

The Village Medical Centre

Quality Report

45 Mercian Way
Cippenham
Slough
SL1 5ND

Tel: 01628 665 269

Website: www.uptonmedicalpartnership.co.uk

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Village Medical Centre on 24 February 2016. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for provision of effective, responsive and well led services. It was good for providing safe and caring service. 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. The majority of information about safety was recorded.
- Risks to patients were assessed and well managed in some areas, with the exception of those relating to infection control training. For example, all clinical and non-clinical staff had not undertaken annual infection control training.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Most staff had the skills, knowledge and experience to deliver effective care and treatment. However, most staff had not completed health and safety, equality and diversity, and fire safety training.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it difficult to make an appointment with a named GP and had to wait a long time to get through to the practice by telephone each morning. Urgent and online appointments were available the same day.
- The practice had excellent facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure all staff have undertaken training including infection control, health and safety, equality and diversity and fire safety.
- Further review the appointments booking system and the waiting time it takes to get through to the practice by telephone. Improve the availability of non-urgent appointments with a named GP.
- Ensure feedback from patients through a patient participation group (PPG) is sought and acted upon.

In addition the practice should:

- Review and improve the systems in place to effectively monitor patients experiencing poor mental health and diabetic patients.

- Review the system in place to promote the benefits of cervical, bowel and breast screening, smoking cessation and flu vaccination in order to increase patient uptake.
- Take action to review their approach and support for patients with carers responsibility.
- Provide practice information in appropriate languages and formats.
- Ensure that within response to complaints patients are given the necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response.
- Ensure extended hours appointments and online appointments details are advertised on the practice website and displayed in the premises.
- Ensure provider address and partnership details are updated to the practice's Care Quality Commission registration.

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.

Good



- There was an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- 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 always implemented well enough to ensure patients were kept safe.
- For example, all clinical and non-clinical staff had not completed annual infection control training, yet we saw the practice's infection control policy had included the requirement for annual infection control training for all clinical staff.
- There was an infection control protocol in place and infection control audits were undertaken regularly.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average for the local Clinical Commissioning Group (CCG) and compared to the national average. For example, the practice had achieved 78% of the total Quality and Outcomes Framework (QOF) points available for diabetes, compared to 91% locally and 89% nationally.
- However, we noted that the practice level of exception reporting for all long term conditions was low.
- The practice had implemented diabetes management plan and demonstrated some improvements. However, their approach was not fully working and the practice was in the process of reviewing and implementing changes.
- The practice's uptake of the national screening programme for cervical, bowel and breast cancer screening were below national average. For example, breast screening uptake was 58%, which was below the national average of 72%.

Summary of findings

- Flu vaccination rate for the over 65s was 62%, which was below the national average of 73%.
- There was evidence of appraisals and most staff had the skills, knowledge and experience to deliver effective care and treatment. However, most staff had not completed some training including health and safety, equality and diversity awareness, fire safety and mental capacity.
- Clinical audits demonstrated quality improvement.
- 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 patient outcomes were higher than others in locality for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The majority of information for patients about the services available was easy to understand and accessible. However, the practice had a high proportion of their population from a culture where English was not their first language, yet there were limited information posters and leaflets available in other languages.
- 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 requires improvement for providing responsive services.

- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly. However, urgent appointments available the same day.
- We found that patients were not satisfied with the appointments booking system and the waiting time it takes to get through to the practice by telephone.
- The practice had excellent 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. However, the practice had not always

Requires improvement



Summary of findings

included necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response. Learning from complaints was shared with staff and other stakeholders.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patient's needs.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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. For example, monitoring of specific areas required improvement, such as:
- Appointment booking system, the waiting time it takes to get through to the practice by telephone and the practices uptake of some national screening programmes was below average compared to the local and national averages.
- Some mandatory training for most clinical and non-clinical staff was not always managed appropriately.
- We found provider's details on CQC registration certificate were not up-to-date.
- The practice sought feedback from staff and patients, which it acted on. However, there was an inactive patient participation group.
- 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.

Requires improvement



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 effective, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The percentage of patients aged 65 or over who received a seasonal flu vaccination was lower (62%) than the national average (73%).
- The premises were accessible to those with limited mobility. However, the front door was not automated.
- 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.
- There was a register to manage end of life care.
- 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 effective, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- We found that the practice level of exception reporting for all long term conditions was low.
- 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.
- 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

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 effective, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice's uptake for the cervical screening programme was 76%, which was lower than the national average of 82%.
- 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 comparable 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.

