient record checks.

At our comprehensive inspection on 11 January 2017 we found the following:

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 peer review and random sample checks of patient records. For example, all specialist referrals were discussed between GPs to ensure they were appropriate and timely.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2015/16 were 91% of the total number of points available; this was lower when compared to the local clinical commissioning group (CCG) average (97%) and the national average (95%).

The practices overall QOF performance for 2015/16 showed a 5% reduction on the previous year's QOF performance.

The most recent published exception reporting was better when compared to the CCG and national averages, the practice had 6% exception reporting, the CCG average exception reporting was 8% and the national average was 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). For example:

- The practice levels of exception reporting for diabetes related indicators was 7%. This was lower when compared to the local CCG average of 10% and national average of 12%.
- The practice levels of exception reporting for hypertension related indicators was 3%. This was similar when compared to the local CCG average of 3% and national average of 4%.
- The practice levels of exception reporting for mental health related indicators was 1%. This was lower when compared to the local CCG average of 10% and national average of 11%.

Data from 2015/16 showed the practice was below QOF (or other national) clinical targets:

- Performance for diabetes related indicators showed the practice had achieved 71% of targets which was lower when compared to the CCG average (93%) and the national average (90%).
- Performance for hypertension (high blood pressure) related indicators showed the practice had achieved 81% of targets which was lower when compared to the CCG average (96%) and the national average (97%).
- Performance for mental health related indicators showed the practice had achieved 86% of targets which was lower when compared to the CCG average (96%) and the national average (93%).

We discussed the lower levels of QOF performance with the practice team. The practice was aware of the mixed results and advised significant changes within the practice team over the last 18 months had an effect on the system for recalls and patient outcomes. There was an action plan to address QOF performance which included working with

Are services effective?

(for example, treatment is effective)

other local practices and the computer clinical software developers. There was planned training with an emphasis on coding and templates to support patient recalls arranged for February 2017.

The practice was confident once the training was completed and with stabilised staff the overall QOF performance for 2016/17 would increase.

The practice had implemented a programme of clinical audits with evidence of quality improvement.

- We saw clinical audits were now discussed at the practice team meetings, reflected upon and learning shared with the full practice team.
- In 2016, 10 clinical audits had been undertaken (an increase of seven since the April 2016 inspection) and five audits were completed audits where the improvements made were implemented and monitored. We also saw additional data collection work had been undertaken. The advance nurse practitioner was also active within the clinical audit programme. One of the nurses we spoke with highlighted they had discussed and was preparing to complete clinical audits within their specialist fields for example, respiratory disease.
- We reviewed two of the completed clinical audits which indicated that the practice was already meeting local and national clinical targets with full adherence to NICE guidelines. Each year the practice completed an audit, to review whether patients with attention deficit hyperactivity disorder (ADHD) (a group of behavioral symptoms that include inattentiveness, hyperactivity and impulsiveness) were receiving care and treatment in accordance to NICE guidelines. This audit highlighted the practice was working to national standards. However, the same audit also highlighted these patients had not been coded correctly on to the chronic disease register. We saw this was discussed at a clinical meeting including a detailed discussion to ensure records and registers are updated correctly. Staff we spoke with during the inspection and meeting minutes we reviewed confirmed this had been discussed.

Effective staffing

At the previous inspection, staff skills, knowledge and experience was varied, the induction process required improvement and the practice had not applied effective processes to ensure training was undertaken or up to date.

Throughout observations, discussions with practice staff and whilst reviewing the training materials provided by the practice, it was evident during the January 2017 inspection staff now had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had reviewed the induction programme which now contained practice specific information including topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- As part of the review of existing induction arrangements, all long serving members of staff also completed a workplace refresher induction checklist. This checklist was used to ensure all long serving members of staff were aware of and understood many of the changes that had been implemented whilst the practice was in a period of transition.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, as part of the endeavour to improve outcomes for patients and increase the overall QOF performance, one of the nurses had attended study days and care planning training to improve care for people with long-term conditions. The aim of this training was to support people with long term conditions such as diabetes to self-manage their condition.
- We reviewed the revised system Easthampstead Surgery used to log training needs. This was a training matrix, which effectively highlighted future learning for all members of staff. This system and the staff files we checked including a review of training certificates indicated all staff were up to date with their mandatory training.
- The learning needs of staff were identified by the practice manager through a system of appraisals, meetings, probation periods and reviews of practice development needs. Staff had protected time to access and complete e-learning training modules and attend in-house training to cover the scope of their work. For example, in-house basic life support training was completed by all practice staff in December 2016.

