

The Avenue 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

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

We carried out an announced comprehensive inspection of The Avenue Medical Centre on 17 December 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for provision of safe and effective services. It was good for providing caring, responsive and well led services. The concerns which led to these ratings apply to all population groups using the practice.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients and staff were assessed and well managed in some areas, with the exception of those relating to infection control, emergency procedures

and prescription security. For example, the practice had not carried out any infection control audit or risk assessment and disposable curtains were not replaced regularly.

- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- We found that completed clinical audits cycles were driving positive outcomes for patients.
- Patients' consent to care and treatment was not always sought in line with legislation and guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).
- Information about services and how to complain were available and easy to understand.

Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice had a limited governance system in place, was well organised and actively sought to learn from performance data, incidents and feedback.

The areas where the provider must make improvements are:

- Ensure there are formal governance arrangements in place and staff are aware how these operate to ensure the delivery of safe and effective services.
- Ensure infection control procedures and audits are fully implemented.
- Ensure consent is appropriately asked for and documented on all patient records.
- Review protocols and risks associated with the current arrangements for emergency procedures to ensure staff could access these if required.
- Ensure the process for the handling of blank prescription forms are handled in accordance with national guidance as these were not tracked through the practice and kept securely at all times.
- Ensure to develop and implement a protocol, to organise regular blood tests of patients on high risk medicines, for effective monitoring of side effects.
- Ensure to develop and implement clear action plans, to improve the outcomes for mental health and learning disabilities patients.

In addition the provider should:

- Review how patient safety alerts and other safety guidance are disseminated within the practice.
- Take action to review their approach and support for patients with carers responsibility.

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 requires improvement for providing safe services.

Requires improvement



- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. The practice did not have robust arrangements in place to respond to emergencies.
- Patients were at risk of harm because the practice did not have effective systems in place to ensure that cleanliness was maintained and that the risk of infection was assessed and monitored regularly.
- Blank prescription forms were not handled in accordance with national guidance to ensure they were safely stored and tracked through the practice.
- National patient safety and medicine alerts were not disseminated within the practice in a formal way and there was no system to record that these had been appropriately dealt with.

Are services effective?

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

Requires improvement



- There was inconsistent approach in how practice staff sought patients' consent to care and treatment in line with legislation and guidance. For example, patients' verbal consent to care and treatment for minor operations was not always recorded electronic records and written consent forms were not always completed for more complex procedures.
- The practice had not always regularly carried out regular blood tests for patients on high risk medicines and therefore was not effectively monitoring the side effects of medicines.
- Data showed patient outcomes were slightly higher than the average for the locality with the exception of mental health related indicators. For example, the Quality and Outcomes

Summary of findings

Framework (QOF) data available to us for this indicator showed that the practice had achieved 77% of the total number of points available, compared to 97% locally and 93% nationally. However, the practice had achieved 98% overall QOF score. The practice had high prevalence of long term conditions and the practice was working with a pharmacist to monitor and improve in this area.

- The practice had high prevalence of long term conditions (nearly double) compared to the CCG average. The practice had achieved average of 0.9 care plans per 100 patients (experiencing poor mental health) compared to the CCG average of 0.89 and the national average of 0.88 care plans per 100 patients.
- Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice at or above average than others in the locality for several aspects of care. For example, 98% of patients found the receptionists at this surgery helpful. This was significantly higher when compared to the CCG average (81%) and national average (87%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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.

Good



Summary of findings

- Patients said they found it easy to make an appointment with a named GP, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led.

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a lack of good governance framework which was not supporting the delivery of the strategy and good quality care. The number of concerns we identified during the inspection reflected this.
- The practice had not taken all measures to identify, assess and manage risks. For example, there was no recent infection control audit, prescriptions were not handled securely and there were risks associated with the current arrangements for emergency medicines and equipment.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group.

