

Boundary House Surgery (Extended Hours Service)

Quality Report

Mount Lane
Bracknell
Berkshire
RG12 9PG

Tel: 01344 637808

Website: <http://berkshireprimarycare.co.uk/>

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

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 Boundary House Surgery (Extended Hours Service) on 2 March 2017. The service operates from a single base at the local host practice. We visited the base during this inspection. Overall the service is rated as requires improvement.

Specifically, we found the service to require improvements for the provision of effective and well led services. The service is rated good for providing safe, caring and responsive services.

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

- This service was the GP Federation for the 15 practices in Bracknell and Ascot Clinical Commissioning Group (CCG). It was commissioned by CCG in December 2015 to run the local extended hours GP service for all 15 local practices.
- There was an effective system for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- The provider had systems in place to identify, assess and manage risk but the systems were operated inconsistently. Some risks associated with managing blank prescriptions and calibration of medical devices in the doctor's bags had not been identified within monitoring and governance processes.
- There was a monitoring system in place which required improvement to assure that appropriate checks had been undertaken regularly to maintain fire safety, emergency medicines and emergency equipment at the premises.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. The Key Performance Indicators (KPIs) and Quality Requirements were monitored and reviewed and improvements implemented.
- Most staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, some staff had not undertaken update training relevant to their role and the provider did not effectively monitor and keep records of staff training. Not all staff had received an annual appraisal.
- There were safeguarding systems in place for both children and adults at risk of harm or abuse.

Summary of findings

- The provider had carried out some clinical audits. However, not all clinical audits were of full or repeat cycles. There were limited processes to ensure clinical improvement. The provider informed us this was due to the service only being in existence for the last 15 months.
- There was a system in place that enabled staff to access patient records, for example the local GP, with information following contact with patients as was appropriate.
- The service proactively sought feedback from staff and patients, which it acted on.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment and data showed the service managed patients' care and treatment in a timely way.
- The service offered 15 minutes long pre-bookable appointments with GPs, practice nurses and health care assistants during extended hours, which could be booked up to six weeks in advance.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available.

- There was a clear leadership structure. Communication channels were open and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- The provider must review, assess and monitor the governance arrangements in place to ensure and improve the quality and safety of the services provided. For example:
- Ensure and improve the management and tracking of blank prescription forms to use in printers, to ensure this is in accordance with national guidance.
- Ensuring calibration and checking of medical devices in doctors bags are carried out in accordance with the manufacturer's specification at all times.
- Ensure all staff have received annual appraisals and undertake all training and relevant updates including health and safety, infection control, mental capacity act and equality and diversity awareness. Ensure effective monitoring of staff training records.
- Continue to establish a system of clinical audit cycles and identify processes for clinical improvement.

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 provider is rated as good for providing safe services.

Good



- There was an effective system in place for recording, reporting and learning from significant events and lessons were shared to make sure action was taken to improve safety in the service.
- 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.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always effectively implemented to ensure patients were kept safe. For example, the monitoring of infection control training and blank prescription printer forms were not always managed appropriately.
- We found that the blood pressure monitor in doctor's bags were not being calibrated and records were not maintained.

Are services effective?

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

Requires improvement



- Most staff had the skills, knowledge and experience to deliver effective care and treatment. However, not all staff had received annual appraisals and some staff had not undertaken training for health and safety, infection control, mental capacity act and equality and diversity awareness.
- The provider had carried out some clinical audits. However, not all clinical audits were of full or repeat cycles. There were limited processes to ensure continuous quality improvement. The provider informed us this was due to the service only being in existence for the last 15 months.
- Data showed the Key Performance Indicators (KPIs) and Quality Requirements for extended hours services were monitored and reviewed and improvements implemented to ensure patient needs were met in a timely way.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- There was an effective system to ensure timely sharing of patient information with the patient's GP practice.

Are services caring?

The provider is rated as good for providing caring services.

- Feedback from patients about their care and treatment through our comment cards and collected by the provider was very positive. Patients were all positive about their experience and said they found the staff friendly, caring and responsive to their needs.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Limited information was available for patients about the services provided.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients were kept informed with regard to their care and treatment throughout their visit to the extended hours service.

Good



Are services responsive to people's needs?

