

# Reading Walk In 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?	Good	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Requires improvement	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We inspected Reading Walk-in Health Centre on 28 January 2015. This was a comprehensive inspection. The service has a registered population as well as providing a walk in service seven days a week to the local population.

We have rated the practice as requires improvement because improvements in the effectiveness and responsiveness are required.

Our key findings were as follows:

The practice provided good care and treatment to their patients. National data showed the practice performed similarly to the national average in managing long term conditions. Patient feedback showed the opening hours were popular with patients and they liked the flexibility this provided. Patients were less positive about their overall ability to make appointments due to phone access and the availability of bookable appointments.

The practice population was expanding rapidly. The practice used tools to monitor and assess the allocation

of staff and had made changes to meet the demands on appointments from registered patients. A robust strategic plan was not in place to meet the increasing demands or alleviate the pressure from the registered population. The walk-in access and availability of appointments was monitored regularly and alterations were made to try and improve access. For example, providing less phone consultations to free up more appointment slots. The practice was clean, well maintained and safe. The premises were accessible for patients with limited mobility.

There was a leadership team with clear responsibilities and the day to day management of the service was clearly delegated to enable staff to fulfil their roles. Medicines were checked and stored safely. Staff were aware of the diverse nature of their patients and went to great effort to meet the needs of minority and vulnerable groups. The practice had worked with some specific sections of the local population, such as the Nepalese community. However, not all sections of the local community were considered in the planning of the service. An open and inclusive culture encouraged staff to

# Summary of findings

participate in the running of the practice. The practice has established a patient participation group and three meetings were held in 2014 however the attendance was not good despite posters advertising the meeting being displayed in the waiting areas of the service. The local population was very transient and this may have made creating a PPG difficult. The practice should consider different forms of PPG to help develop this.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Continue to assess and monitor the quality of the service, to ensure that patients can access services and there is capacity to meet the demands of the registered patient population and walk-in service, notably the appointment system.

- Address the care, treatment and communication needs of the non-English speaking population.
- Review the system for monitoring referrals before patients are sent to external services and supervise the referrals made by the nurse practitioners.
- Review the repeat prescribing protocol to ensure patients receive medicines they require safely.

In addition the practice should:

- Determine whether improvements can be made at the reception desk to ensure confidentiality is maintained

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong, reviews and investigations were thorough, lessons learned and communicated widely to support improvement. The practice had made changes and provided further training to staff in response to incidents or concerns identified. Risks to patients who used services were assessed and systems and processes were in place to address these risks. Staff checks were in place to ensure staff were safe to work with patients. The practice was clean and hygienic. Medicines were managed properly and stored safely. Chaperones were used for procedures where they were required to protect patients and staff.

Good



### Are services effective?

The practice is rated as requires improvement for providing effective services. Systems were in place to ensure that all staff were up to date with both NICE guidelines and other locally agreed guidelines. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. Data showed the practice was performing similarly to neighbouring practices in the clinical commissioning group (CCG). The practice was using innovative and proactive methods to improve patient outcomes such as diagnosing diabetes among at risk groups. External services were used to help treat specific conditions such as diabetes and support patients with mental health problems. Referrals were audited but they were not being individually monitored to ensure that they were appropriate and met patients' care and treatment needs. The repeat prescribing system was not monitored to ensure it worked safely and effectively. A local service supporting patients who had drug and alcohol addictions were not able to share care and treatment with Reading Walk-in Centre in a timely way. The practice had tried to communicate with the external service, but this had not proved successful. This potentially led to incomplete records for patients who may be at risk due to medicines they took related to their addictions but there had not been effective action taken by the practice to reduce the risk to these patients.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with

Good



# Summary of findings

compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. It reviewed the needs of its local population and tailored the delivery of care to some sections of the population, such as certain ethnic minorities. However, not all vulnerable or minority groups were considered. The practice had a highly diverse patient population and significant levels of vulnerable patients. It was a challenge for the practice to meet the needs of all these groups. Patients said they found the process of booking appointments difficult, but they liked the opening hours. Patients we spoke with and data from the national GP survey showed how patients often found it difficult to book appointments. We reviewed data used to monitor available appointments and patient demand. We found actions had been taken to improve the availability of appointments for registered patients to ensure they were always available within a reasonable timeframe. However, additional work was required to improve this further as recent patient feedback still demonstrated this was a concern. 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. Evidence showed that the practice responded quickly to issues raised. However, there was a lack of information such as support services or guidance about the practice in languages other than English. Learning from complaints was shared with staff and other stakeholders.

Requires improvement



## Are services well-led?

The practice is rated as good for the domain of well-led. It had a clear vision and strategy and an open and inclusive culture which enabled staff to contribute to the running of the practice. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by the leadership team at the practice. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risks. The practice proactively sought feedback from staff and patients to improve the service where concerns about the appointment system were identified. There was a lack of strategic planning for meeting the longer term demands for appointments. This was a concern as patient feedback showed that access to appointments was a problem and this could potentially

Good



# Summary of findings

become worse if capacity was not able to meet increasing demand. There was a patient participation group (PPG) but the practice had found it difficult to fully establish this group due to the nature of their patient population. Staff had received inductions, regular appraisals and attended staff meetings and training events.