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 effective, responsive and well led. 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. For example, the practice offered extended hours appointments (Monday to Friday from 6:30pm to 7:30pm, and every Saturday and Sunday from 9am to 11am) at Bharani Medical Centre (funded by Prime Minister's Access Fund) as part of cluster arrangements with other local practices.
- The practice was proactive in offering online services.
- Health promotion was not monitored effectively and there was a low uptake for health screening which did not reflect the needs for this age group.

Requires improvement



Summary of findings

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 effective, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- It offered annual health checks for patients with learning disabilities. Health checks were completed for 26 patients out of 39 patients on the learning disability register. Care plans were completed for 100% 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.

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 effective, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Performance for dementia face to face review was lower than the CCG and national average. The practice had achieved 83% of the total number of points available, compared to 85% locally and 84% nationally.
- 76% of patients experiencing poor mental health were involved in developing their care plan in last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- 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 on 7 January 2016 showed the practice was performing below than the local average and the national average in some aspects. There were 113 responses and a response rate of 35%.

- 45% find it easy to get through to this practice by phone compared with a CCG average of 49% and a national average of 73%.
- 76% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 78% and a national average of 85%.
- 68% described the overall experience of their GP practice as good compared with a CCG average of 70% and a national average of 85%.

The results were better than the CCG average and below the national average for:

- 63% said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average of 61% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were mostly positive about the standard of care received. We spoke with 14 patients during the 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.

The patients we spoke with on the day and comment cards we received were in line with national survey results findings that patients were not satisfied with the appointments booking system and had to wait long time to get through to the practice by phone.

The practice recognised that there was more work to do to monitor and review appointments booking system and waiting time to get through to the practice by phone.

Areas for improvement

Action the service **MUST** take to improve

- Ensure all staff have undertaken training including infection control, health and safety, equality and diversity and fire safety.
- Further review the appointments booking system and the waiting time it takes to get through to the practice by telephone. Improve the availability of non-urgent appointments with a named GP.
- Ensure feedback from patients through a patient participation group (PPG) is sought and acted upon.

Action the service **SHOULD** take to improve

- Review and improve the systems in place to effectively monitor patients experiencing poor mental health and diabetic patients.

- Review the system in place to promote the benefits of cervical, bowel and breast screening, smoking cessation and flu vaccination in order to increase patient uptake.
- Take action to review their approach and support for patients with carers responsibility.
- Provide practice information in appropriate languages and formats.
- Ensure that within response to complaints patients are given the necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response.
- Ensure extended hours appointments and online appointments details are advertised on the practice website and displayed in the premises.
- Ensure provider address and partnership details are updated to the practice's Care Quality Commission registration.

The Village Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Village Medical Centre

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

There are four GP partners and four salaried GPs at the practice. Two GPs are male and six female. At the time of inspection the practice's CQC registration was incorrect. A new GP partner had not added and one previous partner had not been removed from the practice's CQC registration records. The provider's registration address was also not correct on CQC registration certificate.

The practice employs two practice nurses. The practice had been unable to recruit a third practice nurse and had been actively trying since previous nurse left in December 2015.

The practice informed us that they had faced recruitment issues over a period of last two years due to senior partners leaving and three regular doctors went on maternity leave

around the same time. The practice informed us they had implemented a number of measures to mitigate the loss of the clinical staff and these steps had been successful to provide the stability in the staff team.

The practice executive manager is supported by a practice manager, a data manager and a team of administrative and reception staff. Services are provided via a Primary Medical Services (PMS) contract (PMS contracts are negotiated locally between GP representatives and the local office of NHS England).

The practice has approximately 13,700 patients registered and patients can attend any of the two practice locations. The practice population of patients aged between 0 to 14 and 25 to 44 years is higher than national average and there are a lower number of patients over 50 years old compared to national average.

Services are provided from following two locations. We did not visit The Sussex Place Surgery during this inspection. However, the practice is planning to deregister The Sussex Place Surgery from their CQC registration.