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 practice is rated as requires improvement for the care of older patients. The provider was rated as requires improvement for safe and effective. 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 patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of patients aged 65 or over who received a seasonal flu vaccination was higher than the national average.
- The premises were accessible to those with limited mobility. However, the front door was not automated and the practice did not provide a low level desk at the front reception..
- There was a register to manage end of life care and unplanned admissions.
- There were good working relationships with external services such as district nurses.

Requires improvement



People with long term conditions

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

- There were clinical leads for chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a named GP and a structured annual review to check that their health and medicines needs were being met. However, the practice had not always regularly carried out regular blood tests for patients on high risk medicines and therefore was not effectively monitoring the side effects of medicines.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

- 59% of the patient population had a long-standing health condition; which was higher than the national average (54%).
- The GPs and nurse team had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as diabetes and COPD (Chronic Obstructive Pulmonary Disease is the name for a collection of lung diseases).

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances.
- Immunisation rates were at or below average than others in the locality for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- The practice's performance for the cervical screening programme was 81%, which was higher when compared to the national average (82%).

Requires improvement



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.

Requires improvement



Summary of findings

- Health promotion advice including up to date health promotion material was available through the practice and on the practice website.
- Extended hours appointments were available every Saturday from 8am to 11:30am at the practice. In addition, extended hours appointments were also offered at nearby practice as part of cluster arrangements with other local practices.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of patients whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe and effective. 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 and those with a learning disability.
- It offered annual health checks for patients with learning disabilities and GPs were regularly visiting two care homes. However, reviews were not effective and the practice had completed health checks for 15 patients out of 36 patients on the learning disability register.
- Longer appointments were offered to patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice was providing a drop-in service for patients with drug and alcohol problems.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

Requires improvement



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- However, reviews were not effective and the practice had completed care plans for 54% of patients experiencing poor mental health in last 12 months.
- The practice was also providing services to 60 patients at a local mental health hospital and these patients were not part of practice patient list size.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- Systems were in place to follow up patients who had attended accident and emergency, when experiencing mental health difficulties.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing significantly higher than the local (CCG) and national averages. There were 109 responses and a response rate of 27%.

- 80% of patients found it easy to get through to the surgery by telephone which was significantly higher when compared with the CCG average (48%) and higher than the national average (73%).
- 98% of patients found the receptionists at this surgery helpful which was significantly higher when compared with the CCG average (81%) and the national average (87%).
- 82% of patients would recommend this surgery to someone new to the area. This is significantly higher when compared with the CCG average (60%) and the national average (78%).

- 91% of patients were able to get an appointment to see or speak to someone the last time they tried which is significantly higher when compared to the CCG average (76%) and the national average (85%).
- 88% of patients described their overall experience of this surgery as good which was significantly higher when compared to the CCG average (71%) and slightly higher than the national average (85%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Patients we spoke with and comments we received were very positive about the care and treatment offered by the GPs and nurses at the practice, which met their needs. They said staff treated them with dignity and their privacy was respected. They also said they always had enough time to discuss their medical concerns.

Areas for improvement

Action the service **MUST** take to improve

- Ensure there are formal governance arrangements in place and staff are aware how these operate to ensure the delivery of safe and effective services.
- Ensure infection control procedures and audits are fully implemented.
- Ensure consent is appropriately asked for and documented on all patient records.
- Review protocols and risks associated with the current arrangements for emergency procedures to ensure staff could access these if required.
- Ensure the process for the handling of blank prescription forms are handled in accordance with national guidance as these were not tracked through the practice and kept securely at all times.

- Ensure to develop and implement a protocol, to organise regular blood tests of patients on high risk medicines, for effective monitoring of side effects.
- Ensure to develop and implement clear action plans, to improve the outcomes for mental health and learning disabilities patients.

Action the service **SHOULD** take to improve

- Review how patient safety alerts and other safety guidance are disseminated within the practice.
- Take action to review their approach and support for patients with carers responsibility.