Are services effective?

(for example, treatment is effective)

- This also included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.
- With significant changes within the teams at Easthampstead Surgery, the majority of the staff had been employed for less than 12 months and were not yet due to receive their appraisal. We saw the practice had a list of dates when these were due. The practice held regular review meetings with these members of staff at three and six monthly periods. We saw these meetings were recorded and provided an opportunity for feedback and support necessary to be able to perform the role to the required standards.

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 professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. 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 meetings as well as monthly multidisciplinary meetings to discuss the care and support needs of patients and their families. Furthermore, there was twice-monthly cluster meetings enabled GPs to discuss patients with enhanced clinical needs with multi-agency teams to ensure their care needs were maximised.

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. All practice staff had completed formal Mental Capacity Act 2005 training which included modules on how to assess capacity.

- 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.
- The process for seeking consent was now formally monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation received support or were signposted to the relevant service.
- Information from Public Health England showed 97% of patients who were recorded as current smokers had been offered smoking cessation support and treatment. This was similar when compared with the CCG average (98%) and higher than the national average (94%). Smoking cessation advice opportunistic and also embedded into the practices Chronic Obstructive Pulmonary Disease (known as COPD, a collection of lung diseases including chronic bronchitis and emphysema) and asthma clinics.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. We saw there were 20 patients on the learning disabilities register and 12 of the patients (60%) had a recorded health check. The remaining eight patients had been contacted and invited to attend a health check. During the inspection the practice manager advised the practice was designing an easy read follow up reminder letter to ensure all 20 patients with a learning disability will have a completed health check or review by the end of March 2017.

Are services effective?

(for example, treatment is effective)

Easthampstead Surgery encouraged patients to attend national screening programmes. However, uptake was below local and national averages. For example:

- The practice's uptake for the cervical screening programme was 79%, which was an increase of 1% from the previous inspection. Although lower when compared to the CCG average (84%), this was similar when compared with the national average (81%). There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Data from Public Health England indicated mixed success in patients attending national cancer screening programmes:

- 49% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was a 1% decrease on previous figures and lower when compared with the CCG average (58%) and national average (58%). Following the previous inspection, we saw the lead GP had endeavoured to improve uptake and written to patients highlighting the importance of screening.

- 72% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; although lower when compared to the CCG average (77%), this was a 6% increase on previous figures and now similar when compared with the national average (73%).

Childhood immunisation rates for the vaccinations given were higher when compared to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved the target in four out of four areas. These measures can be aggregated and scored out of 10, with the practice scoring 9.6 (compared to the national average of 9.1).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

At our previous comprehensive inspection on 14 April 2016 the practice was rated as requires improvement for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for many aspects of care, in particular with GP treatment and care.
- The majority of patients said they were treated with compassion, dignity and respect. However, they did not all feel cared for, supported or listened to.
- Although patients had been coded as carers, there was no formal carers' register or system alert to identify them to staff. Carers were offered minimal care and support.
- The practice did not provide translation services for patients who did not have English as their first language.

At our comprehensive inspection on 11 January 2017 we found the following:

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.
- There was a private room or private area away from the busy reception desk for staff to speak with patients when they wanted to discuss sensitive issues or appeared distressed.

All of the 16 patient Care Quality Commission comment cards and the three patients we spoke with were positive about the service experienced. Patients comments highlighted they felt the staff were helpful, caring and treated them with dignity and respect. Several comments referred to recent improvements within the practice and stated how fortunate they felt to be registered at Easthampstead Surgery.

Results from the most recent national GP patient survey (published in July 2016) aligned with these views and showed patients satisfaction with interactions with GPs and reception staff had increased following the previous inspection. For example:

- 83% of patients said the last GP they saw or spoke to was good at listening to them (CCG average 88%, national average 89%). This was a 5% increase on the previous survey results.
- 79% of patients said the last GP gave them enough time (CCG average 85%, national average 87%). This was a 3% increase on the previous survey results.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%). This was a 1% increase on the previous survey results.
- 87% of patients said the nurses was good at listening to them (CCG average 90%, national average 91%). This was a 3% decrease on the previous survey results.
- 88% of patients said the nurses gave them enough time (CCG average 92%, national average 92%). This was a 5% decrease on the previous survey results.
- 90% of patients said they found the receptionists at the practice helpful (CCG average 85%, national average 87%). This was a 2% increase on the previous survey results.