The Village Medical Centre

45 Mercian Way

Cippenham

Slough

SL1 5ND

The Sussex Place Surgery

18 Sussex Place

Slough

SL1 1NR

The practice has opted out of providing out of hours services to their patients. There are arrangements in place

Detailed findings

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

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

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 Village Medical Centre. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced visit on 24 February 2016. During our visit we:

- Spoke with 13 staff and 14 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.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- We reviewed records of 16 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. For example, following a significant event the practice had revised their death protocol, advised all staff to follow the guidelines and take necessary steps before issuing a death certificate.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Significant events were a standing item on the practice meeting agenda.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients 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. For example, GPs were trained to Safeguarding children level three, nurses were trained to Safeguarding children level two and both GPs and nurses had completed adult safeguarding training.
- A notice was displayed advising patients that nurses would act as a chaperone, if required. Practice nurses who acted as chaperone were trained for the role and had received a disclosure and barring 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 followed. We observed the premises to be clean and tidy. A practice nurse had recently been appointed as the infection control lead but had not undertaken annual infection control training. There was an infection control policy in place but all clinical and non-clinical staff (including two nurses, eight GPs and 14 administration staff) had not received up to date annual infection control training. We saw the practice's infection control policy had included annual infection control training requirement for all clinical staff.
- Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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. Regular medicine audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. 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.
- Recruitment checks were carried out and the five staff files we reviewed showed that most recruitment checks had been undertaken prior to employment with the exception of Disclosure and Barring Service (DBS) check for one member of staff undertaking chaperoning duties. For example, proof of identification, references, qualifications and registration with the appropriate professional body.

Are services safe?

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. However, the practice informed us a practice nurse had left in December 2015 and the practice had faced difficulties in recruiting a new full time practice nurse.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult mask. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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 Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). In 2014-15, the practice had achieved 92% of the total number of points available, compared to 97% locally and 94% nationally, with 5% exception reporting. The level of exception reporting was lower than the CCG average (8%) and the national average (9%). Exception reporting is the percentage of patients who would normally be monitored but had been exempted from the measures. 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.

Data from 2014-15 showed;

- Performance for diabetes related indicators was worse than the CCG and national average. The practice had achieved 78% of the total number of points available, compared to 91% locally and 89% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was lower than the CCG and comparable to the national average. The practice had achieved 84% of the total number of points available, compared to 86% locally and 84% nationally.

- Performance for mental health related indicators was worse than the CCG and national average. The practice had achieved 85% of the total number of points available, compared to 97% locally and 93% nationally.

The practice was aware of their low QOF score in diabetes and mental health related indicators. We noted that the practice level of exception reporting for all long term conditions was very low. For example, a GP specialist advisor saw that only two out of 610 diabetic patients were excepted which had impacted on low QOF score.

The practice understood the challenges in engaging with their practice population and recognised that they were required to improve the outcomes for patients experiencing poor mental health and diabetic patients. The practice was offering GP led specialist diabetic clinics twice a month and was planning to organise joint clinics with a practice nurse. The practice had implemented diabetes management plan and on the day of inspection the practice had demonstrated some improvements in diabetic patient's outcomes. However, their approach had not seen significant improvements and the practice was in the process of reviewing and implementing changes.

On the day of inspection the practice had demonstrated some improvements in patient's (experiencing poor mental health) outcomes and was expecting improved patient outcomes by the end of this quarter. For example, health checks were completed for 86 (84%) patients out of 102 patients experiencing poor mental health.

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 12 clinical audits completed in the last two years, where the improvements made were implemented and monitored.
- 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 patients with a history of Splenectomy (a surgical procedure to remove an organ responsible of the body's immune system) to ensure patients were receiving correct immunisations to boost their immune system.

Are services effective?