The Avenue Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Background to The Avenue Medical Centre

The Avenue Medical Centre is a practice located in Britwell Estate to the North West of Slough and offers GP services to the local community. The practice is part of Slough Clinical Commissioning Group (CCG).

There are two GP partners at the practice and two salaried GPs. Three GPs are female and one male. The practice employs three practice nurses and a health care assistant. The practice manager is supported by a reception manager and a team of administrative and reception staff. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated locally between GP representatives and the local office of NHS England).

The practice provides primary medical services to approximately 6900 registered patients. The practice has a mixed patient population and a significantly higher proportion of patients aged between 0-14 when compared to the national average. Patients registered at the practice are from a number of different ethnic backgrounds. There are a large proportion of the patients who speak English as a second language. The practice also provides GP services

to two local nursing homes, a large traveller community and approximately 60 private patients (not counted in patient list size so did not get paid for them) at an adolescent psychiatric hospital.

Britwell Estate is identified as having a deprivation rating of four in a rating scale of ten. People living in more deprived areas tend to have greater need for health services. This has an impact on screening and recall programmes.

The practice has core opening hours from 8:00am to 6:30pm Monday to Friday to enable patients to contact the practice. The practice is also open every Saturday morning between 8:00am and 11:30am. In addition, the practice offered extended hours appointments Monday to Friday from 6:30pm to 8pm and every Saturday from 12pm to 5pm and Sunday from 9am to 1pm at Farnham road practice (funded by Prime Minister's GP Access Fund).

Services are provided from the following location:

The Avenue Medical Centre, Wentworth Avenue, Britwell Estate, Slough, Berkshire, SL2 2DG.

The practice 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 and over the telephone when the surgery is closed.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We carried out the inspection under Section 60 of the Health and Social Care Act as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the

Detailed findings

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

Prior to the inspection we contacted the Slough Clinical Commissioning Group (CCG), NHS England area team and local Health watch to seek their feedback about the service provided by The Avenue 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 visit on 17 December 2015. During our visit we:

- Spoke with 10 staff and 11 patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services are provided for specific groups of patients and what good care looks 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.

We reviewed how GPs made clinical decisions. We reviewed a variety of policies and procedures used by the practice to run the service. We looked at the outcomes from investigations into significant events and audits to determine how the practice monitored and improved its performance. We checked to see if complaints were acted on and responded to.

We looked at the premises to check the practice was a safe and accessible environment. We looked at documentation including relevant monitoring tools for training, recruitment, maintenance and cleaning of the premises.

We obtained patient feedback from speaking with patients, CQC patient comment cards, the practice's surveys and the GP national survey.

We observed interaction between staff and patients in the waiting room.

Are services safe?

Our findings

Safe track record and learning

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

- We saw there was an open, transparent approach and a system in place for reporting and recording significant events. Staff were able to report incidents and learning outcomes from significant events, these were shared with appropriate staff.
- We reviewed records of 10 significant events and incidents that had occurred during the last 12 months. There was evidence that the practice had learned from significant events and implementing change was clearly planned.
- The practice carried out a thorough analysis of the significant events. Staff we spoke with told us the practice had embedded this analysis process into everyday practice and all the team were dedicated to learning from significant events. Significant events were a standing item on the practice meeting agenda.
- We reviewed one complaint about the conduct of a member of staff. The practice had investigated this issue as a significant event and urgent meeting was organised with a patient to discuss the issue in detail. The practice had reminded all clinicians to maintain clear electronic notes for every consultation and encouraged to use chaperone policy to protect both patient and staff.
- We reviewed safety records, incident reports and minutes of meetings where these were discussed.
- We noticed national patient safety and medicines alerts were not systematically shared with the team, to ensure all staff were aware of any changes that were relevant to the practice and where they needed to take action.

