Radnor House Surgery and Ascot Medical Centre

Quality Report

25 London Road
Ascot
Berkshire
SL5 7EN
Tel: 01344 874011
Website: www.radnorhousesurgery.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?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Radnor House Surgery and Ascot Medical Centre on 10 November 2016. This comprehensive inspection was carried out to check that the practice was meeting the regulations and to consider whether sufficient improvements had been made since the previous inspection in March 2016.

Our previous inspection in March 2016 found breaches of regulations relating to the safe, effective, caring, and responsive delivery of services. There were also concerns and regulatory breaches relating to the management and leadership of the practice, specifically in the well led domain. The overall rating of the practice in March 2016 was inadequate and the practice was placed into special measures for six months.

During the inspection in November 2016, we found evidence that improvements had been made. Our improved rating of good for the provision of well led services reflects the positive development of leadership and management systems to deliver significant progress in improving services across the board for all patient groups. Our rating of requires improvement for the provision of safe and effective services reflects that some positive changes have been made, however improvements are still required.

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

- Risks to patients were assessed and well managed. However, they had not ensured that blank prescription stationery was tracked within the practice. The practice implemented a change in process and sent an action plan following the inspection.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice had responded to their vulnerable population group and had worked effectively to ensure that their needs were fully met. All staff within the practice showed that they recognised the signs when further support may be needed.

Summary of findings

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they did not find it easy to make an appointment; the practice had recognised and put measures in place to respond to this.
- The practice had good 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 proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had recently integrated their Saturday flu clinics with a one-stop shop service to encourage patients to have regular health reviews.

The areas where the provider must make improvements are:

- Ensure blank prescription stationery distribution is monitored within the practice in accordance with current guidelines.

The areas where the provider should make improvements are:

- Ensure there is a system in place to action and mitigate the risks to patients if a vaccine cold chain breach occurs.
- Ensure patient outcomes are reviewed to ensure that patients with long term conditions receive appropriate care and treatment.

This service was placed in special measures in March 2016. Improvements have been made such that ratings of good for the delivery of responsive, caring and well led services and a rating of requires improvement for safe services have now been achieved. This has led to an improved rating of good. I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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?

Requires improvement

During our inspection in March 2016, we identified significant concerns in relation to the safe domain. This included poor investigation, action and learning from significant events; insufficient attention to ensuring staff had received appropriate training to safeguard children and vulnerable adults from abuse; safeguarding policies had not been reviewed following the practice merger; there was no audit trail to ensure medicine safety alerts were responded to and recruitment checks were not in place and staff records were incomplete. At the inspection in November 2016, we found improvements in most areas had been made.

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

- Blank printer prescription stationery was not tracked to individual practitioners, in line with current national guidance.
- The practice had the necessary equipment and procedures for dealing with emergencies.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Recruitment checks were conducted in line with current legislation.
- Safety alerts were received onto the practice and a log of actions taken was completed.

Are services effective?

Requires improvement

During our inspection in March 2016, we identified concerns in relation to the effective domain. These included issues with staff training and staff not always being supported through regular appraisal. At the inspection in November 2016, we found improvements in some areas had been made.

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

Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average, with some areas lower.
- Performance for mental health related indicators was below the local and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was a system to identify when staff had training and when it would need to be updated. Staff were given protected time to complete training.
- There was evidence of appraisals and personal development plans for all staff, since the inspection in March 2016 all staff now has a recent appraisal.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice held sessions designed to improve public health outcomes, including, flu clinics (used as a one stop shop for family health checks), contraception, travel and chronic disease clinics.

Are services caring?

Good

During our inspection in March 2016, we identified concerns in relation to the caring domain. This included difficulty in making an appointment and patients feeling not cared for, supported or listened to. The practice had identified a low number of carers. At the inspection in November 2016, we found improvements:

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparable with others for several aspects of care. This showed some improvement from the previous national GP patient survey.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patients commented that they found it easy to make an appointment.
- Information for patients about the services available was easy to understand and accessible. Including leaflets in easy to read formats and other languages.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice were proactive in identification of carers and had an ongoing plan in place to improve this.

Summary of findings

Are services responsive to people's needs?