The provider is rated as good for providing responsive services.

- The service engaged with the NHS England Area Team and local clinical commissioning groups to secure improvements to services where these were identified.
- The service was running small scale pilots to deliver five additional innovative services in an attempt to use new technology to improve the patient experience combined with local provision.
- The service had systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need.
- Patients said they found it easy to make an appointment with the extended hours service.
- The service had good facilities to treat patients and meet their needs.
- Information about how to complain was available at the extended hours service and on the provider's website which was easy to understand.

Good



Are services well-led?

The provider is rated as requires improvement for providing well led services.

Requires improvement



Summary of findings

- There was a governance framework in place, however monitoring processes were ineffective. The provider had failed to identify the areas of concern we found during this inspection. For example, the lack of tracking of blank prescription, and monitoring of medical devices in doctors bags.
- The service had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. However, the provider did not ensure all staff had received an annual appraisal.
- There was a clear leadership structure and staff felt supported by management. This was evident at local level and senior level. Staff were always able to contact the management.
- The service proactively sought feedback from staff and patients, which it acted on.
- The service complied with the requirements of the duty of candour and encouraged a culture of openness and honesty.

Summary of findings

What people who use the service say

Boundary House Surgery (Extended Hours Service) was carrying out regular internal patient experience surveys since they started the extended hours service in December 2015. We saw 1463 patients participated in the general patient satisfaction survey (from December 2015 to January 2017) and results showed the service was performing well and patients were satisfied with the extended hours service. For example:

- 94% of patients described the overall experience of this service as excellent or good.
- 95% of patients said they will book another appointment with this service if they need to see a GP, nurse or health care assistant.
- 97% of patients described their experience of making an appointment as easy.
- 99% of patients said they found reception staff friendly and helpful.

- 97% of patients said they would recommend the service to friends and family if they needed similar care or treatment.

We gathered the views of patients using the extended hours service via Care Quality Commission comment cards that patients had completed. We received 46 comment cards and spoke with five patients who had used the service. All feedback positively described the service including comments about the facilities, the staff and the care received.

All feedback indicated patients were satisfied with the service they had received. They found staff polite, sensitive and caring and treated them with dignity and respect. Patients we spoke with were positive about the care and treatment offered by the GPs, nurses and health care assistants at the service, which met their needs.

Boundary House Surgery (Extended Hours Service)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor.

Background to Boundary House Surgery (Extended Hours Service)

Boundary House Surgery (Extended Hours Service) is situated in Bracknell within purpose built premises. All patient extended hours services are offered on the ground floor. The service comprises of four consulting rooms and two treatment rooms, a patient waiting area and a reception area.

Berkshire Primary Care Ltd (BPC) is the provider of extended hours service based at the host site (Boundary House Surgery). This service is managed by the GP Federation for the 15 practices in Bracknell and Ascot Clinical Commissioning Group (CCG). It was commissioned in December 2015 to run the local extended hours GP service for all 15 local practices and covers a population of approximately 140,000 patients across the Bracknell and Ascot CCG. The service was initially commissioned to provide 15,000 patient consultations until March 2017. In the last 15 months the service has seen 8,872 patients and

offered 13,706 booked appointments in total. The provider informed us the extended hours service has been granted extension until March 2018. This service is providing an extension to the usual daily GP services.

The service is locally run, by local General Practice staff, to the benefit of the local population, remaining sensitive to the different needs of different parts of the population, while protecting NHS Services and keeping care as close to home as it possibly can be. Patients do not need to be registered at the service.

The service employs 41 staff, mostly from the local practices. The nurses, health care assistants and administrative staff are employed on a zero hours type contract. The GPs are all self employed. There are 17 GPs, eight practice nurses, seven health care assistants. There are four directors. The business manager is supported by a team of administrative and reception staff. Services are provided via an Alternative Provider Medical Services (APMS) contract. (APMS contracts are provided under Directions of the Secretary of State for Health. APMS contracts can be used to commission primary medical services from traditional GP practices).

The service has core opening hours from 6.30pm to 8.30pm Monday to Friday and from 8am to 2pm on Saturday. The service offers 15 minutes long pre-bookable appointments with GPs, practice nurses and health care assistants during extended hours, which could be booked up to six weeks in advance.