Overview of safety systems and processes

The practice had inconsistent systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice in the waiting room, treatment and consultation rooms, advising patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (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).
- Appropriate standards of cleanliness and hygiene were not always followed. A practice nurse was the infection control lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were not undertaken.
- Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. However, we observed that not all areas of the practice were clean and tidy. For example, we found doors to access some clinical areas were not clean.
- We found disposable curtains used in some treatment rooms had not been changed since October 2013. Several other curtains had no dates indicating when they were last changed.
- We saw that there were cleaning schedules in place and cleaning records were kept. However, the cleaning schedule and monitoring of cleaning within the practice was not effective and had not identified the concerns we found on the day of inspection.
- We checked medicines kept in the treatment rooms, medicine refrigerators and found they were stored securely (including obtaining, prescribing, recording, handling, storing and security). Processes were in place to check medicines were within their expiry date and suitable for use.

Are services safe?

- 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. We noticed the practice was a high prescriber for antibiotics medicines compared to local and national figures. However, the practice had high prevalence of long term conditions and the practice was working with a pharmacist to monitor and improve in this area.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations. Records showed fridge temperature checks were carried out daily. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure.
- All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms for use in printers were not handled in accordance with national guidance as these were not tracked through the practice and not kept securely at all times. On the day of inspection we found blank prescriptions were stored in an unlocked room.
- Recruitment checks were carried out and the four staff files we reviewed showed that recruitment checks had been undertaken prior to employment. For example, Disclosure and Barring Service (DBS) checks, proof of identification, references, qualifications and registration with the appropriate professional body.

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. The practice had an up to date fire risk assessment in place and they were carrying out fire safety checks.

- All electrical and clinical equipment was checked to ensure it was safe. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (a bacterium which can contaminate water systems in buildings).
- Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice 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 some arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical and non-clinical staff had received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We noted that defibrillator checks were carried out and documented regularly.
- There was also a first aid kit available at the reception. However, we found expired contents in a first aid kit and there was no record of regular checks.
- Emergency medicines were easily accessible to staff in the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- We noticed that emergency medicines and equipment were not available on the first floor. The practice was relying on a lift (very slow) to bring the emergency trolley from ground floor which was putting patients at risk in emergency situation.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. The QOF incentive scheme rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.

In 2014-15, the practice had achieved 98% of the total number of points available, compared to 97% locally and 94% nationally, with 7% exception reporting. The level of exception reporting is in line with both the CCG average (8%) and the national average (9%). Exception reporting is the percentage of patients who would normally be monitored. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included.

There was a high level of performance in managing outcomes for patients with most long term conditions. For example:

- Performance for diabetes related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 91% locally and 89% nationally. For example, 95% of patients with diabetes, on the register, with a record of a foot examination and risk classification within the preceding 12 months. This is higher when compared to the CCG average (92%) and national average (88%).

- Performance for hypertension related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 99% locally and 98% nationally. The practice's exception reporting for hypertension was lower (2%) than the CCG (4%) and national average (4%).
- Performance for dementia related indicators were better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 96% locally and 95% nationally.

However the practice was an outlier for clinical targets in the management of patients' experiencing mental health conditions. For example, data from QOF showed:

- Performance for mental health related indicators was worse than the CCG and national average. The practice had achieved 77% of the total number of points available, compared to 97% locally and 93% nationally.

The practice was aware of their low QOF score in mental health related indicators. The practice informed us they had patient population with high prevalence rates of long term conditions including mental health. The practice was located in highly deprived area of Slough and prevalence rate for mental health conditions was higher (1.37%) than the CCG (0.91%) and national (0.88%) averages. The prevalence rate for learning disabilities conditions was higher (0.65%) than the CCG (0.33%) average.

During the inspection the inspection team discussed the lower than average performance of mental health outcomes. We saw detailed assurance that this level of performance was being addressed. The practice understood the challenge and recognised that they were required to improve the outcomes for mental health patients. The practice was in the process of reviewing and implementing changes. However, at the time of inspection there was no clear action plan to address these issues.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved in improving care and treatment and patient outcomes.

- The practice had carried out number of repeated clinical audits cycles. We checked three clinical audits completed in the last two years, where the

Are services effective?