Good

During our inspection in March 2016, we identified concerns in relation to the responsive domain. This included poor patient survey results and complaints were not always identified, investigated thoroughly to ensure lessons were learnt and actions taken to improve services to patients. At the inspection in November 2016, we found improvements:

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was similar to local and national averages. This had improved from the previous national survey results.
- Patients said they did not find it easy to make an appointment with a named GP and there was not always continuity of care. The practice had implemented changes to resolve this, although it was too early to measure the impact of this.
- Urgent appointments were available the same day. Routine appointments were available within two working days with any GP and within two weeks for a named GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

During our inspection in March 2016, we identified concerns in relation to the well-led domain. This included poor merger of policies and procedures between the two sites, the leadership team being unable to demonstrate that they prioritised the provision of safe and responsive care and staff feeling that there was not a cohesive management and leadership approach. At the inspection in November 2016, we found improvements had been made:

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

- The practice had worked to create 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 it.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had reviewed and updated a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

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

Requires improvement

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified older patients and coordinated the multi-disciplinary team (MDT) for the planning and delivery of palliative care for patients approaching the end of life.
- We saw unplanned hospital admissions and re-admissions for the over 75s were regularly reviewed.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were comparable to local and national averages. For example, the percentage of patients with dementia having their care reviewed was 100% which was above the CCG average of 83% and national average of 84%.
- Immunisation campaigns for the elderly such as flu, shingles and pneumonia were advertised through posters, messages on prescriptions, website updates and letters, with follow up phone calls to those who did not attend.

People with long term conditions

Requires improvement

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for chronic kidney disease related indicators was 100% which was comparable to the clinical commissioning group average of 99% and national average of 99%.
- Longer appointments and home visits were available when needed, although accessing these appointments was an issue according to patient feedback.

Summary of findings

- All these patients had a named GP and a structured annual review to check 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.
- Long term condition review clinics were held by the practice nurses.
- The practice participated in the clinical commissioning group complex case management scheme which provided proactive care for those at highest risk of emergency admission.
- Performance for Chronic Obstructive Pulmonary Disease (COPD, a collection of lung diseases including chronic bronchitis and emphysema) indicators showed the practice had achieved 95% of targets which was similar when compared to the CCG average (99%) and higher when compared to the national average (96%).

Families, children and young people

Requires improvement

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 94%, which was above the CCG average of 84% and the national average of 82%.
- Childhood immunisation rates for the vaccinations given were mixed. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 100% compared to the CCG range of 91% to 96% and five year olds from 73% to 95% compared to the CCG range of 85% to 96%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Summary of findings

Working age people (including those recently retired and students)

Requires improvement

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The surgery offered extended late appointments every week on Monday until 7.30pm.
- The practice was proactive in offering online services for repeat prescriptions and booking appointments as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe and effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- An audit had been completed to highlight areas of development with uptake of learning disability health checks.
- The practice had designed an easy read format (easy read refers to the presentation of text in an accessible, easy to understand format) invitation letter to improve the uptake of learning disability health checks. The number of health checks undertaken was 44%, which is comparable to the national average of 44%.
- Practice staff were trained to recognise signs of abuse within their vulnerable patients.
- GPs worked within a multi-disciplinary team to ensure the best outcomes for vulnerable patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- 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.

People experiencing poor mental health (including people with dementia)

Requires improvement

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

- 100% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which is above the local average of 86% and the national average of 84%. Exception reporting was 0%
- 81% of patients diagnosed with a severe mental health issue who had a comprehensive, agreed care plan documented in the last 12 months, which was lower than the local average of 89% and the national average of 88%. The practice had recognised this and designed an action plan to improve uptake. Exception reporting was 0%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- 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 were published July 2016. The results showed the practice was performing in line with local and national averages. 261 survey forms were distributed and 92 were returned. This represented 2% of the practice's patient list.

- 61% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 82% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards all were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. One card documented concerns over the availability of appointments and waiting times.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Feedback from the patients who used the service was positive and all of the patients we spoke with talked positively about the personalised and responsive care provided by the practice. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected.

Radnor House Surgery and Ascot Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and an Expert by Experience.

Background to Radnor House Surgery and Ascot Medical Centre

Radnor House Surgery and Ascot Medical Centre offer primary medical services to approximately 5,150 patients in the Ascot area. The two practices merged in April 2015 and initially continued to see patients at both sites. Following the CQC inspection in March 2016 the practice have moved all clinical staff and equipment to Ascot Medical Centre, which is based at Heatherwood Hospital. Radnor House is now used as an administration base and no regulated activities are being carried out at this site. The practice have submitted an application to CQC to register Ascot Medical Centre as their main site.

The practices are located in an area of low deprivation, meaning few patients are affected by social or economic deprivation locally. The patient list has a higher proportion of adults, both male and female, in the 45 to 69 age group, meaning a higher proportion of working age patients are registered at this practice.

