

Dr Win Hlaing

Quality Report

Burma Hills Surgery
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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

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr Win Hlaing (Burma Hills Surgery) on 9 September 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.

- The practice had accessible facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.
- The practice had a vision which had quality and safety as its top priority. A business plan was in place, was monitored and regularly reviewed and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.
- The practice had an effective governance system in place, was well organised and actively sought to learn from performance data, incidents and feedback.
- The leadership and culture within the practice were used to drive and improve the delivery of high-quality person-centred care. The practice was able to demonstrate year on year improvement.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.

Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. The premises and equipment were clean, hygienic and well maintained.

The practice had robust arrangements in place to respond to emergencies and other unforeseen situations such as the loss of utilities.

Good



Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Although Quality and Outcomes Framework (QOF) data available to us showed that the practice was lower than national (94.6%) and local Wokingham Clinical Commissioning Group average (95.8%) achievement levels. In 2014, the practice scored 87%, we saw the practice had a comprehensive plan to manage performance and monitor patient outcomes and was able to demonstrate substantial improvement in 2015. All staff we spoke told us they were driven by improvement and improving outcomes for all patients.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Feedback from patients about their care and treatment was consistently strongly positive.

Good



Summary of findings

We observed a patient-centred culture. Person centred planning was evident with the creation of detailed, personalised care plans for all patients with a learning difficulty. Thus ensuring patients were truly respected, valued as individuals and remained central to the creation of any plan which will affect them.

Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. This was reflected in the data we looked at which showed positive patient feedback in relation to involvement in decisions about their care and treatment.

The practice had good systems in place to support carers and patients to cope emotionally with their health and conditions.

Support was available at the practice and externally for those suffering bereavement or that had caring responsibilities for others.

We saw that staff were respectful and polite when dealing with patients, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS Area Team, Wokingham Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

The practice had excellent access to appointments and could demonstrate the impact of this by reduced use of secondary care services (specifically accident and emergency and out of hours GP services) and positive patient survey results.

Patients said they found it easy to get through to the surgery and make an appointment. For example:

- 98% of patients found it easy to get through to the surgery by telephone which is significantly higher when compared with the CCG average of 80% and the national average of 73%.
- 98% of patients were able to get an appointment to see or speak to someone the last time they tried which significantly higher when compared to the CCG average of 89% and a national average of 85%.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.

Good



Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their

Good



Summary of findings

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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

The practice had a strategic approach to future planning including succession arrangements to identify and address future risks to personnel leaving or retiring.

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 good for the care of older people.

The practice provided person centred care to meet the needs of the older patients in its population and had a range of enhanced services, for example in dementia, end of life care and reducing admissions to hospital. Unplanned hospital admissions and re-admissions for this group were regularly reviewed and improvements made.

It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice identified if patients were also carers; information about support groups was available in the waiting room.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people, for example, data showed the percentage of patients aged 75 or over with a fragility fracture that are currently treated with an appropriate bone-sparing agent was 100%. This was 19% higher than the national average.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Nursing staff had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as diabetes and asthma. Longer appointments and home visits were available when needed. All of these patients were offered a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care. Patients with end of life care needs and their families were well supported by the practice.

Historic quality data demonstrated the monitoring of patients with long term conditions did not compare favourably with the local or national average. However the practice was aware of areas requiring improvement and we were shown current data which indicated extensive improvements.

For example, in 2013/2014 the practice scored 8.43% for the performance of diabetes related indicators.

Good



Summary of findings

Real time QOF data presented on the day of inspection showed the practice was currently scoring 64.34% for the same set of indicators.

Therefore an overall increase of 56% in the management of outcomes for patients' with diabetes.

Families, children and young people

The practice is rated as good for the care of families, children and young people. 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.

Records showed the GPs proactively sought and promoted improvement in immunisation management and this was evident in the immunisation data as the practice was above both local and national averages for childhood immunisations. Childhood immunisation rates for the vaccinations given in 2014/15 to under two year olds ranged from 89% to 100% and five year olds from 82.6% to 95.8%. These were above the CCG and national averages.

Children who did not attend for their immunisations were followed up by the practice and discussed with the health visitor if they were considered at risk.

Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

The practice provided a range of appointments between 8.30am and 6.30pm Monday to Thursday and 8.30am and 7.30pm every Friday. These were specifically for patients not able to attend outside normal working hours.

Phlebotomy services were available at the practice which meant patients did not have to attend the hospital for blood tests.

All patients of university age were contacted and the practice offered "fresher" immunisations at times convenient for students prior to the commencement of their studies.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

The practice held a register of vulnerable patients including those with a learning disability and homeless. It had carried out annual health checks for people with a learning disability and these patients had a personalised care plan in place. It offered longer appointments for patients that needed them.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff 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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. It carried out advance care planning including regular face-to-face reviews for these patients. For example:

- 86% of patients diagnosed with dementia had their care reviewed in a face-to-face review; this was three per cent higher than the national average.
- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record; this was four per cent higher than the national average.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing above local (CCG) and national averages. There were 103 responses and a response rate of 28%.