Services are provided from the following location:

Boundary House Surgery (Extended Hours Service)

Mount Lane

Detailed findings

Bracknell

Berkshire

RG12 9PG

The extended hours service is situated in rented space from the local practice and the facilities are managed by the host practice.

Why we carried out this inspection

We inspected the service delivered at Boundary House Surgery (Extended Hours Service) as part of our new comprehensive inspection programme.

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 2 March 2017.

During our visit we:

- Spoke with other organisations such as commissioners, NHS England area team, local Healthwatch to share what they knew about the performance and patient satisfaction of the out of hour's service.
- Spoke with a range of staff including GPs, nurses, health care assistants, receptionists, a business manager, medical director, chief executive officer and contract director.
- Observed how patients were treated at reception areas and spoke with five patients, carers and/or family members who used the service.
- Reviewed Care Quality Commission (CQC) comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed a range of records including audits, staff files, training records and information regarding complaints and incidents.

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?

Please note that when referring to information throughout this report, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the business manager of any incidents and there was a recording form available on the provider'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.
- The practice carried out a thorough analysis of the significant events. Significant events were a standing item on the board meeting agenda. We reviewed records of eight significant events and incidents that had occurred during the last year.
- We saw evidence that lessons were learnt from significant events and communicated widely to support improvement. For example, we saw an analysis of a significant event regarding cervical screening results sent to the wrong practice by local hospital which caused delay in patients receiving the results. The provider had carried out a thorough investigation and raised this incident with a local hospital as an information governance breach because confidential patient data was shared with the wrong practice. The provider had recommended local hospital to establish and test correct pathways. The provider was monitoring this and informed us that no new breach had been reported since this incident eight months before.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The provider had a system in place to deal with national safety alerts. These were reviewed by a senior clinical staff within the service. They were disseminated to relevant clinicians within the service to

take appropriate action. Alerts regarding medicine interactions were communicated to GPs. GPs we spoke with identified recent alerts and were aware of the action arising from them.

Overview of safety systems and processes

The service had systems, processes and practices in place to keep patients safe and safeguarded from abuse, however improvements were required.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. For example, GPs were trained to Safeguarding Children level three, nurses were trained to Safeguarding Children level two and both GPs and nurses had completed adult safeguarding training.
- We saw notices advising patients that chaperones were available if required. All staff had access to a chaperone policy. 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).
- During the inspection we saw the service maintained appropriate standards of cleanliness and hygiene. The service was located at another practice property and the provider had limited control over their environment. There was an infection control lead. There was an infection control protocol in place but some staff (including 11 out of 15 GPs, two out of six health care assistants and an administration staff) had not received infection control update training. All practice nurses had received up to date infection control training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There was a system in place to ensure equipment was maintained to an appropriate standard and in line with

Are services safe?

manufacturers' guidance e.g annual calibration of medical equipment. However, during the doctor's bags inspection we found that the blood pressure monitor was not being calibrated and records were not maintained. We discussed this with the provider. The provider assured us they had immediately stopped using the medical devices in the six doctor's bags and took necessary steps to arrange the calibration of these devices.

- We reviewed a sample of five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS checks).

Medicines Management

- Processes were in place for checking medicines and they were stored securely. The service carried out regular medicines audits to ensure prescribing was in accordance with best practice guidelines for safe prescribing.
- Blank prescription printer forms were not handled in accordance with national guidance as these were not tracked through the practice. However, the prescriptions were kept securely at all times.
- Practice nurses were administering vitamin B12 injections against patient specific directions.

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. There was a health and safety policy available with a poster in the premises. The service had up to date fire risk assessment in place and carried out regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and most clinical equipment was checked to ensure it was working properly. The service had a variety of other risk assessments and regular checks in place to monitor safety of the premises

such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the premises was managed by the host practice and the provider did not have an effective monitoring system to ensure that regular checks had been undertaken by the host practice.

- Staff told us there were usually enough staff to maintain the smooth running of the service and there were always enough staff on duty to keep patients safe. The business manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents, however improvements were required.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- Emergency equipment was available within the premises, all staff we spoke with knew of its location. There were defibrillators and oxygen with adult and children's masks.
- The emergency medicines we checked were within date and fit for use. However, the staff we spoke with informed us they had restricted access to some emergency medicines which was potentially putting patients at risk, due to the delay in an emergency situation. The service informed us after the inspection that they had discussed with the host practice and secured full access to their emergency medicines.
- The emergency equipment and emergency medicines were checked and maintained by the host practice.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The service 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 service guidelines.