The practice has two GP partners (both male), four salaried GPs (all female), three practice nurses (all female) and one Health Care Assistant (female). The clinical staff are supported by a practice manager, 10 receptionists, administration staff and a receptionist team leader. The practice is a training practice for GP trainees but does not currently have a GP trainee working with them.

Ascot Medical Centre is situated within the grounds of Heatherwood Hospital. It is a purpose built ground level building with easy access for disabled patients. The entrance has automatic doors which lead to a corridor from which all consultation and treatment rooms are accessible. The reception area is clearly signed with the waiting area across the hallway. There are toilet facilities available including disabled access with wide doorways.

The opening hours at Ascot Medical Centre are:

- Mondays to Friday between 8am and 6.30pm.
- Early Tuesday from 7.30am
- Late Monday until 7.30pm

Patients can also access appointments with a GP at King Edward Hospital via a service provided through the Prime Ministers Challenge Fund, which aims to help improve access to general practice and stimulate innovative ways of providing primary care services across the country.

Radnor House Surgery and Ascot Medical Centre operates with a General Medical Services contract. They offer enhanced services for childhood immunisations, improving patient online access, influenza and pneumococcal immunisations, annual health checks for patients with a learning disability and avoiding unplanned admissions.

Detailed findings

Radnor House Surgery and Ascot Medical Centre are registered for providing diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury, surgical procedures and family planning.

The practice has opted out of providing out of hours services to their patients. The out of hours service is provided by East Berkshire Primary Care Out of Hours Service and is accessed by calling NHS 111. Advice on how to access the out of hours service is contained on a recorded message when the practice is closed.

All services are provided from:

Ascot Medical Centre, Gate 3, Heatherwood Hospital, Ascot, SL5 8AA.

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

The practice was previously inspected on the 2 March 2016 and rated as inadequate for the safe, responsive and well-led domains. It was also rated as requires improvement for the provision of effective and caring services. The overall rating for the practice was inadequate and they were placed into special measures.

Following the March inspection, the practice was found to be in breach of five regulations of the Health and Care Social Act 2008. Requirement Notices were set for the regulations relating to the management of safety alerts, complaints, training, recruitment and supporting staff. There was not an effective operation of systems designed to regularly assess and monitor the quality of the services, to identify, assess and manage risks relating to the health, welfare and safety of patients and others who may be at risk.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as the Clinical Commissioning Group (CCG), to share what they knew.

Following the March 2016 inspection we asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting. Before visiting in November 2016 the practice confirmed they had taken the actions detailed in their action plan.

We carried out an announced visit on 10 November 2016. During our visit we:

- Spoke with a range of staff including three GPs, one practice nurse, administration and reception staff and a practice manager.
- We spoke with patients who used the service and representatives of the patient participation group (PPG)
- Observed how people were being cared for.
- 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 people 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

Detailed findings

- 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.

Requires improvement

Are services safe?

Our findings

During our inspection in March 2016, we identified significant concerns in relation to the safe domain. This included the poor investigation, action and learning from significant events; insufficient attention to ensuring staff had received appropriate training to safeguard children and vulnerable adults from abuse; safeguarding policies had not been reviewed following the practice merger; there was no audit trail to ensure medicine safety alerts were responded to and recruitment checks were not in place and staff records incomplete. At the inspection in November 2016, we found improvement had been made.

Safe track record and learning

- When we visited the practice in March 2016 we found there was a system in place for reporting and recording significant events. However, the investigations and outcomes were not always well evidenced or implemented thoroughly enough to ensure learning. Since the last inspection progress had been made with the implementation of a system to share, record and implement learning from significant events. For example, a new protocol for managing particular symptoms within children was implemented following a misdiagnosis and hospitalisation of a young patient.
- 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 nine significant events from the preceding year and found that they had been minuted when they had been discussed at meetings which took place monthly.
- We reviewed national patient safety alerts and how these were disseminated amongst staff. For example, all safety and medicine alerts were emailed directly to the practice manager who, along with a GP, decides what action, if any, was required, and distributes to other staff accordingly.