(for example, treatment is effective)

improvements made were implemented and monitored. However, clinical audits were carried out on an ad-hoc basis and there was no planned programme of future audits.

- The practice participated in applicable local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve services. For example, we saw evidence of repeated audit cycle of atrial fibrillation (AF) patients (AF was 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) not receiving anti-coagulation treatment (anticoagulants medicines were used to reduce the body's ability to form clots in the blood and prevent stroke).
- The aim of the audit was to identify and offer treatment to the AF patients who required anti-coagulation treatment. The first audit in February 2015 demonstrated that 33 AF patients were not receiving anti-coagulation treatment. The practice reviewed their protocol and invited patients for medicine reviews. We saw evidence that the practice had carried out follow up audit after nine months which demonstrated improvements in patient outcomes and found only 15 AF patients were not receiving anti-coagulation treatment in December 2015.
- We found that practice had not always carried out regular blood tests of all patients with long term conditions. For example, on the day of inspection, GP specialist advisor identified three patients who were overdue blood test and they were required regular blood test to monitor the side effects of medicines used to prevent inflammation and pain in the joints, muscles and tissues.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had a staff handbook for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support

during one-to-one meetings, appraisals, coaching, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. The majority of staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding children and adults, fire safety, basic life support, health and safety and equality and diversity. 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 practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patient's needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. The practice had identified 107 patients who were deemed at risk of admissions and care plans (82% patients) had been created to reduce the risk of these patients needing admission to hospital.
- The practice informed us that A&E admissions (under 11 years old) had been reduced since the introduction of urgent children clinics (UCC) at the practice twice a week.
- The practice informed us that multi-disciplinary team meetings were taking place on a regular basis.

Consent to care and treatment

There was inconsistent approach in how practice staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- 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, where appropriate, recorded the outcome of the assessment.
- The provider informed us that verbal consent was taken from patients for routine examinations and minor procedures but not always recorded in electronic records. The provider informed us that written consent forms were not always completed for more complex procedures.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

Health promotion and prevention

We saw the practice identified patients who may be in need of extra support. The practice told us and we saw evidence of a transient patient population including members of the travelling community. The practice is located within an area of high deprivation. A transient population and people living in more deprived areas tend to have greater need for health services. This also has an impact on screening and recall programmes.

The practice told us there were a number of services available for health promotion and prevention but it was a recognised challenge given the practice population.

- The practice offered a health checks to all new patients registering with the practice and NHS health checks for people aged 40–74 these were completed by the nursing team. The GPs were informed of all health concerns detected and these were followed up in a timely way.
- A nurse we spoke with told us there were a number of services available for health promotion and prevention. These included clinics for the management of diabetes, chronic obstructive pulmonary disease (COPD), asthma and cervical screening.

- The practice population has a significantly higher prevalence of current smokers (28%) than the CCG average (18%) and national average (18%). The practice had identified the smoking status of 90% of patients over the age of 16 (lower when compared to the national average 93%) and had offered smoking cessation advice and support to 99% of patients who were current smokers.
- Further evidence of a challenging patient population and the impact it had on screening and recall programmes, was reflected in bowel cancer, cervical cancer and breast cancer screening data below:
- The practice's performance for the cervical screening programme was 81%, which was slightly lower when compared to the national average (82%).
- 33% of patients at the practice had been screened for bowel cancer; this was lower than the CCG average (42%) and the national average (58%).
- 65% of female patients at the practice (aged between 50 to 70 years old) had been screened for breast cancer; this was above the CCG average (63%) and below the national average (72%).

Childhood immunisation rates for the vaccinations given were lower when compared to the CCG averages. For example:

- Childhood immunisation rates for the vaccinations given in 2014/15 to under two year olds ranged from 78% to 90%, these were lower than the CCG averages which ranged from 85% to 94%.
- Childhood immunisation rates for vaccinations given in 2014/15 to five year olds ranged from 74% to 92%, these were lower than the CCG averages which ranged from 81% to 93%.