- The service 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 service monitored that these guidelines were followed.
- Access to the extended hours service was booked via the patient's own GP. This service offered pre-bookable appointments with GPs, practice nurses and health care assistants during extended hours. However, the follow up appointments could be booked up to six weeks in advance, either by the patient's practice or directly by the provider to ensure the continuity of healthcare. Patients could choose to book follow up appointment directly with the provider while attending their appointment or at a later date via their own practice.

Management, monitoring and improving outcomes for people

The Key Performance Indicators (KPIs) and Quality Requirements as agreed with the commissioners were used to show the service was safe, clinically effective and responsive. Providers were required to report weekly and monthly to the clinical commissioning group on their performance against standards which included patient activity audits, compliance with clinical reporting requirements, patient safety and quality indicators, seeking patient feedback and actions taken to improve quality.

The provider's performance was measured against Key Performance Indicators (KPIs) and Quality Requirements.

Patient activity (% utilisation of appointments made available and actually used) data from November 2016 showed:

- the provider had offered 418 appointments with GPs. Out of which 413 (99%) appointments were booked and 371 (89%) consultations were attended by the patients.

- 418 appointments were offered by nurses. Out of which 367 (88%) appointments were booked and 354 (85%) consultations were attended by the patients.
- the provider had offered 388 appointments with health care assistants. Out of which 344 (89%) appointments were booked and 340 (88%) consultations were attended by the patients.
- the provider was also monitoring and reporting total number of extended hours core service clinical contacts by practice, with percentage utilisation.

Patient activity (total number of innovative service clinical contacts) data from December 2016 showed:

- the provider had offered 58 appointments for 'health check plus'.
- 21 appointments were provided for the 'Continuous ECG service'. An electrocardiogram (ECG) is a simple test that can be used to check heart's rhythm and electrical activity. Sensors attached to the skin are used to detect the electrical signals produced by the heart each time it beats.
- the provider had offered 45 appointments for '24 hours ambulatory blood pressure monitoring (ABPM)'.
- the provider had offered 116 appointments for 'Atrial Fibrillation (AF)' screening. AF is a heart condition that caused an irregular and often abnormally fast heartbeat that could lead to blood clots, stroke, heart failure and other heart-related complications.
- the provider was also monitoring and reporting total number of extended hours innovative service clinical contacts by practice, with percentage utilisation.

A random sample audit of patient contacts:

- This audit process was led by a clinician, appropriate actions were taken on the results of those audits and we saw evidence that regular reports of these audits were made available to the Clinical Commissioning Groups (CCGs).
- There was a system in place to monitor the performance of GPs, practice nurses and health care assistants working in the extended hours service in a comprehensive and systematic manner. We saw the provider was regularly auditing a random sample of 20 patient contacts by completing a clinical record keeping audit. The provider was randomly selecting 10 consultation records with GPs and 10 with nurses and health care assistants. The provider carried out this audit to review clinical performance and ensure

Are services effective?

(for example, treatment is effective)

consultations to be of the highest quality and where performance fell below this standard the provider demonstrated that action was taken to support the clinician to improve their performance. The audit findings were shared with the clinicians as part of a monthly training memorandum from the medical director.

The provider had carried out some clinical audits. However, processes to monitor continuous improvement were limited.

- We reviewed two clinical audits carried out in the last 12 months. However, the provider had not carried out a repeat clinical audit cycle. The provider was not able to demonstrate the improvements resulting since the initial audit because they did not have sufficient time to implement changes and carry out a second cycle to demonstrate the improvements. The provider informed us this was due to the service only being in existence for the last 15 months.
- The provider had carried out five prescribing audits which were repeated every three months to monitor the quality of prescribing through regular data monitoring.
- Findings were used by the practice to improve services. For example, we saw evidence of prescribing audits carried out to monitor prescribing levels including antibiotics in the extended hours service. The initial audit in June 2016 identified that out of 148 antibiotics prescribed in one quarter only 11 were classed as 'less appropriate' and out of 696 items prescribed only 23 items were non-formulary. (Non-formulary medicines are not included in the list of preferred medicines that deems to be the safest, most effective and most economical). We saw evidence that the practice had carried out follow up prescribing audits which demonstrated improvements in patient outcomes. The audit in February 2017 demonstrated that out of 130 antibiotics prescribed in one quarter only nine were classed as 'less appropriate' and out of 935 items prescribed only 16 items were non-formulary.