# 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 people. There was a low proportion of older patients. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered personalised care to meet the needs of the older people in its population. External professionals were included in the planning and delivery of patients' care including palliative care nurses. It was responsive to the needs of older people, and offered home visits. The practice was accessible for patients with limited mobility. The provider was rated requires improvement for the domains of effective and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. There were emergency processes in place and referrals were made for patients whose health deteriorated suddenly. Longer appointments and home visits were available when needed. Patients were offered periodic reviews of their conditions and health in line with national guidance. However, staff had concerns about the continuity of patient care due to the lack of consistency in which staff patients saw. The provider had taken steps to ensure that named GPs and clinicians would see patients with long term conditions at risk of repeated hospital admissions. Nurses led the management of long term conditions and they were involved in planning the protocols and monitoring of the practice's performance. For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care. National data showed the practice was performing well in managing chronic conditions. There was pro-active screening of patients who were at risk of developing diabetes. The provider was rated requires improvement for the domains of effective and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



### Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice had a very high proportion of young children and young people. There were systems in place to identify and follow up children living in disadvantaged

Requires improvement



# Summary of findings

circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Performance on all childhood immunisations was above the 90% national target. Staff were aware of the legal requirements of gaining consent for treatment for those under 16. Sexual health checks were promoted and advice was provided. Appointments were available outside of school hours and the premises were suitable for children and patients attending with buggies and prams. Safeguarding children training was provided to staff. The provider was rated requires improvement for the domains of effective and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

## **Working age people (including those recently retired and students)**

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Some patients who worked reported that booking appointments was difficult and this as reflected in the GP national survey. Patients liked the opening hours due to evening and weekend appointments being available. However, registered patients who could not get a convenient appointment were asked to use the walk-in service meaning unpredictable waiting times. The practice had plenty of parking available, although this was pay and display and was located close to public transport links. The provider was rated requires improvement for the domains of effective and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

## **People whose circumstances may make them vulnerable**

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice took some steps to make its services accessible to patients living in vulnerable circumstances including homeless people and travellers. However, some sections of the community were not always considered in the way the service was delivered. For example, there was little information in languages other than English. Some patients with drug and alcohol problems did not have up to date records of any medicines they may be taking as part of their care provided by another service. Patients with a learning disability were offered health checks quarterly. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. 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

**Requires improvement**



**Requires improvement**





# Summary of findings

were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies. The provider was rated requires improvement for the domains of effective and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

## **People experiencing poor mental health (including people with dementia)**

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). All patients who experienced poor mental health had had health checks. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out screening for dementia on patients at risk. The practice provided access to talking therapies and other mental health support services. The provider was rated requires improvement for the domains of effective and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

**Requires improvement**



# Summary of findings

## What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey. The practice was currently running the friends and family test but the data was not yet available for us to consider in the report. The evidence from all these sources showed patients were reasonably satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed the practice received positive feedback for treating patients with care and concern. The practice satisfaction scores on consultations showed 79% of practice respondents said GPs were good at listening to them and 84% of nurses were good at listening to them. The survey also showed only 76% said the last GP they saw and 84% said the last nurse they saw was good at giving them enough time. These results may reflect the nature of the service, as many patients will have seen a GP or nurse during a walk-in urgent appointment which will not give the practice notice if a longer appointment was required. However, this may also reflect the poor feedback related to making appointments from registered patients. Staff were under pressure to see patients who were waiting for walk-in services and there was significant time pressure on them during periods of high demand. Walk-in centres have unpredictable changes in demand. The practice received positive feedback regarding how GPs and nurses treated patients with care and concern and this was above the regional average.

Data from the national patient survey showed 77% of practice respondents said the GP involved them in care decisions (local average was 78%) and 85% felt the GP was good at explaining treatment and results (local average was 82%).

Patients we spoke to on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

When we spoke with patients about the appointment system they were largely dissatisfied with the ability to book an appointment. On the 2014 national GP survey only 73% of respondents said they found it easy to get through to this surgery by phone. The overall satisfaction of making an appointment was 61% the regional average being 76%.

Eighty six per cent of respondents were satisfied with the surgery's opening hours, which were well above national average and reflects the extensive opening hours provided. Eighty one per cent of respondents said the last appointment they got was convenient, also above the regional average. However, only 41% with a preferred GP usually get to see or speak to that GP. This was well below the regional average of 62%. Only 76% of patients were able to speak with someone or get an appointment last time they tried.

## Areas for improvement

### Action the service MUST take to improve

- Assess and monitor the quality of the service, to ensure that patients can access services and there is capacity to meet the demands of the registered patient population and walk-in service, notably the appointment system.
- Address the care, treatment and communication needs of the non-English speaking population.

- Review the system for monitoring referrals before patients are sent to external services and supervise the referrals made by the nurse practitioners.
- Review the repeat prescribing protocol to ensure patients receive medicines they require safely.

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## Action the service **SHOULD** take to improve

- Determine whether improvements can be made at the reception desk to ensure confidentiality is maintained

# Reading Walk In 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, a practice manager, a practice nurse and an expert by experience.