Although GP and reception scores had increased showing a greater level of patient satisfaction, scores relating to care and treatment from Easthampstead Surgery nurses had reduced. We discussed this during the inspection and the practice apportioned most of the concern to the changes within the nursing team in the latter part of 2015.

Care planning and involvement in decisions about care and treatment

Verbal and written patient feedback highlighted patients 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. We also saw that care plans were personalised and patient specific which indicated patients and their carers were involved in decisions about care and treatment.

Are services caring?

Results from the latest national GP patient survey showed positive improvement in responses in relation to questions about patient involvement in planning and making decisions about their care and treatment which aligned to the verbal and written feedback we received. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 84%, national average 86%). This was a 5% increase on the previous survey results.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%). This was a 3% increase on the previous survey results.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments (CCG average 88%, national average 90%). This was a 3% decrease on the previous survey results.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%). This was a 2% decrease on the previous survey results.

Although results and patient satisfaction for interactions with nurses had lowered when comparing to previous survey results, they were in line with local and national averages. The practice was aware and preparing an action plan to further improve patient satisfaction regarding explanation of tests/treatment and involving patients in decisions about their care.

The implementation of a translation service was part of the Easthampstead Surgery improvement plan and all staff we spoke with were aware that translation services were available for patients. One member of staff we spoke with described a recent episode when they accessed translation services whilst supporting a newly registered patient. We also saw notices in a variety of languages informing patients a translation service was available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting areas and on the practice website which told patients how to access a number of support groups and organisations. Leaflets and posters displayed in the practice included information about local services for residents in Bracknell and East Berkshire. The practice's computer system alerted GPs if a patient was also a carer.

We saw significant improvement in supporting patients who were also a carer.

- In January 2017, the practice patient population list was 5,272. The practice had identified 97 patients, who were also a carer; this amounted to approximately 1.9% of the practice list and was a 106% increase.
- Prior to the inspection, the practice held a carer's awareness event and a member of staff had been appointed as a carers' lead to help ensure that the various services supporting carers were coordinated and effective. This event provided carers with information including the various avenues of support available to them and also provided the in-house carers lead to ensure the computer system was up to date and accurately recorded patients caring responsibilities.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This contact was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

We saw a number of compliments, thank you letters and testimonials to the practice thanking staff for their care and support during vulnerable stages within their lives, one example was the support from the practice following a family bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous comprehensive inspection on 14 April 2016 the practice was rated as requires improvement for providing responsive services.

- Appointment systems were not working well and patients found it difficult to access appointments by telephone. Same day appointment requests were dealt with by a telephone triage system that often resulted in long delays for call back times.
- The practice offered 10 minute appointment slots for all patients. There was no concession for patients who may have required additional time. Some patients told us they felt rushed during appointments and many were unaware they could book a double appointment, if required.
- Data from the national GP patient survey showed access to a named GP and continuity of care was not always available quickly.
- Patients could get information about how to complain in a format they could understand. However, complaints had been inconsistently managed and learning from complaints had been shared with staff.
- There was no hearing loop for patients with hearing difficulties.

At our comprehensive inspection on 11 January 2017 we found the following:

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.

- Easthampstead Surgery continued to use a telephone triage system. This was available from 7am to 10am weekdays and offered patients the opportunity to leave a message which was emailed to a GP or advanced nurse practitioner for a call back. Following an increase in GP sessions, previous delays in responding to call backs had been reduced. No written or verbal feedback we received indicated concerns with the telephone

triage system. Furthermore, several comments highlighted concerns relating to access over the last two years had been addressed and the appointment system was now working effectively.

- Longer appointments were available for patients with complex or enhanced needs. We saw longer appointments for patients with learning disabilities were highlighted on the computer system and provided with double or triple length appointment slots. Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice was fully accessible for people with disabilities and mobility difficulties. We saw that the waiting areas and consulting and treatment rooms were large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. All treatment and consultation rooms were on the ground floor. The practice had a step free access, an automatic door entrance to help those with mobility difficulties and a lowered reception desk. Following the April 2016 inspection, we saw the practice now had a portable hearing loop to help patients who used hearing aids.
- With a view to further embed improvements and make the practice more accessible, we saw the practice had considered and implemented the NHS England Accessible Information Standard to ensure that patients received information in formats that they can understand and received appropriate support to help them to communicate.