Overview of safety systems and processes

The practice had sufficient systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- 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 outlined who to contact for further guidance if staff had concerns about a patient's welfare and a list of contact numbers was listed in each clinical room and behind reception.
- There was a lead member of staff for safeguarding. All staff we spoke to could identify the safeguarding lead and told us that they would seek advice from them. The lead GP attended safeguarding meetings when possible and engaged with external stakeholders. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All GPs were trained to Safeguarding level three for children. Practice nurses were also trained to safeguarding level three. Non clinical staff were trained to safeguarding level one. All staff had completed safeguarding adults training.
- A notice in the waiting room advised patients that some members of staff could act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had undertaken a risk assessment with the decision that only clinical staff would undertake chaperone duties.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all staff had received training.
- We saw evidence that an annual infection control audit had been undertaken, and action had been taken to address any improvements required.
- The arrangements for managing medicines in the practice kept patients safe (including recording, handling, storing and security). The practice discussed prescribing compliance with the local CCG pharmacy teams.
- Vaccines were stored appropriately and in accordance with the practice policy. However, although the internal fridge thermometer was recorded as being within the suitable range (between 2 and 8 degrees) the second thermometer had been out of range for a period of time with no action taken. The vaccines were all

appropriately stored but the practice had not responded to the out of range thermometer. Immediately following the inspection the practice ordered new external thermometers and amended their policy to reflect current guidelines.

- Prescription pads were securely stored whilst in the consulting rooms. However, during the day they were stored in a filing cabinet (with the key in the lock) in an unlocked room in reception, directly accessed from the patient area. This was rectified immediately following the inspection. There was no system for tracking blank prescriptions once they were received into the practice.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient Group Directions are documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions. Health care assistants were trained to administer influenza, vitamin B12 and pneumococcal vaccines and medicines against a patient specific direction (PSD). A PSD is the traditional written instruction, signed by a prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- We reviewed six personnel files and found evidence that improvements had been made in recruitment checks. We noted that a recruitment checklist had been created to ensure the practice collated all of the recruitment information for newly employed staff in the future.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster displayed in the practice. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was tested to ensure it was working properly. 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.
- Arrangements were in place to plan and monitor the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups, to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- Since the March 2016 inspection the practice had completed a risk assessment of their emergency medicines and equipment. During the November 2016 inspection there was an emergency trolley stored in the treatment room that contained all the emergency equipment. The emergency medicines were stored in a grab box in the treatment room. All staff knew of their location. All the medicines we checked were in date and appropriate to the practice.
- 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 and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and.
- 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.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

During our inspection in March 2016, we identified concerns in relation to the effective domain. This included issues with staff training and staff not always being supported through regular appraisal. At the inspection in November 2016, we found some improvement had been made.

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best 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 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). The most recent published results were 93% of the total number of points available, with 5% exception reporting, which is below to the Clinical Commissioning Group (CCG) and national averages of 10%.

Data for 2015/16 showed:

- Performance for diabetes related indicators was 86% which was lower than the CCG average of 95% and national average of 90%. Exception reporting was 1%.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 90% which was below the CCG average of 98% and national average of 98%. Exception reporting was 3%.
- Performance for mental health related indicators was 77% which was below the CCG average of 97% and national average of 93%. Exception reporting was 0%.
- The percentage of patients with a mental health condition with a documented care plan in the last 12 months was 81% compared to the CCG average of 91% and the national average of 88%.

The practice sent us unverified data for the year 2016/2017 that shows so far they have achieved on average 94% for mental health indicators.

The practice had recognised that these figures were low and had a documented action plan in place to respond to it.

There was evidence of quality improvement including clinical audit.

- There had been 14 clinical audits undertaken in the last two years, nine of these were completed audits where the improvements made were implemented and monitored.During the previous inspection only 8 audits had been undertaken with one completed cycle.
- The practice had an audit plan detailing what and when they would be completed over the next 12 months.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included updating the patient dementia list and recalling the identified patients for a yearly review. At the time of the audit, there were 11 patients on the register, of which eight had care plans. One of the GP partners had recognised the amount of patients identified appeared low, and actions were in place to improve this.
- The practice had also identified that improvements could be made by ensuring all patients newly diagnosed with depression had their care reviewed within 10 to 35 days of diagnosis. In April 2015 only 25% of patients had a correctly documented care plan. Following a renewed focus on ensuring the care was reviewed the practice improved this to 100% in October 2016.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. During the previous inspection in March 2016 we found that five