### Background to Reading Walk In Centre

Reading Walk-in Health Centre is a purpose built practice located in Reading and has a population of approximately 7,700 patients and this is increasing steadily. The practice also provides a walk-in service seven days a week to the local population for any patients who need to attend a GP practice regardless of whether they are registered at this or another practice. . The practice population has some economic deprivation with a significantly high deprivation among patients over 65, of which the practice has low numbers. There is very high proportion of those aged 25 to 40. The practice has a very high proportion of employed patients registered and there is a university located close to the practice. Reading town centre is ethnically diverse, including ethnic groups of sub-continental, African and Eastern European origin. Patient services were located on one floor and the practice is accessible for those with limited mobility. The appointment system and walk-in service were both available to registered patients. Appointments with named GPs were also available for over 75s and children deemed to be at potential risk of abuse.

We spoke with 10 patients during the inspection, four GPs, four members of the nursing team, the practice managers, receptionists and the reception manager.

Reading Walk-in Health Centre has an Alternative Provider Medical Services (APMS) contract. APMS contracts provide the opportunity for locally negotiated contracts with non-NHS bodies, such as voluntary or commercial sector providers. They can supply enhanced and additional primary medical services.

This was a comprehensive inspection and we visited one location where services are provided. This was:

Reading Walk-in Health Centre 1st Floor 103 - 105 Broad Street Mall, Reading, RG1 7QA

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by WestCall. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and on the website.

### Why we carried out this inspection

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This provider had not been inspected before under the new methodology and that was why we included them.

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.

# Detailed findings

## How we carried out this inspection

Before visiting we checked information about the practice such as clinical performance data and patient feedback. This included information from the clinical commissioning group (CCG), Healthwatch, NHS England and Public Health England. We visited Reading Walk in Centre on 28 January 2015. During the inspection we spoke with GPs, nurses, the practice manager, reception staff and patients. 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 also looked at documentation including relevant monitoring tools for training, recruitment, maintenance and cleaning of the premises.

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 patients' 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 patients
- Patients with long-term conditions
- Families, children and young patients
- Working age patients (including those recently retired and students)
- Patients living in vulnerable circumstances
- Patients experiencing poor mental health (including patients with dementia)

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts. These sources of information were used to improve the quality of the service by identifying learning outcomes. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. The practice manager told us that staff were encouraged to report any incident no matter how minor and staff confirmed there was a culture of recording incidents.

Minutes of meetings where incidents were discussed showed learning outcomes were shared with staff. This showed the practice managed these consistently and so could show evidence of a safe track record over the long term.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and learning from significant events. There were records of significant events that had occurred during recent years and we were able to review these. Significant events was a standing item on the practice meeting agenda every three months. We identified that external significant events were escalated at the provider level of the organisation to identify significant trends across many practices. These were shared with staff at Reading Walk-in Centre. The clinical GP lead explained this enabled learning outcomes that might not be achievable or identified at practice level. For example, there was training provided on a specific condition that had very little national guidance and this was delivered to staff.

We saw significant events where there was late diagnosis or diagnosis had been identified in a secondary care setting when patients had attended the practice on a number of occasions with symptoms related to the diagnosis. There was also an incident of not following up information regarding a positive test for a certain condition. There was evidence that the practice had learned from significant events and that findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Events were discussed at relevant meetings including clinical or governance meetings. Minutes were made available and relevant staff were informed of outcomes.

We saw the log used to manage and monitor significant events. The reviews of events we saw were completed in a comprehensive and timely manner. Where patients had been affected by something that had gone wrong, they were given an apology and informed of the actions taken. The practice held periodic reviews of significant events to identify trends that may indicate a need to change in policy or procedure over time. The practice did review individual events to ensure that any proposed action was completed.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information. The practice had needed to report a safeguarding concern to the relevant agency within the last year. Staff were aware of how to do this in working hours and out of normal hours. Contact details were easily accessible through the safeguarding policies which were located on a computerised file accessible to all staff.

The practice had GPs as leads in safeguarding vulnerable adults and children and deputising roles for if staff were not available. They had been trained and could demonstrate they had the necessary training to enable them to fulfil this role. All staff we spoke with were aware who the leads were, although some staff told us they would speak to the practice manager not the safeguarding lead with any concerns. There was a system to highlight vulnerable patients on the practice's electronic records. This included children on the at risk register.

There was a chaperone policy, which was visible on the waiting room noticeboard and in consulting rooms. Only GPs and nurses performed chaperone duties and they had relevant training. Signs were visible advertising the chaperone service to patients in consultation and treatment rooms.

# Are services safe?

## Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were ordered and stored appropriately. We saw evidence that medicines which needed to be disposed of were destroyed appropriately. Processes were in place to check medicines were within their expiry date and suitable for use. GPs medicine bags were checked regularly to ensure medicines stored were within expiry date. All the medicines we checked within the practice were within their expiry dates. There were audits of medicine undertaken and they showed 100% compliance with medicines regulations and guidance. The audit also indicated that blank prescriptions were stored securely and we found they were locked in a room and only accessible to authorised staff.

