

The Village Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Our previous focused inspection at The Village Medical Centre on 26 October 2016 found breaches of regulations relating to the responsive and well-led delivery of services. The overall rating for the practice was requires improvement. Specifically, we found the practice to require improvement for provision of responsive and well led services. It was good for providing safe, effective and caring services. Consequently we rated all population groups as requires improvement. The previous inspection reports can be found by selecting the 'all reports' link for The Village Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 14 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 26 October 2016. This report covers our findings in relation to those requirements and improvements made since our last inspection.

We found the practice had made improvements since our last inspection. At our inspection on the 14 June 2017 we found the practice was meeting the regulations that had previously been breached. We have amended the rating for this practice to reflect these changes. The practice is

now rated good for the provision of safe, effective, caring, responsive and well led services. Overall the practice is now rated as good. Consequently we have rated all population groups as good.

Our key findings were as follows:

- The practice had demonstrated improvement in monitoring the appointments booking system.
- The practice had installed a new telephone system, routinely monitored telephone calls data and carried out an internal telephone satisfaction survey to find out whether patients were satisfied with their access to care and treatment.
- All staff and patients we spoke with on the day of inspection informed us they had noticed significant improvements.
- The practice had taken steps to develop a patient participation group (PPG). However, this work was still in progress and future meeting dates were planned.
- Extended hours details were advertised in the premises and on the practice website.
- The practice had taken steps to identify carers to enable them to access the support available via the practice and external agencies. The practice had redesigned new patient questionnaire to identify new carers at the time of new registrations. Written information was available for carers to ensure they

Summary of findings

understood the various avenues of support available to them. However, the practice register of patients remained similar to the previous inspection with no real increase.

In addition the provider should:

- Review the process of identifying carers to enable them to access the support available via the practice and external agencies.

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 responsive to people's needs?

The practice had taken appropriate action and is now rated good for the provision of responsive services.

- At the inspection on 14 June 2017, we found the practice had made improvements. For example,
- The practice had taken steps to improve access to the service.
- The practice had reviewed and improved the appointment booking system.
- The practice had installed new telephone system in March 2017.
- All staff and patients we spoke with informed us they had noticed significant improvement in getting through to the practice by telephone.

Good



Are services well-led?

The practice had taken appropriate action and is now rated good for the provision of well-led services.

- At the inspection on 14 June 2017, the practice had demonstrated improvements in governance arrangements. For example,
- Effective monitoring systems had been implemented and all the areas of concerns from the previous inspection had been resolved.
- The practice had installed a new telephone system and implemented an effective system to monitor the appointment booking system.
- The practice had carried out an internal survey and taken steps to engage with the patients.

Good



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 provider had resolved all the concerns for responsive and well-led identified at our inspection on 26 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for responsive and well-led identified at our inspection on 26 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for responsive and well-led identified at our inspection on 26 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for responsive and well-led identified at our inspection on 26 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for responsive and well-led identified at our inspection on 26 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for responsive and well-led identified at our inspection on 26 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



The Village Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to The Village Medical Centre

The Village Medical Centre is situated in Slough. The practice is a purpose built premises with car parking for patients and staff. There is ramp access for patients and visitors who have difficulty managing steps. All patient services are on the ground floor. The practice comprises of three consulting rooms, two treatment rooms, one patient waiting area, administrative and management offices and a meeting room.

There are four GP partners and four salaried GPs at the practice. Two GPs are male and six female. The practice employs two practice nurses. The practice executive manager is supported by a data manager and a team of administrative and reception staff. Services are provided via a Primary Medical Services (PMS) contract (PMS contracts are negotiated locally between GP representatives and the local office of NHS England).

The practice has approximately 13,000 patients registered and patients can attend any of the two practice locations. The practice population of patients aged between 0 to 14 and 25 to 44 years is higher than national average and there are a lower number of patients over 50 years old compared to national average.

Services are provided from following two locations. We did not visit The Sussex Place Surgery during this inspection.

The Village Medical Centre (the main practice)

45 Mercian Way

Cippenham

Slough

SL1 5ND

The Sussex Place Surgery (the branch practice)

18 Sussex Place

Slough

SL1 1NR

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time and 30 minutes before opening between 8am and 8:30am (this out of hours service was managed internally by the practice by using their internal on call mobile protocol) and 30 minutes after closing time between 6pm and 6:30pm (this out of hours service was managed by East Berkshire out of hours services by diverting telephone calls to a duty GP) Monday to Friday by the practice internal on call duty arrangements or after 6:30pm, weekends and bank holidays by calling 111.

Why we carried out this inspection

We carried out a previous comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection took place on 26 October 2016 and we published a report

Detailed findings

setting out our judgements. These judgements identified one breach of regulation. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We carried out a follow up focussed inspection on 14 June 2017 to follow up and assess whether the necessary changes had been made, following our inspection in October 2016. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made. We found the practice was meeting all the conditions of regulation that had previously been breached.

This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall quality of the service, review the breaches identified and update the ratings provided under the Care Act 2014.