Flu vaccination rates for the over 65s were 77%, and at risk groups 57%, compared to national averages of 73% and 52% respectively.

Flu vaccination rates for patients with diabetes (on the register) were 99% which was higher than the national average (94%).

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff were conscious of patients and carers who wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the July 2015 national patient survey results (109 respondents), NHS Choices website (6 recent reviews) and 37 comment cards completed by patients. The evidence from all these sources showed patients were highly satisfied with how they were treated, and this was with compassion, dignity and respect.

Results from the national GP patient survey showed patients rated the practice as good. For example:

- 98% of patients found the receptionists at this surgery helpful which was significantly higher when compared with the CCG average (81%) and the national average (87%).
- 92% said they had confidence and trust in the last GP which was similar when compared to the CCG average (92%) and slightly lower than the national average (95%).
- 90% said the last nurse they saw or spoke to was good at giving them enough time which was higher when compared to the CCG average (84%) and slightly lower than the national average (92%).

Further data from the national patient survey showed patients rated the practice as good or very good particularly from the nursing team. For example:

- 97% said they had confidence and trust in the last nurse they saw or spoke to which was slightly higher when compared to the CCG average (95%) and similar to the national average (97%).
- 91% said the last nurse they saw or spoke to was good at treating them with care and concern which was higher when compared to the CCG average (83%) and slightly higher than the national average (90%).

Care planning and involvement in decisions about care and treatment

The national patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and rated the practice well in these areas. For example:

- 80% said the last GP they saw was good at explaining tests and treatments, which was higher when comparing to the CCG average (78%) but lower than the national average (86%).
- 75% said the GP was good at involving them in decisions about their care which was higher when compared to the CCG average (72%) but lower than the national average (81%).
- 85% said the last nurse they saw was good at involving them in decisions about their care which was higher when compared to the CCG average (76%) and similar to the national average (85%).

Staff told us that translation 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.

Patient/carers support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

- 79% said the last GP they spoke with was good at treating them with care and concern which was higher when compared to the CCG average (75%) but lower than the national average (85%).

Are services caring?

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. These highlighted that staff responded compassionately when they needed help and provided support when required.

The practice's computer system alerted GPs if a patient was also a carer. In December 2015, the practice patient population list was 6,900. The practice had identified 133 patients, who were also a carer, these amounts to 2% of the practice list.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them an individualised letter. This call 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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and systems were in place to address identified needs in the way services were delivered. Many services were provided from the practice including diabetic clinics, mother and baby clinics and a smoking cessation clinic. The practice worked closely with health visitors to ensure that patients with babies and young families had good access to care and support. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- The practice offered Saturday morning GP clinics every week for working patients who could not attend during normal opening hours.
- The practice provides GP services to 60 patients at an adolescent psychiatric hospital.

Access to the service

The practice was open from 8am to 6:30pm Monday to Friday. The practice was closed on bank and public holidays and patients were advised to call 111 for assistance during this time. The practice offered range of scheduled appointments to patients every weekday from 8am to 6:30pm including open access appointments with a duty GP throughout the day. In addition to pre-bookable appointments that could be booked up to two days or three weeks in advance, urgent appointments were also available for patients that needed them. The practice offered extended hours appointments every Saturday at the practice from 8am to 11:30am. In addition, the practice

offered extended hours appointments Monday to Friday from 6:30pm to 8pm and every Saturday from 12pm to 5pm and Sunday from 9am to 1pm at Farnham road practice (funded by Prime Minister's GP Access Fund).