The nurses administered vaccines and had received the training required to do so. Appropriate directives were in use which enabled practice nurses to administer vaccines with the authorisation of prescribers. Many of the nurses working at the practice were qualified to prescribe.

## Cleanliness and infection control

We observed the premises to be clean and tidy. Staff told us there were cleaning schedules in place. There was a cleaning checklist and we saw this was completed daily. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a lead for infection control and they had undertaken specific training to enable them to undertake this role. All staff had undertaken training on infection control in October 2014. We saw hygiene and infection control audits were undertaken with action plans identified where improvements were required. Where concerns were identified they were addressed. For example, some sharps containers had not been used correctly and this had been discussed at team meetings to remind staff how they should be used. We saw that clinical waste was stored securely, but clean and dirty sharps bins were stored together.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. Personal

protective equipment including disposable gloves, aprons and coverings were available for staff to use. Staff had access to a sharps injury policy which was available in each treatment room.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had undertaken a risk assessment on legionella (a germ found in the environment which can contaminate water systems in buildings). Regular testing took place on water systems in line with the risk assessment action plan.

## Equipment

Staff we spoke with told us they had the equipment they needed to enable them to carry out diagnostic examinations, assessments and treatments. Equipment was well maintained and we saw that all portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment such as blood pressure monitors.

## Staffing and recruitment

Records we reviewed contained evidence that recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). All employment checks required under legislation had been completed. Staff were provided with inductions when they started work to ensure they understood protocols and procedures.

Staff told us there were enough staff on duty to keep patients safe. The practice used low numbers of agency staff such as locums because they had recruited bank staff to cover roles when needed.

## Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included various checks of the

## Are services safe?

building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Staff received health and safety training.

The practice identified, assessed and managed risks. Risk assessments for fire safety and control of substances hazardous to health (COSHH) were in place. Testing and maintenance on fire alarms and fire-fighting equipment were undertaken.

### **Arrangements to deal with emergencies and major incidents**

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen, a pulse oximeter and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). We saw records detailing when this equipment was checked and we found

it to be in working order. When we asked members of staff, they all knew the location of this equipment. Emergency medicines were available in a secure area of the practice and all staff knew of their location. They included medicines for the treatment of cardiac arrest, anaphylaxis as well as other medicines available which related to potential medical emergencies associated with treatments and examinations provided on-site. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. There was a 'buddy' system with another practice to enable some provision of service to be maintained in the event of an emergency.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw minutes of practice meetings where new guidelines were disseminated and changes to the practice's protocols and procedures were discussed and required actions agreed. The staff we spoke with confirmed that nurses and GPs were proactive in identifying best practice and ensuring the care provided to patients matched national guidelines. We found from our discussions with the GPs and nurses that staff completed assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate. We looked at guidance used in managing specific conditions such as dementia and it reflected NICE guidelines. Nurses told us they were fully involved in the design of health check review processes for a number of medical conditions.

Staff were well supported in providing care and could ask colleagues for support if they believed a GP, nurse or nurse practitioner had specific expertise. Practice nurses and nurse practitioners provided much of the care to patients, specifically those using the walk-in centre. Patients aged over 75 were placed on a supportive care register with named GP and were part of the admissions avoidance register. Patients with long term conditions, such as diabetes, were offered longer appointments for their reviews of their conditions. Virtual clinics were held with a community diabetes consultant if patients' management was complex. Newly diagnosed diabetes patients were referred to an education session.

The practice was signed up to the enhanced service (a service beyond the usual contractual obligations) for reducing unplanned admissions to hospital. The practice identified patients with complex conditions and those who attended A&E and considered plans for them to reduce the likelihood they would need to attend A&E or be admitted to hospital in the future.

Care planning was in place for specific conditions and we looked at care plans for diabetic patients. The practice provided care planning for specific conditions. Named GPs

were allocated to support vulnerable patients and to offer continuity for patients with specific long term conditions and this care was supported by nurse practitioners or practice nurses. Arrangements could also be made for specific access to a female clinician. Appointments with a named GP were sometimes bookable but staff recognised that due to the nature of service, the opportunity for registered patients to see the same GP could be limited. This potentially impacted on continuity of care which staff recognised could be improved. For example, a blood test or referral made by one GP was very often actioned by another GP to avoid undue delay.

A lead GP from the practice explained patients with drug or alcohol problems who were receiving services from a local support service, such as medicines used to reduce harm to drug addicts, did not have records of their treatment or support from the external service on the practice's records system. This was due to the lack of communication from the external service with Reading Walk-in Centre despite attempts from the practice to communicate with them. The practice had not undertaken all the action it potentially could have to assess, manage and monitor the risk to these patients. No alternative means of recording treatment from drug and alcohol services for registered patients was undertaken.

GPs used national standards for the referral of specific conditions including two week referrals. There was a palliative care register and the practice worked with external professionals such as palliative care nurses to provide continuity of care to patients on the end of life register. Referrals were audited to identify referral patterns and learning outcomes, but the practice did not review referrals to determine whether they were appropriate, through the clinical governance system or peer review. This could potentially mean referrals which could have been made to another GP in the practice or to a different service provided locally, rather than a hospital, would be more appropriate. Furthermore, referrals made by the nurse practitioners and 'physician's assistant' may not have been monitored or supervised by the lead GP. This was because when we asked what staff would do if they identified a suspicious mole, the 'physician's assistant' said they would refer them to secondary care without asking for a GP opinion first. The practice protocol was that GPs followed up on the outcomes of patients' referrals to external services if made by another clinician.