members of recently employed staff had no evidence of a completed induction pack in their personnel files. During the November inspection we found that the two new members of staff who had joined since that had a fully completed induction plan.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions had regular training updates and protected study time.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Improvements had been made since the previous inspection in March 2016 and all staff had received an appraisal within the last 12 months, with documented objectives specific to each team member.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice had a training matrix to identify when mandatory training was due to be updated and we saw that all staff were up to date.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice identified older patients and coordinated the multi-disciplinary team (MDT) for the planning and delivery of palliative care for patients approaching the end of life. The practice was aware of the gold standards framework for end of life care and knew how many patients they had who were receiving palliative care, including a palliative care register.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had a robust system for following up on patients discharged from hospital, including a GP telephone call or visit within 48 hours of the discharge to ensure the patient received appropriate and timely support. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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. The practice had provided training on the Mental Capacity Act to ensure staff had the correct knowledge and understanding.
- 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, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. For example, an audit of the insertion and removal of intra-uterine contraceptive devices showed that 100% of patients had been asked for and had documented consent agreement.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

Requires improvement

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and mental health and welfare support services.
- Smoking cessation advice was available from the practice nurse.
- Vulnerable patients were identified within the clinical system to ensure that their ongoing health and wellbeing was monitored.
- The practice had recently integrated their Saturday flu clinics with a one-stop shop service. This involved all members of the practice team working together to provide an extensive range of health services at one appointment. This included completing a health questionnaire, blood pressure checks, height and weight measurements and lifestyle advice. The practice nurses also used this opportunity to undertake chronic disease health reviews. The clinic was well attended and feedback from patients was that it was a well run and thorough clinic. The clinic marketed it as a family day to include and encourage children to think about their health.

The practice's uptake for the cervical screening programme was 94% which was higher than the CCG average of 86% and the national average of 82%. Exception reporting was 3%. This was a significant improvement on the previous uptake which was 77%. The practice had implemented an action plan and a regular practice nurse took responsibility for encouraging uptake. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The most recent data showed the practice had achieved 77% screening for breast cancer in 50 to 70 year old females in the last three years, compared to the CCG average of 77% and national average of 72%. Bowel cancer screening rates for patients aged 60 to 69 in the last two and a half years was 54% compared to the CCG average of 55% and national average of 58%.

Childhood immunisation rates for the vaccinations given were mixed. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 100% compared to the CCG range of 91% to 96% and five year olds from 73% to 95% compared to the CCG range of 85% to 96%. This was an improvement on the previous year's uptake.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Where healthy lifestyle support was required, patients were signposted to the relevant service.

Good

Are services caring?

Our findings

During our inspection in March 2016, we identified concerns in relation to the caring domain. This included difficulties in making appointments and patients not feeling cared for, supported or listened to. The practice had identified a low number of carers. At the inspection in November 2016, we found improvement had been made.

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.

Of the 21 patient Care Quality Commission comment cards we received all were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. One card documented concerns over the availability of appointments and waiting times.

We spoke with six members of the patient participation group. They 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 support was provided when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with the CCG and national averages for its satisfaction scores on consultations with GPs and slightly below for nurses in some areas. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 85% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 86% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 87% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 90% said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to most questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages for GPs and nurses.

For example:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.

Good

Are services caring?

- 89% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 82% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

- 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.
- Information leaflets were available in easy read format.
- The waiting area had a notice board with information leaflets. There was also a board displaying the practice values and how they were going to achieve them.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations, including carers support and a local veterans group. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 53 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice were in the process of proactively identifying carers and had allocated administration time to support this. Tis had already improved from the previous inspection where 0.3% of carers were identified. The first phase was targeting elderly patients followed by a focus on young carers. Carers were also being offered annual health checks.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. This call was followed by a patient consultation at a flexible time and by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

During our inspection in March 2016, we identified concerns in relation to the responsive domain. This included poor patient survey results and complaints not always being identified, investigated thoroughly to ensure lessons were learnt and actions taken to improve services to patients. At the inspection in November 2016, we found improvement had been made.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours every week for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with specific health needs, such as, patients with a learning disability or elderly patients with complex medical needs.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available at both sites. Ascot Medical Centre had a hearing loop.
- Patients with a disability were encouraged to use the Ascot Medical Centre site as it was more accessible. If a disabled patient required treatment at Radnor House Surgery, the reception team ensured they could access the rear doors and booked the downstairs consultation room.

The opening hours at Ascot Medical Centre are:

- Mondays to Friday between 8am and 6.30pm.
- Early Tuesday from 7.30am
- Late Monday until 7.30pm

Patients can also access appointments with a GP at King Edward Hospital via a service provided through the Prime Ministers Challenge Fund, which aims to help improve access to general practice and stimulate innovative ways of providing primary care services across the country.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was similar to local and national averages. This had improved from the previous national survey results.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 76%.
- 78% patients said they could get through easily to the surgery by phone compared to the CCG average of 73% and national average of 73%.
- 84% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 58% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69% and national average of 65%.
- 41% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 53% and national average of 59%.