Effective staffing

Most staff had the skills, knowledge and experience to deliver effective care and treatment. However, some staff had not received training relevant to their role and all staff had not received annual appraisals.

- The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff told us they could access role-specific training and updates when required and that there was a programme of training. Nurses were also supported to undertake specific training to enable them to specialise in areas such as cytology and wound care.
- The service employed 41 staff, mostly from the local practices. This included medical, nursing, managerial and administrative staff. The nurses, health care assistants and administrative staff were employed on a zero hours type contract. The GPs were all self employed. The learning needs of staff were not identified through a system of appraisals, meetings and reviews. We noted all staff had not received annual appraisals from the provider, which included eight practice nurses, seven health care assistants and 10 administration staff. However, the provider informed us they were collecting satisfactory progress references and appraisals from all staff's local practice employment.
- Staff had received training that included: safeguarding children, safeguarding adults, fire safety and basic life support. However, some staff had not received update training for health and safety, infection control, mental capacity and equality and diversity awareness. Staff had access to and made use of e-learning training modules and in-house training.

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 service's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The service shared relevant information with other services in a timely way, for example when referring patients to other services.
- The provider worked collaboratively with other services. Patients who could be more appropriately seen by their registered GP or an emergency department were referred. If patients needed specialist care, the extended

Are services effective?

(for example, treatment is effective)

hours service, could refer to specialties within the hospital. Staff also described a positive relationship with the mental health and district nursing team if they needed support during the extended hours service.

Compliance with clinical reporting requirements:

- Information relating to patient consultations carried out during the extended hours service was transferred electronically to a patient's GP within 24 working hours in line with the performance monitoring tool. The provider informed us a dedicated member of staff was responsible for transfers of information to ensure GPs received information about their patients.
- The provider informed us the service was consistently meeting this requirement and 100% of patient records with details of consultations were sent to the patients GP practice within 24 working hours.

Consent to care and treatment

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

- Staff we spoke with on the day of inspection understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, some staff had not received mental capacity act training at a level appropriate to their role.
- 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 clinical staff assessed the patient's capacity and, recorded the outcome of the assessment. Staff also described how they seek consent in an emergency situation in line with the service's consent policy.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- During the inspection we saw the clinicians come to the waiting area, call patients and introduce themselves before taking them to the consultation.
- We noted that consultation room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- We noted that staff were mindful and adherent to the provider's confidentiality policy when discussing patients' treatments so that information was kept private.

We obtained the views of patients who used the extended hours service via Care Quality Commission comment cards that patients had completed. All of the 46 patient CQC comment cards we received were positive about the service experienced. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients providing positive feedback said they felt the provider offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with five patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

All written and verbal feedback received indicated patients were satisfied with the service they had received. All five patients we spoke with recommended the extended hours service provided. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The provider had carried out internal general patient satisfaction surveys regularly since they started the extended hours service in December 2015. We saw 1463

patients participated in the survey (from December 2015 to January 2017) and results showed the service was performing well and patients were satisfied with the extended hours service. For example:

- 94% of patients described the overall experience of this service as excellent or good.
- 99% of patients said they found reception staff friendly and helpful.
- 97% of patients said they would recommend the service to friends and family if they needed similar care or treatment.

The views of external stakeholders were positive and in line with our findings. For example, the local healthwatch where most of the patients lived all praised the care provided by the extended hours service.

Care planning and involvement in decisions about care and treatment

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

Staff we spoke with had a good understanding of consent and of the need to involve patients in decision making. Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the patient satisfaction survey (from December 2015 to January 2017) showed:

- 89% of patients said the last GP or nurse they saw was good at listening and explaining tests and treatments, which they found helpful because it was easy to understand the answer.

The service provided some facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Are services caring?