# Are services effective?

(for example, treatment is effective)

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

## Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. The clinical team of nurses and GPs was integrated and well organised in managing patients' care.

The practice showed us several clinical audits that had been undertaken in recent years. We saw evidence audits were completed and the practice was able to demonstrate the changes resulting since the initial audit. We saw audits on specific conditions and the use of specific medicines. For example, we saw audits on urinary tract infections in response to national guidance regarding alternative means of diagnosing these infections without the use of traditional diagnosis and an audit into the use of specific anti-biotics in children. These audits were part of a cycle to identify if improvements to patient care were being made which reflected national guidance. Audit outcomes were discussed at clinical team meetings. Nurses and nurse practitioners were involved in audits and the outcomes of audits. Staff told us clinical audits were often linked to specific national guidance, patient safety alerts or as a result of information from the quality and outcomes framework (QOF). QOF is a national performance measurement tool. The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The practice achieved 96% on its QOF score in 2013/14, above national average. This indicated that chronic conditions were well managed. The exception rates were within acceptable ranges for most conditions although they were significantly above national averages for diabetes and smoking status. Exceptions could be when outcomes were unable to be included in QOF data, for example where specific treatment recommended by NICE was not appropriate due to individual circumstances. The practice had a low prevalence of long term conditions, but had

difficulty in reaching certain sections of its community to complete reviews of all patients' care and complete the expectations of the QOF. This may indicate why there was slightly high exception reporting for some QOF outcomes.

Regular meetings were held for nurses and GPs to discuss cases of concern regarding long term conditions.

There was a protocol for repeat prescribing which was in line with national guidance. GPs reviewed patients on long term prescriptions. However, GPs told us that it was not easy to pick those patients who may be over or under requesting medicines due to the way the IT system flagged up patients who needed a prescription review. The lead GP acknowledged that this was an area of concern and was considering a change of software. This was confirmed in an audit where 15 out of 20 patients were found to have an overdue medication review in October 2014. There was no action plan regarding these concerns from the audit. Medicines alerts were flagged to the GPs prescribing medicines, such as batches of medicines which need to be recalled. There was a process for communicating medicine alerts to GPs and nurses.

## Effective staffing

Practice staffing included GPs, nurses, nurse practitioners, a physician's assistant, managerial and administrative staff (The physician's assistant qualifications were that of an advanced nurse practitioner). We reviewed staff training records and saw that all staff were up to date with attending courses such as annual basic life support. We noted a good skill mix among the GPs, nurses and nurse practitioners. All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). The nursing team was well supported to undertake training either internally or on away days.

All staff undertook annual appraisals that identified learning needs from which action plans were documented. Staff felt well supported in their professional development. The practice used an online training tool and we saw that

# Are services effective?

(for example, treatment is effective)

this was being used to deliver and monitor training provided to staff. New GPs were given a two week induction to ensure they were aware of the systems used within the practice.

## Working with colleagues and other services

The practice worked with other service providers to meet patient needs and manage patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers and we found no concerns regarding delays in how this system worked.

The practice held multidisciplinary team meetings regularly to discuss the needs of patients with complex needs, for example, those with end of life care needs, patients with mental health concerns or children on the at risk register. These meetings were attended by district nurses, social workers, the consultant psychiatrist, community psychiatric nurses and palliative care nurses. Staff felt this system worked well. This information could be found through minutes if staff were not able to attend the meetings.

## Information sharing

The practice used electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals. The practice made use of the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital).

The practice had systems to provide staff with the information they needed. There were two systems used to manage patient care, one for the walk-in service and one for registered patients. If patients who were registered used the walk-in service there was a system to identify that the walk-in patient was registered and that staff could refer to the patients' records. The walk-in service had a separate patient record system but any alerts for patients who visited the practice regularly or who were registered could

be recorded on the walk-in service's record system. Staff used an electronic patient record system to coordinate, document and manage patients' care. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

## Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. For some specific scenarios where capacity to make decisions was an issue for a patient, the practice had guidance to help staff. Patients we spoke with reported being informed and feeling involved in decisions about their care so they could consider making informed choices when providing consent to their care. GPs and nurses we spoke with had a good understanding of the Gillick Competency principles which relate to gaining consent from patients under 16.

## Health promotion and prevention

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability. The practice offered smoking cessation or advice to 98% of patients with certain conditions which is above the national average. The smoking status was recorded for 98% of patients with health conditions and 89% for the whole patient population over 15 years old. Smoking cessation advice, information or appointments were offered by nurses and healthcare assistants. These were offered to 91% of patients without health conditions (below national average).