Access to the service

Easthampstead Surgery was open between 8.30am and 6pm Monday to Friday, except Thursdays when the practice closed at 1pm. Telephone lines were open from 7am to 6.30pm daily. This included dedicated lines for same day triage (where same day urgent appointments were offered by the GP or Advanced Nurse Practitioner) between 7am and 11am. Appointments were from 8am to 1pm and 2pm to 6pm daily (except Thursdays).

Are services responsive to people's needs?

(for example, to feedback?)

When the practice was closed on Thursday afternoons, the practice had an arrangement with another local GP practice to provide cover, which was two miles away.

Whilst planning the January 2017 inspection, we reviewed the practice website and saw this had been updated. The website now included a section about the appointment system, and out of hours GP service arrangements including information to assist patients to seek the most appropriate type of care, for example, when to contact the emergency service, when to contact NHS 111 service or when to contact the local Urgent Care Centre.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment had improved from the previous survey results. Previously, the survey results were collected during a time of significant change (July 2014-September 2014 and January 2015-March 2015), including a change in the appointment system. The most recent results collected in the periods July 2015-September 2015 and January 2016-March 2016 indicate the changes were positive and had now been embedded. For example:

- 70% of patients said they could get through easily to the practice by telephone (CCG average 71%, national average 73%). This was a 2% increase on previous survey results.
- 50% of patients said they usually got to see their preferred GP (CCG average 60%, national average 59%). This was a 29% increase on previous survey results.
- 80% of patients who were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%). This was a 5% increase on previous survey results.
- 70% of patients were satisfied with the practice's opening hours (CCG average 74%, national average 76%). This was a 4% increase on previous survey results.

In October 2016, the practice and the patient participation group had completed an in-house patient experience survey; the most recent results show 97% of respondents said the triage system was either very good or good. Written feedback on CQC comment cards and verbal feedback regarding access to appointments aligned to the survey results and overall improvements in accessing appointments or telephone advice.

Listening and learning from concerns and complaints

The practice had reviewed and revised the system in place for handling complaints and concerns.

- Time and training had allowed the complaints policy and procedures to become embedded into practice. We saw these were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice. We reviewed the annual review of complaints received in 2016 and saw a 'live' up to date record and audit of all verbal and written feedback received so far in 2017. Although discussed in monthly meetings, we saw plans that the practice was reviewing the frequency of specific complaint review meetings, the proposed schedule would be every three months.
- We saw that information was available to help patients understand the complaints system. This information was displayed within the practices, in the practice information leaflet and on the practice website. Staff we spoke with were aware of their role in supporting patients to raise concerns.

We looked at a random sample of complaints received in the last 12 months and found complaints were satisfactorily handled and dealt with in a timely way. We saw lessons had been learnt from individual concerns and complaints. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with the practice manager and/or the lead GP. We saw the practice had spotted a trend and had received several complaints regarding the practices prescription process. The most recent complaint regarding a repeat prescription was recorded in December 2016. We saw this had been shared with the practice team and discussed in January 2017. All practice staff who are involved in the management of prescriptions had been allocated protected time to complete prescription update training before the end of January 2017.

We noted the new practice manager had proactively reviewed and responded to all feedback on NHS Choices website.

Are services well-led?

Requires improvement 

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

Our findings

At our previous comprehensive inspection on 14 April 2016 the practice was rated as inadequate for being well-led.

- The practice had no clear vision or strategy and not all staff were aware of these and their responsibilities in relation to it. There was an informal leadership structure with no practice manager in post.
- There was a limited governance framework which required significant improvement. This included limited arrangements to monitor and improve quality and identify risk.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review, some were missing, not implemented or embedded in practice.
- Induction checklists were missing and there were gaps in training, such as safeguarding, health and safety and fire safety.
- The practice did not hold regular governance meetings and issues were discussed at ad-hoc meetings.
- The patient participation group met regularly but had not been kept informed of developments in the practice.

At our comprehensive inspection on 11 January 2017 we found the following:

Vision and strategy

The practice had a mission statement and vision had been agreed with staff.

- This was “caring for your health in partnership with you”. The mission statement was displayed in the waiting room, on the practice website and on practice literature and stationary.
- Feedback collected during the inspection including our discussions with staff and patients indicated the mission statement had been embedded within the culture of the practice.
- Practice staff independently told us of the work undertaken to improve the practice since the last inspection and that they wanted to ensure patients

received safe and effective care from caring staff. Members of staff also told us, since the last inspection the practice was more focussed on the patient and serving the community of Bracknell.