- Information leaflets were available in easy read format. Information posters and leaflets were not available in multiple languages.

Patient and carer support to cope emotionally with care and treatment

There was limited information which informed patients how to access a number of support groups and organisations in the local area.

The provider's computer system alerted GPs if a patient was also a carer. There was written information available to direct carers to the various support services available to them.

All clinicians had access to the services bereavement policy online. Information relating to the needs of patients receiving palliative care was shared promptly between the patients' registered GP and the service. These were provided via care plans transferred to the provider's database.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The provider engaged with the NHS England Area Team and the local Clinical Commissioning Group (CCG) to provide the services that met the identified needs of the local population of Bracknell and Ascot CCG. The local CCG conducted needs' assessments to find where and which services were required and the services were provided through this extended hours service identified from the analyses.

The extended hours service was the GP Federation for the 15 practices in Bracknell and Ascot CCG. It was commissioned in December 2015 to run the local extended hours GP service for all 15 local practices. This service was providing an extension to the usual daily GP services. In addition, BPC was running small scale pilots to deliver five additional innovative services in an attempt to use new technology to improve the patient experience combined with local provision. For example;

- The service was providing a 'Continuous ECG service' which was used for patients identified to have suspected arrhythmias (rate or rhythm of the heartbeat). The service involved the fitting of an ECG device which could be worn for either 24, 48 or 72 hours depending on the level of monitoring required. (An electrocardiogram 'ECG' is a simple test that can be used to check heart's rhythm and electrical activity. Sensors attached to the skin are used to detect the electrical signals produced by heart each time it beats.) The readings were interpreted and the results were sent back to the patient's home practice. This service was commissioned in April 2016 to provide 150 'Continuous ECGs' and data showed they had actually completed 215 patient consultations within this pilot project. This project was extended until March 2017 and the provider was in discussion with CCG and other potential commissioners to secure the future funding.
- 'Arrhythmia Screening' was provided by using a hand held ECG device which monitored the patient's heart rhythm and could detect suspected Atrial Fibrillation (AF). (AF is a heart condition that caused an irregular and often abnormally fast heartbeat that could lead to blood clots, stroke, heart failure and other heart-related complications). The provider informed us they had found 4% patients with AF who visited the service for an appointment about something totally unrelated. This service was commissioned to provide 4000 'Arrhythmia Screening' and data showed they had actually completed 762 patient consultations within this pilot project.
- '24 hours ambulatory blood pressure monitoring (ABPM)' had been implemented which was recommended in NICE guidance and should be offered to all patients with a clinic blood pressure of 140/90mmHg or higher. This involved a watch type device, worn on the wrist for 24 hours which monitored up to 96 blood pressure measurements over the 24 hour period. This service was commissioned in April 2016 to provide 300 '24 hours ABPM' appointments and data showed they had actually completed 300 patient consultations within this pilot project. This service had stopped because it had reached its full quota. The provider was in discussion with CCG and other potential commissioners to secure the future funding.
- 'HealthCheck Plus', which was an enhanced version of the health check and included point of care testing for diabetes detection and cholesterol levels and the patient received the results within the appointment. The provider was also offering 'Arrhythmia Screening' as part of this health check. This service was commissioned in February 2016 to provide 2000 'HealthCheck Plus' appointments and 885 patients currently completed. The provider was in discussion with CCG and Public Health to secure the future funding for this project.
- 'Remote monitoring of Warfarin'. (Warfarin is a medicine used to stop blood clotting in the body). Patients had a blood test and their results were then reviewed by a GP and their warfarin dose was amended depending on the blood results. The service offered a remote monitoring solution where the patient was trained on how to use a hand held device which provided them with a reading of their INR level immediately. (INR stands for 'international normalised ratio' which is a measuring number used to figure out correct dose of Warfarin). Readings from a hand held device then remotely sent to the nursing team at the extended hours service who analysed the results and advice the correct warfarin dose. The results and next test date were sent back to the patient either via a secure email or automated telephone system. This service was commissioned in August 2016 to provide 300 'remote monitoring of Warfarin' and they had actually completed 120 to date within this pilot project. The provider informed us this

Are services responsive to people's needs?