Public health initiatives were offered at the practice including cervical screening and chlamydia testing. The practice's performance for cervical smear uptake was 68% which is below the national target of 80%. This was partly because the practice had a very transient population and that many patients had never previously been registered with an NHS service prior to registering at the Walk-in centre. Cytology uptake had steadily improved over the last 2-3 years due to actions implemented to increase uptake. For example, offering patients weekend and evening appointments, liaison undertaken with the Nepali

## Are services effective? (for example, treatment is effective)

community which informed this group of patients about the importance of screening and providing training to staff so more could undertake cervical smears. The practice was running a human immunodeficiency virus (HIV) screening programme offering HIV tests to new patients. Health checks and promotion for women was undertaken but we noted there was no specific service for men's health.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Patients accessing the walk-in centre were also offered relevant immunisations. Performance on all childhood immunisations was above the 90% target. Flu vaccinations were offered to patients

The uptake among those aged 65 and older and those with medical conditions which put them at significant risk of health problems associated with flu were both below the national average. The uptake was only 65% for over 65s.

All patients on the mental health register received an annual health check. A talking therapies service was available on-site for patients. Links with elderly mental health teams helped in planning the care of patients with dementia. An early diagnosis test for dementia was being run and 80 patients over 65 years had undertaken the test. The over 65 year old patients in the practice constituted a very low proportion of the population.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey. The evidence from all these sources showed patients were reasonably satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed the practice received positive feedback for treating patients with care and concern. The practice satisfaction scores on consultations showed 79% of practice respondents said GPs were good at listening to them and 84% of nurses were good at listening to them. The survey also showed only 76% said the last GP they saw and 84% said the last nurse they saw was good at giving them enough time. These results may reflect the nature of the service, as many patients will have seen a GP or nurse during a walk-in urgent appointment which will not give the practice notice if a longer appointment was required. However, this may also reflect the poor feedback related to making appointments from registered patients. The practice received positive feedback regarding how GPs and nurses treated patients with care and concern and this was above the regional average.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 15 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered a caring service and staff treated them with dignity and respect. We also spoke with 10 patients on the day of our inspection. Most told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We saw no evidence that patients experienced any kind of discrimination.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting and treatment rooms so that patients' privacy and dignity was maintained 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. Patients were asked at the reception desk why they wanted an appointment in order to prioritise an appointment if the need was urgent. However, the desk

was very open and patients queued directly behind others at the desk. In response to patient feedback the practice was making improvements to try and reduce the risk of patients overhearing conversations with receptionists.

### Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed mixed outcomes regarding involvement in planning and making decisions about patients' care and treatment. For example, data from the national patient survey showed 77% of practice respondents said the GP involved them in care decisions (local average was 78%) and 85% felt the GP was good at explaining treatment and results (local average was 82%).

Patients we spoke to on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language.

### Patient/carer support to cope emotionally with care and treatment

The 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, comments in the practice survey results referred to the supportive nature and individualised care provided by staff to meet patients' needs. The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey feedback.

Notices in the patient waiting rooms signposted patients to a number of support groups and organisations, such as dementia and carer support. Staff we spoke with told us that they would refer to this information if they felt patients needed external support services. The practice's computer

## Are services caring?

system alerted staff if a patient was potentially vulnerable. Receptionists we spoke with were aware of how to support patients who were vulnerable such as those who were deaf or a carer.

The practice has hosted a two coffee morning for carers and it sponsored a local carers award to recognise the contribution carers make.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Patients did not have to be registered to see a GP or nurse at Reading Walk-in Health Centre. The website listed flexibility in seeing a GP or nurse in the design of its services. This benefitted patients with busy lifestyles who need access to flexible and convenient health services and those who may have had difficulty accessing a convenient appointment at their registered practice. Overseas visitors to Reading were also able to attend the practice. The practice listed services it provided on its website including services for patients with drug and alcohol problems, contraception and health checks for patients with a learning disability.

Staff had some understanding of their patient population's needs including the diversity in terms of some ethnicities, health needs, homelessness, non-English speaking patients and those with alcohol or substance misuse issues. The practice engaged with a significantly large Nepalese community in order to share awareness about specific health conditions. For example, the practice had considered the high prevalence of diabetes among this ethnic group and worked towards better screening and management of the condition with this section of the community. Eighty per cent of patients with a body mass index (an indicator of risk depending on patients' height and weight) of 30 or over who were of an ethnic background that were at high risk of diabetes were screened for the disease. However, there was a broad diversity of ethnic minorities in the local community and this was a challenge for the practice to consider their populations potential needs. The practice could extend some of the pro-active engagement to other sections of the local community or consider basic information to be provided. For example, there was no information in the waiting room in other languages about the services provided, other than one poster in Polish. There was limited information regarding external support organisations in other languages. Seventy five per cent of registered patients were from a black or minority ethnic group, many of who do not have English as their first language.

The practice had a significantly younger population to the regional average. There was access to young person's sexual health liaison nurse and there had been 220 young

patients screened for chlamydia in 2014. Condoms were offered to young patients onsite. The proportion of under-fives was 9.5% of the practice population and they hosted the children's clinic for under-fives with minor illness as part of the winter planning for the clinical commissioning group. All staff without specialist paediatric training were undertaking online learning called "Spotting the Sick Child". The practice took some steps to ensure patients who were in a potentially vulnerable situation were able to access the healthcare they needed. For example, a hearing aid loop was installed.