How we carried out this inspection

Prior to the inspection we contacted the Slough Clinical Commissioning Group, NHS England area team and the local Healthwatch to seek their feedback about the service provided by The Village Medical Centre. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced focused visit on 14 June 2017.

During our visit we undertook observations of the environment and spoke with a range of clinical and non-clinical staff.

This report should be read in conjunction with the previous inspection report of CQC visit on 26 October 2016.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

When we inspected the practice in October 2016, patients said they found it difficult to make an appointment with a named GP and had to wait a long time to get through to the practice by telephone. Extended hours appointments details were not advertised on the practice website.

Access to the service

At the June 2017 inspection, the practice informed us they had taken steps to address the issues, for example;

- The practice had reviewed and improved the appointment booking system.
- The practice had implemented an effective system to monitor the appointment booking system. We saw evidence that the practice was monitoring the waiting time to book next pre-bookable appointment on weekly basis. We saw the records of last four months and noticed that the average waiting time to book next available appointments with GPs was 11 working days.
- We checked the online appointment records of four GPs and noticed that the next available pre-bookable appointments with named GPs were available within two to three weeks and with any GP within two weeks. Urgent appointments with GPs or nurses were available the same day.
- We noted that the appointment with practice nurse was available within one week.
- Next pre-bookable appointment for cervical screening with a trained practice nurse was available within one week.
- We noted extended hours appointments details were displayed in the premises and advertised on the practice website.
- The practice had installed new telephone system in March 2017. Staff we spoke with informed us that new telephone system had helped in reducing telephone waiting times and enabled over flow telephone calls to transfer automatically to the other site.
- The practice informed us they mostly had eight reception staff on duty during peak hours in the morning (including both main and the branch premises). Staff we spoke with on the day of inspection confirmed this.
- We had seen evidence that the practice was encouraging patients to register for online services. For example, 3% (329) patients were registered to use online

services compared to 1.41% (191) patients during the previous inspection. Improvement in this area had also contributed in reducing the pressure on the telephone system.

The practice had carried out an internal telephone system satisfaction survey to evaluate the improvements made after the installation of new telephone system. The survey results demonstrated improvements. For example,

- 50% of patients said they had noticed improvements in waiting time to get through to the practice by telephone after the installation of new telephone system.
- 44% of patients said that new telephone system was neither better nor worse than the old system.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We found;

- Thirty nine of the 45 patient CQC comment cards we received were positive about the service experienced. Three of the 45 patient CQC comment cards we received were neutral and three were negative which raised concerns about the availability of GP appointments, children immunisation appointments and routine phlebotomy service not offered at the premises.

We saw a poster in the waiting area informing patients that the phlebotomy service was offered at the local practice. The practice informed us they only offered phlebotomy service to vulnerable patients because they were not contractually obliged to offer this service in the premises.

The practice informed us they offered weekly immunisation clinic at the premises.

We spoke with eight patients, three staff and received five written feedback from the staff during this inspection. We found;

- All patients and staff informed us they had seen significant improvement and waiting time to get through to the practice by telephone had been reduced.

Staff we spoke with informed us they had seen improvements due to increase in number of reception staff, new telephone system and introduction of pre-bookable telephone consultation appointments.

We saw the NHS friends and family test (FFT) results for six months (December 2016 to May 2017) and 90% patients were likely or extremely likely recommending this practice.

Are services well-led?

Good 

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

Our findings

When we inspected the practice in October 2016, we found the practice had taken some steps to improve the appointment booking system. However, the practice had not completed all issues in a timely manner and did not take steps to monitor telephone calls data and appointment booking system. The practice had tried to engage with patient participation group (PPG) but their efforts were not fully successful. The practice had not collected feedback through internal surveys.

Governance arrangements

At the June 2017 inspection, the practice had demonstrated improvements. The practice had a good governance framework which supported the delivery of the strategy and good quality care. For example:

- The practice had implemented an effective monitoring system and all the areas of concerns from the previous inspection had been resolved.
- The practice had installed a new telephone system.

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

The practice had collected patients' feedback and engaged patients in the delivery of the service.

- The practice had carried out an internal survey to find out whether patients were satisfied with their access after the installation of new telephone system.
- We observed that the practice had taken steps to develop a patient participation group (PPG) and two open meetings were held in March and May 2017. However, this work was still in progress and future meeting dates were planned.
- The practice had developed a list of patients with email addresses to develop a virtual PPG. The practice informed us they had shared newsletter with the patients by emails.
- The practice informed us that they were actively engaging with patients because they were planning to close the branch surgery in October 2017. The practice had started patients' consultation in April 2017 to close the branch practice because the lease had expired in December 2016 and it was not financially viable to bring the building up to the high standards required for modern GP practices. The practice informed us they were in discussion with Slough clinical commissioning group (CCG) and NHS England and considering various options which included either finding a new premises or extending the main premises. In the meantime the practice was considering to offer longer clinics at the main premises (7.30am to 8pm), lunch time consultations and rent a space at the host practice to offer two to three clinics every week.