(for example, treatment is effective)

The practice had identified and invited patients for immunisations. We saw evidence that the practice had carried out follow up audit in April 2015 which demonstrated improvements in patient outcomes.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of most staff were identified through a system of appraisals, meetings and reviews of practice development needs. This included ongoing support during one-to-one meetings, appraisals, coaching, mentoring, clinical supervision and facilitation and support for the revalidation of doctors.
- We saw four out of 10 non-clinical staff had received an appraisal within the last 12 months. Six out of 10 non-clinical staff and one practice nurse were due their annual appraisals.
- Most staff had received training that included: safeguarding children (all clinical and 12 out of 14 non-clinical staff had completed), and adults (all clinical and seven out of 14 non-clinical staff had completed) and basic life support (all clinical and 12 out of 14 non-clinical staff had completed training).
- However, most staff had not received training in fire safety (three out of 10 clinical and six out of 14 non-clinical staff had not completed), infection control (all clinical and non-clinical staff had not completed), health and safety (all clinical and non-clinical staff had not completed), and equality and diversity (nine out of 10 clinical and all non-clinical staff had not completed training).
- The practice informed us they had introduced a new training software containing e-learning training modules in February 2016. The practice recognised they were required to improve in this area and we saw evidence that the practice had asked all staff to complete mandatory 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 was also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. The practice had identified 242 patients who were deemed at risk of admissions and 100% of these patients had care plans created to reduce the risk of these patients needing admission to hospital.
- We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The practice informed us that verbal consent was taken from patients for routine examinations and minor procedures and recorded in electronic records. The practice informed us that written consent forms were completed for more complex procedures.

Are services effective?

(for example, treatment is effective)

- 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).

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice.

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those wishing to stop smoking. Patients were signposted to the relevant external services where necessary such as local carer support group.
- For example, information from Public Health England showed 75% of patients (15+ years old) who were recorded as current smokers had been offered smoking cessation support and treatment in last 24 months. This was below when compared to the CCG average (84%) and national average (86%).

The practice's uptake for the cervical screening programme was 76%, which was below the national average of 82%. There was a policy to offer text message reminders for patients about appointments. On the day of inspection the practice informed us they had recently started sending

letters to patients who had not attended bowel and cervical screening appointments. In total 47% of patients eligible had undertaken bowel cancer screening and 58% of patients eligible had been screened for breast cancer, compared to the national averages of 58% and 72% respectively.

Childhood immunisation rates for the vaccinations given were above to the CCG averages. For example:

- Childhood immunisation rates for the vaccinations given in 2014/15 to under two year olds ranged from 83% to 100%, these were above to the CCG averages which ranged from 75% to 94%.
- Childhood immunisation rates for vaccinations given in 2014/15 to five year olds ranged from 86% to 97%, these were above to the CCG averages which ranged from 82% to 93%.

Flu vaccination rates for the over 65s were 62%, compared to national average of 73%.

The practice informed us they were not offering NHS health checks for patients aged 40–74 due to capacity issues. However, the practice was offering health checks for new patients if required. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Most of the 32 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was mostly above the CCG average and below the national average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and national average of 95%.
- 81% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 74% and national average of 85%.
- 81% said the GP gave them enough time compared to the CCG average of 78% and national average of 87%.
- 84% said the GP was good at listening to them compared to the CCG average of 82% and national average of 89%.

- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 91%.
- 79% patients said they found the receptionists at the practice helpful compared to the CCG average of 80% and national average of 87%.

Most of the 14 patients we spoke to on the day informed us that they were satisfied with both clinical and non-clinical staff at the practice. However, some patients raised concerns about a member of administration staff negative attitude. We saw evidence that the practice had asked staff to undertake customer service online training to improve interpersonal skills.

We saw friends and family test (FFT) results for last seven months and 85% patients were likely or extremely likely recommending this practice.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above the CCG average and below the national average. For example:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and national average of 86%.
- 73% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 70% and national average of 82%.
- 79% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 75% and national average of 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.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. However, access to information was limited for patients whose first language was not English as there were limited information posters and leaflets available in other languages.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of 84 patients (0.61% of the practice patient population list size) who were carers and they were being supported, for example,

by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice website also offered additional services including counselling. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This 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 by 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, hearing loop and translation services available.

Access to the service

The practice was open from 8:30am to 6pm Monday to Friday. However, one of the practice GPs was available on call Monday to Friday from 8am to 8:30am (this out of hours service was managed internally by the practice by using their internal on call mobile protocol) and 6pm to 6:30pm (this out of hours service was managed by East Berkshire out of hours services by diverting telephone calls to a duty GP). The practice was closed on bank and public holidays and patients were advised to call NHS111 for assistance during this time. The practice offered range of scheduled appointments to patients every weekday from 8:30am to 5:30pm including open access appointments with a duty GP throughout the day.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. In addition, the practice offered extended hours

appointments Monday to Friday from 6:30pm to 7:30pm, and every Saturday and Sunday from 9am to 11am at Bharani Medical Centre (funded by Prime Minister's Access Fund).