### Tackling inequity and promoting equality

The practice had recognised some of the needs of different population groups in the planning of its services. Staff told us about the extent of vulnerable sections of the community, such as homeless patients, carers and travellers. The practice provided equality and diversity training to staff. The practice had access to a telephone translation services and requested translators if required, in advance. Patients unable to register or maintain their registration at a GP practice due to their behaviours were seen by a specialist team in the centre. The walk-in centre liaised with this team to provide a safe venue and maintain a list of patients to ensure they are supported to access healthcare safely. Reading Walk-in Centre provided a rapid assessment service for any homeless patients not registered with a GP. Quarterly meetings were held between the clinical lead and the local homeless outreach liaison team to support any on-going social and medical needs. This included physical and mental health needs.

The premises and services had been adapted to meet the needs of people with disabilities, patients with buggies and prams and those with limited mobility. The premises were located in a shopping centre with lift access for patients with limited mobility or using wheelchairs. Disabled parking was available nearby with level access to the practice. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams. Doorways and corridors were wide and designed to accommodate wheelchairs and mobility scooters. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities. On the day of our inspection the alarm cord in the disabled toilet was broken. We reported this to staff.

### Access to the service

# Are services responsive to people's needs?

(for example, to feedback?)

The practice was open from 8am to 8pm Monday to Sunday and on bank holiday's. Comprehensive information was available to patients about appointments on the practice website. This also included how to arrange urgent appointments and home visits and how to book appointments through the website. Registered patients who were unable to get a pre booked appointment at a preferred time were offered a walk-in consultation with a nurse practitioner or GP in the service. The patients were informed of the waiting time for walk in consultations at reception both by the receptionist and via a regularly updated visual display board located in the waiting area. However, we noted that on some occasions registered patients faced an unpredictable waiting time compared a booked appointment. On the day of our inspection the next routine appointment available was 5 February which was eight days away. We looked at figures which suggested that the practice channelled registered patients into the walk-in centre frequently, as in the last year approximately 7500 walk-in appointments were offered to registered patients rather than regular appointments. For patients this meant an uncertain wait time to see a GP or nurse due to the fluctuation of demand at the walk-in centre. Data demonstrated that waits for the walk-in centre saw 74% of walk-in patients were seen within 50 minutes and 96% of registered patients were seen within 30 minutes of their booked appointment. We spoke to the provider about these observations and they confirmed that many registered patients made a choice to use the walk in centre as this suited them in terms of access to appointments and their personal circumstances. They also provided evidence to demonstrate the changes they had implemented to improve patient access to appointments for registered patients and the waiting times for walk in patients.

The appointment system was monitored through a number of planning tools for anticipated demand. We reviewed this information and appropriate levels of staffing were allocated to each service. However, we also noted that minutes provided from practice meetings demonstrated there was a internally identified risk with access and availability of patient appointments in 2014. The practice had developed and implemented actions to deal with the increasing patient population and the current concerns from patients and from data on the appointment system. For example, the practice had identified some staff were taking longer in consultations than others and actions were taken to offer extended appointments and route patients

to another relevant health professional for treatment where appropriate. A new system was being implemented to determine how long staff were taking during consultations and whether this caused delays for patients waiting to be seen via the walk-in service. It was also designed to help plan for surges in demand of patients accessing the service. The practice manager told us there had been difficulty in recruiting staff, but no interim staff such as locum doctors had been employed to increase staff numbers and match demand.

The national GP survey from 2014 reported 86% of respondents were satisfied with the practice opening hours, which was well above regional average and reflected the extensive opening hours provided. Eighty one per cent of respondents said the last appointment they got was convenient, also above the regional average. On the day of inspection, we spoke with patients and they were largely dissatisfied with the ability to book an appointment. On the 2014 national GP survey only 73% of respondents said they found it easy to get through to this practice by phone. Only 41% with a preferred GP usually got to see or speak to that GP. This was well below the regional average of 62%. The overall satisfaction of making an appointment was 61% the regional average being 76%. Only 76% of patients were able to speak with someone or get an appointment last time they tried.

This was reflected in some comments when we spoke to registered patients on the day of the inspection. Walk-in patients reported good access. Comments left on our cards from patients rated the appointment system positively.

The practice made alterations to the appointment system to try and improve access for patients. For example, there was a system of patient phone consultations before a registered patient could be offered an appointment. This proved unpopular with patients and the leadership team considered this may be a barrier to access due to the nature of the service provided. This system was changed to allow patients to book appointments without speaking to a GP and to free up more appointment slots. The access to the walk-in service and appointments for the registered population was monitored through constantly reviewed data and we saw how the manager was able to understand waiting times for the walk-in centre and availability of appointments over time.

The service consistently assessed its appointment system and concerns raised by patients about the appointment



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

system. The length of time patients were waiting for routine appointments, the increasing patient population, patient feedback regarding appointments and the number of registered patients accessing the service through the walk-in service were acknowledged and reviewed. However, despite the various data sources and feedback the practice had not totally addressed the capacity concerns regarding appointments. The allocation of nurses, nurse practitioners and GPs were split between the walk-in service and the registered population. The length of time patients were waiting for routine appointments, the increasing patient population, patient feedback regarding appointments and the fact that so many registered patients were accessing the service through the walk-in service indicated there may still be a lack of capacity for patients to access the service.