(for example, to feedback?)

project had secured the funding until March 2018. This funding would be used to remotely monitoring existing patients until March 2018. The funding and recruitment of new patients had been stopped in March 2017.

- The provider informed us that early findings from the 'remote monitoring of Warfarin' pilot were positive and patients were engaging with their treatment regime. The provider informed us they had received very positive feedback from working age patients because they were not required to take time off from work to attend the appointment during the day time.
- The provider was using real time cloud based technology for reporting on ABPM, ECG and for INR transfer of data and dosing.
- Staff we spoke with informed us that the patients were told what to expect in the next few days and what to do if necessary. In addition, patients were given details of someone they could contact in case they had concerns after using the service.
- The provider understood and responded to patients' needs. For example the provider had access to a translation service for those patients who had difficulty communicating in English.
- There were longer appointments available for patients with a learning disability.
- Services were planned and delivered to take into account the needs of different patient groups and to provide flexibility, choice and continuity of care. For example; follow up appointments could be booked six weeks in advance directly by the provider to ensure the continuity of care.
- There were accessible facilities and a hearing induction loop was available to assist patients with hearing impairment.

Access to the service

- The service operated from 6.30pm to 8.30pm Monday to Friday and from 8am to 2pm on Saturday for patients who had been booked into the service by the practices.
- The service offered 15 minutes long pre-bookable appointments with GPs, practice nurses and health care assistants during extended hours, which could be booked up to six weeks in advance.
- Access to the extended hours service was via patients calling their own practice to book the initial appointment.

- Patients could choose to book follow up appointment directly with the provider while attending their appointment or at a later date via their own practice.
- The service was promoting 'HealthCheck Plus' uptake, for which appointments could be booked directly with the service.
- The service offered pre-bookable appointments to patients from 6.30pm to 8pm Monday to Friday, and between 8am to 10.30am and 11am and 1.30pm on Saturday.

Written and verbal feedback and information from patient experience surveys indicated patients were satisfied with the appointments system and the timeliness of the extended hours service. For example, patients said they did not have to wait to be seen by a GP.

Results from the internal patient satisfaction survey (from January 2017) showed:

- 97% of patients described their experience of making an appointment as easy.
- 98% of patients said their appointment time was convenient.
- 82% of patients said they were able to get an appointment within one week.
- 90% of patients said they were seen within 15 minutes of the scheduled appointment time.

We visited extended hours service based at the host site (Boundary House Surgery) during this inspection. The premises had a clear, obstacle free access, disabled toilets and height adjustable couches were available in the clinical rooms. This made movement around the service easier and helped to maintain patients' independence. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms.

Listening and learning from concerns and complaints

The provider had an effective system in place for handling complaints and concerns.

Complaints procedure:

- We found the provider had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated responsible person who co-ordinated the handling of all complaints and feedback received into the service.
- We saw that information was available to help patients understand how to make a complaint in the extended hours service and on the practice website. Staff we spoke with were fully aware of the complaints process and how to explain this to patients. None of the patients we spoke with during the inspection had ever needed to make a complaint about the extended hours service.
- The service reported that there had been no written complaint received in the last 12 months. The service had dealt with one verbal complaint from another practice and we noted it was handled appropriately, in line with the service complaints procedure.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The provider had a clear vision to deliver high quality care. There was evidence of strong collaboration and support across all staff and a common focus on improving quality of care and promoting positive outcomes for patients in Bracknell and Ascot Clinical Commissioning Group (CCG).

- The service had a mission statement of ‘empowering general practice to provide high quality patient focused services to encourage a healthier population’. This also included maintaining a highly skilled workforce within a fit for purpose building, in order to provide a consistently high standard of medical care with clinical excellence.
- The service had a strategy and a supporting business plan that reflected the vision and values and were regularly monitored.
- We saw evidence of the provider’s commitment to this mission statement and their proactive approach to working with other providers and commissioners to develop services that met patients’ needs and improved patient experience. Staff we spoke with reflected that commitment and shared their ideas for the future.
- There were regular reviews of service performance and progress against contractual obligations.

Governance arrangements

There were governance arrangements in place, however improvements were required.