However, extended hours appointments were not displayed in the premises and not advertised on the practice website. Most of the patients we spoke to on the day informed us they were not aware of extended hours appointments and online appointments.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were below to the CCG average and the national average. For example:

- 56% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 45% of patients said they could get through easily to the practice by phone compared to the CCG average of 49% and national average of 73%.

However, the result was above the CCG average and below the national average for:

- 46% of patients said they always or almost always see or speak to the GP their preferred GP compared to the CCG average of 42% and national average of 59%.

The practice was aware of poor national GP survey results and they had taken steps to address the issues. For example;

- The practice had introduced telephone consultation with GPs and pre-bookable GPs appointments were available to book online.
- The practice had employed additional staff to answer phone calls during peak hours and advised all clinicians to use mobile for outgoing calls.
- The practice recognised that there was more work to do to monitor and review appointments booking system and waiting time to get through to the practice by phone.

The patients we spoke with on the day informed us they were able to get appointments when they needed them (if they contacted the practice early in the morning). We checked the online appointment records of three GPs and noticed that the next available pre-bookable appointments with named GPs were three to four weeks later.

Are services responsive to people's needs?

(for example, to feedback?)

Pre-bookable appointment with a duty GP was two weeks later. Urgent appointments with duty GPs or nurses were available the same day and all appointments were released in the morning.

The patients we spoke with on the day and comment cards we received were in line with national survey results findings that patients had to wait long time to get through to the practice by phone during peak times. For example, one patient showed us an evidence on mobile that he had tried 107 times (between 8:30am and 9am) before getting through to the practice by telephone. Staff we spoke to confirmed that during busy periods sometimes patients had to wait up to 20 minutes or more to get through to the practice by phone.

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 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 12 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. We saw the practice had not always included necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response. However, the Ombudsman details were included in complaints policy, on the practice website and a practice leaflet.

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?

Requires improvement 

(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 a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting strategic business plans which reflected the vision and values and were regularly monitored.
- The practice informed us that they had faced recruitment issues over a period of last two years due to senior partners leaving and three regular doctors went on maternity leave around the same time. The practice had implemented a number of measures to mitigate the loss of the clinical staff during this period of transition and these steps had been successful in rebuilding the staff team.

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.
- Practice specific policies were implemented and were available to all staff.
- Staff had a comprehensive understanding of the performance of the practice.
- Audits were undertaken, which were used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, monitoring of specific areas required improvement, for example:
- Appointment booking system, the waiting time it takes to get through to the practice by telephone and the practices uptake of some national screening programmes was below average compared to the local and national averages.
- We found the registration details of the practice were incorrect, with the incorrect partners listed on the practices registration certificate and in their statement of purpose.

Leadership and culture

The partners in the practice prioritised safe, high quality and compassionate care. They 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 practice was aware of and complied with the requirements of the Duty of Candour. The GPs 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, the 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 surveys including friends and family tests and complaints received. There was an inactive PPG which was formed in 2012. The practice informed us during previous two meetings no PPG member attended the

Are services well-led?

Requires improvement 

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

meeting. The practice informed us that in the past PPG had submitted proposals for improvements to the practice management team. For example, the practice appointment system had been reviewed and online appointments were introduced following feedback from the PPG.

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

Continuous improvement

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

- Most staff had not received training in health and safety, fire safety, equality and diversity awareness and infection control.
- We found some good examples of continuous learning and improvement within the practice. For example, we saw a practice nurse was due to start a prescribing course.
- We also saw that a current practice 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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>We found the registered person did not have effective governance, assurance and auditing processes to assess, monitor and improve the quality of service provided in carrying out the regulated activities.</p> <p>We found the registered person did not operate effective appointment booking system and the waiting time it takes to get through to the practice by telephone during peak hours to ensure patients needs were met and reflecting their preferences.</p> <p>Ensure feedback from patients through a patient participation group (PPG) is sought and acted upon.</p> <p>Regulation 17(1)(2)(a)(e)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>We found the registered person did not operate effective systems to ensure staff received appropriate training.</p> <p>Regulation 18(2)(a)</p>