There was not a robust plan to address the increasing demand and growth of the registered population (15% growth and 50% turnover). The practice management had implemented innovative and creative ways to address access demands within the limitations of existing resources. However, further work was required to ensure the demand and growth of the service did not impact on the quality of service for existing patients.

Longer appointments were available for patients who needed them, those with long-term conditions and those in vulnerable circumstances. This also included appointments with a named GP or nurse. Home visits were made to patients who needed them. There were arrangements to ensure patients received urgent medical assistance when the practice was closed. Information on the out-of-hours service was provided to patients.

## **Listening and learning from concerns and complaints**

The practice valued patient feedback. There was a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance. Complaints were investigated and responded to. We saw that information was available to help patients understand the complaints system displayed on posters, leaflets and on the website.

We looked at several complaints received in the last 12 months and found they were all investigated and responded to. Where any learning was identified the practice ensured this was shared with staff. The practice reviewed complaints annually to detect themes or trends.

# 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. The practice had reviewed and planned elements of its service to try and meet the demands of its patient population.

The provider used a variety of assessment tools to adequately address the needs for clinical resources. However, we noted there was no robust strategic plan to meet the future demands of the increasing registered practice population. The diverse needs of the patient population were central in considering how the service was provided, but not all the needs of the diverse population were considered and responded to.

There was evidence that the practice had a hardworking, functional primary health care team. Learning and identifying areas of improvement were core principles which were reflected by staff. We spoke with ten members of staff and they consistently reported the same values integrity, involvement and openness. Staff knew what their responsibilities were in relation to these values. The nursing team had a change in its leadership within the last year and staff noted the positive culture and values in the way the nursing team worked together.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. The policies were the provider's but were amended to suit the locality and practice's needs. All the policies and procedures we looked at were reviewed periodically and were up to date.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and GPs were leads for safeguarding. We spoke with eight members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national

standards. Audits were used to monitor clinical performance and to ensure that patients were receiving treatment that matched national standards and guidance. We saw audits were discussed at clinical and governance meetings.

The practice had arrangements for identifying, recording and managing risks. Risk assessments had been carried out for fire safety, control of substances hazardous to health and a business continuity plan identified potential risks to the running of the service. Action plans had been produced and implemented to mitigate risks.

The practice held regular meetings which included governance meetings. We looked at minutes from the last meeting and found that performance, significant events and patient feedback had been discussed. Clinical governance within the practice was supported by the provider's clinical governance processes where any learning identified as an organisation benefitted individual practices. For example, specific training was provided on a condition that GPs would not regularly need to diagnose.

The practice had key performance indicators it used to monitor its performance. These included wait times for walk-in patients, appointment punctuality for registered patients as well as clinical indicators similar to those on the QOF. The practice was meeting most of its targets including walk-in access waiting times. Monitoring of repeat prescribing and referrals to external services was not effective, leading to a risk in patients' care and welfare. Referrals were audited to identify trends, potential improvements to the service and learning outcomes. An audit of medicine reviews found 15 out of 20 patients were overdue a medicine review in October 2014.

### Leadership, openness and transparency

Staff had the opportunity to attend meetings regularly. The senior management team included the lead nurse, clinical GP lead, regional manager and practice manager. They met weekly and staff told us they had opportunities to attend meetings with representatives of the senior management team regularly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. Nurses and receptionists felt involved in the running of the practice. They told us the culture in the practice encouraged staff to feedback about how the practice operated and to make

# Are services well-led?

Good 

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

suggestions. Different staff teams, such as reception and nursing teams, were managed by team leaders who told us they were able to bring issues and suggestions to the management team if required.

## **Seeking and acting on feedback from patients, public and staff**

Patient feedback on waiting times and the availability of appointments had been considered and action taken to make sure the appointment system was more effective. More recent patient feedback demonstrated that there was still dissatisfaction with the service and access to appointments.

The practice had established a patient participation group and three meetings were held in 2014 however the attendance was not good despite posters advertising the meeting being displayed in the waiting areas of the service. The local population was very transient and this may have made creating a PPG difficult. The practice should consider different forms of PPG to help develop this.

The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

## **Management lead through learning and improvement**

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training and that they had staff away days for training. A review of staff consultation times was being implemented by the practice. This analysis would not identify if staff were taking longer due to the complexity of the consultations or needs of the patients they were seeing. There was no evidence that this tool would be used to analyse what improvements were needed to the appointment system.

The practice had completed reviews of significant events and other incidents and shared these with staff at meetings and away days to ensure the practice improved outcomes for patients.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	The provider was not operating systems to enable it to assess, monitor and improve the quality of the services provided in the carrying on of the regulated activity, including the quality experienced by service users receiving services. Feedback from relevant persons was not always acted on to evaluate and improve the services provided. Regulation 17(1)(2)(a)(e)
Surgical procedures	
Treatment of disease, disorder or injury	

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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