Although the survey showed that patients felt they could not always see the GP that they preferred, we noted that the survey was undertaken between January and March 2016. This was before the practice had merged the clinical work to be undertaken at one site (Ascot Medical Centre). On the day of inspection patients told us via interviews and comments cards that this had improved since merging, as the workload was shared amongst the GP partners.

The practice had also upgraded their telephone system from one line to 10 to reduce the time patients spent trying to get through to the practice to book an appointment.

Patients told us on the day of the inspection that they were able to get appointments when they needed them, our review of the appointments system showed us that appointments were available for emergencies and telephone consultations. We saw that prebookable appointments with a named GP was available within two weeks.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice had an effective system in place for handling complaints and concerns. This was an improvement from the March 2016 inspection where it was found that complaints were not fully shared and effectively documented between the two sites.

- The practice had an updated 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. There was a system in place to ensure the complaints had been investigated, logged centrally and information shared.
- We saw that information was available in the waiting room and on the practice website to help patients understand the complaints system.

We looked at ten complaints received in the last 12 months. We found the complaints had been acknowledged and followed up. The practice demonstrated how verbal complaints were documented or managed. The patients were offered a verbal or written apology and learning was highlighted. Learning outcomes included checking patient identifying information when booking appointments, checking how many items had been ordered against a repeat prescription and offering an apology regardless of event outcome. The practice demonstrated that the complaints had been discussed at meetings and the learning outcomes shared with staff.

Are services well-led?

Good

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

Our findings

During our inspection in March 2016, we identified concerns in relation to the well-led domain. This included poor merger of policies and procedures between the two sites, the leadership team could not demonstrate they prioritised the provision of safe and responsive care and staff felt that there was not a cohesive management and leadership approach. At the inspection in November 2016, we found improvement had been made.

Vision and strategy

Radnor House and Ascot Surgery had a vision to create a caring, forward thinking, patient focused and effective GP service.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Regular meetings took place for staff groups including whole team, nurse, partner, clinical governance and reception and administration staff meetings.
- Practice specific policies were implemented and were available to all staff.
- The practice had implemented consistent systems in place for notifiable safety incidents. Details of outcomes had been disseminated to staff and learning had been shared.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements, including future audit plans.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, minor improvements were required in relation to medicines management.
- We saw that all complaints and incidents (both verbal and written) were well documented and progress tracked.
- Despite the amount of change within the practice, an understanding of the clinical performance of the practice was maintained.

Leadership and culture

Following the inspection in March 2016 the practice faced some challenges. The practice had multiple staff changes and the implementation of a management and leadership structure. This structure was designed to ensure a consistent approach was used throughout the practice.

Staff told us on the day that the support the practice had received following the inspection in March 2016 had enabled them to make the positive changes that was needed. All staff were fully engaged in the improvement and inspection process. Staff commented that they felt fully supported and listened to within the practice and their views had been taken into account in the development of the practice.

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. The practice had been proactive in assessing and responding to the needs of their patient population, especially vulnerable patients.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

Are services well-led?

Good

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

- The practice 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 the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- There was an appraisal programme for the full practice team; we saw the practice had gathered feedback from staff through staff meetings and discussions.
- 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and carried out patient surveys. The PPG had organised coffee mornings for carers and implemented a privacy mat at reception, to stop patients from standing too close to the reception desk while conversations were taking place, when a patient complained about the lack of privacy. They were also involved in the implementation of the new telephone system, which has increased the line capacity from one to 10.
- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. Staff commented in particular that although the last six months had been challenging with lots of changes, the recent management and leadership structure had improved the working environment for staff in many ways. They commented that they felt more listened to and that improving patient care was the main focus.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had introduced a triage system for urgent on the day appointments. Administration staff were given training and assessment tools to enable them to make effective assessments to ensure patients were offered an appropriate appointment.

Immediately after our inspection, we were sent an action plan which included areas highlighted at the inspection feedback. This demonstrated the service was reactive to our feedback and confirmed their focus of continuous improvement.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person did not do all that was reasonably practicable to assess, plan and mitigate risks to the health and safety of service users.** **The provider had failed to identify the risks associated with:** • **Blank prescription stationery was not tracked within the practice in line with current national guidelines.**