We saw data from GP National Patient Survey and in house patient surveys had been reviewed as patients responded extremely positively to questions about access to appointments. For example:

- 80% of respondents found it easy to get through to the practice by phone. This was significantly higher when compared with the CCG average (48%) and higher than the national average (73%).
- 91% of respondents were able to get an appointment to see or speak to someone the last time they tried; this was significantly higher when compared to the CCG average (76%) and higher than the national average (85%).
- 56% of respondents said they usually wait 15 minutes or less after their appointment time to be seen: this is higher when compared to the CCG average (51%) but lower than the national average (65%).
- 79% of respondents described their experience of making an appointment as good; this was significantly higher when compared to the CCG average (55%) and higher than the national average (73%).
- 84% of respondents were satisfied with the surgery opening hours; this was significantly higher when compared to the CCG average (69%) and higher than the national average (75%).

Patients we spoke with were satisfied with the appointments system and said it was easy to use. They confirmed that they could see a GP on the same day if they felt their need was urgent although this might not be their GP of choice.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures 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 saw that information was available to help patients understand the complaints system. The complaints procedure was available from reception, detailed in the

Are services responsive to people's needs? (for example, to feedback?)

patient leaflet and on the patient website. Staff we spoke with were aware of their role in supporting patients to raise concerns. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at five complaints received in the last 12 months and found that all written complaints had been addressed

in a timely manner. 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 either the manager or one of the GPs.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- We found details of the aims and objectives were part of the practice's statement of purpose and strategy. The practice aims and objectives included working in partnership with patients and staff to provide the best quality patient centred healthcare. This also included treating patients with dignity and respect and delivering high quality services to meet the specific needs of patients.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a lack of good governance and the number of concerns we identified during the inspection demonstrated this. For example:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, monitoring of specific areas such as infection control, emergency procedures and prescription security were not always managed appropriately.
- Practice specific policies were implemented and were available to all staff.
- Staff had a good understanding of the performance of the practice.
- Audits were undertaken, which were used to monitor quality and to make improvements. There was no planned programme of future audits.

Leadership, openness and transparency

The partners in the practice prioritised safe, high quality and compassionate care. The partners in the practice were visible in the practice and staff told us that they were approachable and always took time to listen to all members of staff. Staff told us there was an open and relaxed atmosphere in the practice and there were

opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff said they felt respected, valued and supported, particularly by the partners and management in the practice.

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

When there were significant safety incidents:

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

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, public and staff

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys including friends and family tests and complaints received. There was an active PPG which met on a regular basis, supported patient surveys and submitted proposals for improvements to the practice management team. For example, surgery appointment system had been reviewed, receptionists become more friendly and professional and improvements to the

Are services well-led?

Good 

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

layout of notices in the waiting room were made following feedback from the PPG. For example, poster explaining 'what was an emergency' had been developed and displayed in the waiting room.

- The practice had also gathered feedback from staff through staff meetings, some appraisals and discussion. We saw that some appraisals were completed in the last two years. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

- We found some good examples of continuous learning and improvement within the practice. For example, we saw a salaried GP had been allowed to attend regular training session organised by CCG. We also saw that a current reception manager had started as a receptionist and was supported to grow and secure management position.

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	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>How the regulation was not being met:</p> <p>We found the registered person did not have effective processes to assess, monitor and improve the quality of service provided in carrying out the regulated activities. For example, consent to care and treatment was not always sought in line with legislation and guidance.</p> <p>Regulation 11(1)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>We found the provider had not implemented effective systems to prevent, detect and control the spread of infections. Appropriate standards of cleanliness had not been maintained.</p> <p>National guidance was not followed in the security of prescriptions.</p> <p>Appropriate arrangements for emergency procedures to ensure staff could access these had not been maintained.</p> <p>Regular blood test was not monitored for patients with long term conditions.</p> <p>Regular reviews were not carried out and care plans were not maintained for mental health and learning disabilities patients.</p> <p>Regulation 12(1)(2)(a)(b)(g)(h)</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

We found the registered person did not have effective governance, assurance and auditing processes to assess, monitor and improve the quality of service provided in carrying out the regulated activities. For example, monitoring of specific areas such as infection control, emergency procedures and prescription security were not always sought in line with legislation and guidance.

Regulation 17(1)(2)(a)(b)