Governance arrangements

The practice had made significant improvements to their governance framework to support the delivery of the strategy and good quality care. This work was predominantly carried out by the GP and business manager. The interim practice manager had continued to embed these improvements since joining the practice in November 2016. However, the new improvements and the effectiveness of the new governance arrangements was difficult to evidence due to the short time since implementation.

- There was an improved staffing structure and that staff were aware of their own roles and responsibilities. Staff members in lead roles had sufficient training to complete these enhanced duties.
- Policies had been implemented, reviewed or revised to be Easthampstead Surgery specific and were available to all staff.
- There were improved arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. This included significant improvements to the systems and processes to safeguard adults. We also saw the management of complaints and serious incidents were now investigated and learning disseminated with staff or relevant individuals.
- A programme of continuous clinical and internal audit had been implemented to monitor quality and make improvements. Audits that had been undertaken had been shared to reflect changes in processes to enhance patient outcomes.
- Processes to monitor and improve the safety of the practice had improved. Actions identified following risk assessments were now undertaken with supporting revised health and safety procedures.

However, with the vast number of changes and overall improvements throughout the practice, further improvement was required specifically in ensuring the practice computer and internal systems was clear and

Are services well-led?

Requires improvement 

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

effective. For example, when requested, several documents could not be provided promptly due to the complex filing system although all requested documents were provided before the inspection finished.

Leadership and culture

The leadership team (GP, business manager and interim practice manager) was newly formed with the interim practice manager joining the practice in November 2016. We saw the leadership team had worked together to identify the areas where further improvements were required.

We spoke at length with the business manager, specifically about the sustainability of improvements. This was discussed as the interim practice manager, who oversaw the improvements was on a temporary contract and was due to leave the practice at the end of January 2017. The business manager provided verbal assurance that the management of the practice and the role of the practice manager was being reviewed. We asked for further assurance of any developments and immediately after the inspection we saw contractual evidence of a contract extension until April 2017 with an option that the role could change to a permanent role. The contract also included a reference that if the current interim practice manager was to leave, they would mentor a new substantive practice manager as part of the handover period.

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

This included support training for all staff on communicating with patients about notifiable safety incidents. The GP Partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held team meetings.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident and supported in doing so. Staff spoke highly of the new interim practice manager and the wealth of experience they had already shared and embedded into the practice.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice. They informed us that since the last inspection, all staff were involved in discussions about how to run and develop the practice, and the GP and business manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff informed us that they felt supported by the leadership team following the April 2016 inspection and during the period of special measures. Staff told us that although the past few months had been a time of change and uncertainty that they felt vast improvements had been made.

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

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

- The practice now gathered feedback from patients through a patient participation group (PPG) and through surveys and complaints received. Although small in size the PPG, the group met regularly and carried out patient surveys (the latest being completed in October 2016). The PPG were engaged with the inspection process, demonstrated enthusiasm to support the practice to deliver a high quality service and was involved in providing a patients voice to the improvement action plan.
- During the inspection we reviewed information and patient feedback about the practice collated via the NHS Friends and Family Test. Through additional promotion and increased awareness of this test, the number of responses in the last few months had significantly increased.

Are services well-led?

Requires improvement 

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

- We noted the practice manager had proactively reviewed and responded to all feedback on NHS Choices website.
- There was an appraisal programme for the full practice team; we saw the practice had gathered feedback from staff through staff meetings and discussions. As part of the review of existing induction arrangements, all long serving members of staff also completed a workplace refresher induction checklist.
- The practice had proactively implemented actions to review and improve levels of patient satisfaction.
- The practice had enlisted external help in order to address in a timely way, the issues identified at our inspection in April 2016. This had included support from the clinical commissioning group (CCG), NHS England and the Royal College of General Practitioners (RCGP) special measures peer support programme.
- The practice team was also part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was working with the CCG in piloting a web-based incident reporting, patient safety and risk management software.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example:

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 How the regulation was not being met: Regulation: 12 Safe Care and Treatment Patient outcomes were low and patients were at risk of not receiving appropriate care and treatment. Specifically, patients with long-term conditions and poor mental health.
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 How the regulation was not being met: Regulation: 17 Good Governance The provider did not evidence that governance systems were fully embedded.