- There were arrangements for identifying, recording and managing the majority of risks, issues and implementing mitigating actions but these had failed to identify some risks found during inspection. For example, the monitoring and record keeping of blank prescriptions was not effective. We saw the doctor’s bags contained blood pressure monitors which were not calibrated in line with manufacturers’ guidance.
- The extended hours service was located at another practice property and the provider had limited control over their environment. The provider had a monitoring system in place to assure themselves that appropriate checks had been undertaken regularly to maintain fire safety, emergency medicines and emergency

equipment. However, there were some checks that the provider had sought assurance from the premise owners, but they were unable to evidence the assurances given.

- On the day of inspection we found that the provider did not have an effective system to monitor and record staff training. The provider was unable to demonstrate which staff had completed update training relevant to their role including health and safety, infection control, mental capacity act and equality and diversity awareness.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff we spoke with understood who their managers were and how to contact them. However, not all staff had received an annual appraisal from the provider or an update of performance from the staff members main employer.
- Service specific policies were implemented and were available to all staff. We asked a number of staff to demonstrate their familiarity with the policies and all were able to do so. Staff were confident that if they did not know about a policy they would be able to find out.
- The programme to continuously monitor quality and to ensure clinical improvements was not always effective. At the time of inspection no second cycle of clinical audits had been undertaken due to the timing of the initial audit. The provider informed us this was due to the service only being in existence for the last 15 months. However, the service had undertaken regular prescribing audits.
- The provider had a good understanding of their Key Performance Indicators (KPIs) and Quality Requirements and actions were taken to address concerns when they arose. Performance was shared with staff and the local clinical commissioning group as part of contract monitoring arrangements.
- The provider had a medical director who was responsible for monitoring of KPIs. Performance management reviewed at the monthly programme board meetings. A report for the whole month then fed back to the board.

Leadership and culture

During the inspection the provider demonstrated they aspired to provide safe, high quality and compassionate care. Staff told us that managers and senior leaders were approachable and took the time to listen to all members of staff.

Are services well-led?

Requires improvement 

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

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). The provider encouraged a culture of openness and honesty. The service had systems in place to ensure that when things went wrong with care and treatment:

- The service gave affected patients an explanation based on facts and an apology where appropriate, in compliance with the NHS England guidance on handling complaints.
- The service kept written records of verbal interactions and they did not receive any written complaints.

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

- There were arrangements in place to ensure the staff were kept informed and up-to-date. This included periodic newsletters specific to the service, a team information cascade system and email communication from managers.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues and felt confident and supported in doing so. The provider operated an on call manager rota and staff were able to contact a duty manager at any time. This enabled urgent problems to be escalated to management promptly whilst the service was in operation and staff were on site.
- Staff said they felt respected, valued and supported by the management.

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

The provider encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The service had gathered feedback from patients through surveys and complaints received. For example, the provider had carried out regular patient experience surveys for each innovative pilot projects they were offering, in addition to the general patient experience survey for whole extended hours service.
- The provider had gathered feedback from staff through staff surveys and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the service was run.
- Staff had the opportunity to contribute to the development of the service. Staff we spoke with were proud to work for the provider and spoke highly of the senior team.

Continuous improvement

There was focus on continuous learning and improvement at all levels within the service. The service team was forward thinking to improve outcomes for patients in the area.

- The service had taken part in five innovative pilot projects in order to screen, diagnose and treat patients at risk of developing serious illness with the aim to reduce pressure on primary care services.
- The provider was planning to offer satellite mobile clinics at various locations in future.
- The provider was planning to offer long term conditions clinics based at different practices.
- The provider was planning to secure additional funding for an extra GP to cover pressure on primary care services during winter months.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>We found the registered person did not have effective governance, assurance and auditing processes and they were required to further review, assess and monitor the governance arrangements in place to ensure and improve the quality and safety of the services provided. For example:</p> <p>Ensure and improve the management and tracking of blank prescription forms to use in printers, to ensure this is in accordance with national guidance. Ensuring calibration and checking of medical devices in doctor's bag are carried out in accordance with the manufacturer's specification at all times.</p> <p>Ensure effective monitoring of staff training and robust training record management.</p> <p>Continue to establish a system of audit cycles and identify processes for clinical improvement.</p> <p>Regulation 17 (1)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>We found the registered person did not operate effective systems to ensure all staff have received annual appraisals.</p> <p>Regulation 18(2)</p>