- 98% of patients found it easy to get through to the surgery by telephone which is significantly higher when compared with the CCG average of 80% and the national average of 73%.
- 96% of patients found the receptionists at this surgery helpful which is higher when compared with the CCG average of 90% and the national average of 87%.
- 87% of patients would recommend this surgery to someone new to the area. This is higher when compared with the CCG average of 83% and the national average of 78%.
- 98% of patients were able to get an appointment to see or speak to someone the last time they tried which is significantly higher when compared to the CCG average of 89% and a national average of 85%.

- 94% of patients described their overall experience of this surgery as good which was higher when compared to the CCG average of 88% and a national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were all positive about the standard of care received.

Patients reported that they felt that all the staff treated them with respect, listened to and involved in their care and treatment. They were complimentary about the appointments system and its ease of access and the flexibility provided.

The 10 patients we spoke with on the day of inspection confirmed this.

We spoke with a local care home for severely disabled adults which the practice provided the GP service for. They fully praised the practice, told us they highly recommend the practice and told us the service they received was responsive to patients needs and treated them with dignity and respect.

Dr Win Hlaing

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included two specialist advisors (a GP and a Practice Manager) and an Expert by Experience.

Experts by experience are members of the team who have received care and experienced treatment from similar services. They are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Dr Win Hlaing

Dr Win Hlaing Surgery is more commonly known as Burma Hills Surgery and is a small single-handed practice offering GP services to the local community of Wokingham, Berkshire.

Burma Hills Surgery is one of 13 practices within Wokingham Clinical Commissioning Group.

The practice has core opening hours from 8.00am (appointments start at 8.30am) to 6.30pm Monday to Thursday to enable patients to contact the practice. The practice remains open every Friday evening until 7.30pm. Patients can book appointments in person, via the phone and online. Appointments can be booked in advance for the doctors and for the nursing clinics. The practice treats patients of all ages and provides a range of medical services.

There are approximately 2,000 patients registered with the practice. The practice population has a higher proportion of patients aged 30-49 compared to the national average. According to national data there is minimal deprivation in

Wokingham; however the practice is located within a pocket of high deprivation. People living in more deprived areas tend to have greater need for health services and often has an impact on screening and recall programmes.

The practice comprises of one GP (a male GP) who is supported by two long term locum GPs (both female).

The all-female nursing team consists of one nurse practitioner, one practice nurse and one health care assistant with a mix of skills and experience.

A practice manager and a team of three administrative staff undertake the day to day management and running of the practice. The practice has a General Medical Services (GMS) contract. GMS contracts are nationally agreed between the General Medical Council and NHS England.

The practice opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website and over the telephone when the surgery is closed.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

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 were 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
- People experiencing poor mental health (including people with dementia)

Before visiting we checked information about the practice such as clinical performance data and patient feedback. This included information from Wokingham Clinical Commissioning Group (CCG), Healthwatch Wokingham, NHS England and Public Health England.

We carried out an announced inspection on 9 September 2015.

During the inspection we spoke with two GPs, one nurse practitioner, one practice nurse, one health care assistant, the practice manager and head receptionist. We also spoke with a member of the patient participation group.

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

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

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

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

Prior to the inspection we spoke with a local care facility for severely disabled adults which the practice provided the GP service for.

Are services safe?

Our findings

Safe track record and learning

We spoke with the GPs and practice manager and reviewed information about both clinical and other incidents that had occurred at the practice.

We saw there was an open, transparent approach and a system in place for reporting and recording significant events. Staff were able to report incidents and learning outcomes from significant events, these were shared with appropriate staff. All complaints received by the practice were entered onto the system and where necessary treated as a significant event. Meetings were held every month to discuss significant events that had been raised, or during other staff meetings if the issues needed prompt action. The practice reviewed previous significant events at the meetings to ensure changes or learning outcomes had become embedded. We looked at several significant events and saw that appropriate action was noted.

We were given information about incidents which had occurred during the last 12 months. These incidents included a prescription error and a fridge failure. We read each event was categorised and all were reviewed for any trends; where changes in practice had been highlighted we were able to confirm they had been implemented. These had been reviewed under the practice's significant events analysis process.

Safety alerts (including medicine and equipment alerts) were monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled the practice to communicate and act on risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies (available to all staff) clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and

always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Only nursing staff acted as chaperones, 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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and related risk assessments. The practice had undertaken a fire risk assessment in 2015 and we saw actions required from the assessment had been completed. Monthly fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked 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 and infection control and legionella.
- We checked medicines kept in the treatment rooms and medicine refrigerators. They were stored securely and were only accessible to authorised staff. There was a clear process for ensuring medicines were kept at the required temperatures, we reviewed records which confirmed this. The correct process was understood and followed by the practice staff and they were aware of the action to take in the event of a potential fridge failure. The practice had processes to check medicines were within their expiry date and suitable for use. All the medicines we checked at the time of inspection were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations. Prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance and kept securely at all times.

Are services safe?

- The premises were clean and tidy. There were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. The named lead for infection control had a system in place to ensure that regular infection control monitoring was in place for clinical and non-clinical aspects of the practice. We saw evidence that the Infection Control Lead had carried out an infection control audit in March 2015. We saw evidence the practice continued to carry out regular infection control audits, revisit the areas of improvement and implement those changes. The practice had a plan to re-audit in six months.
- We were able to see personnel files contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. We looked at employee files for the most recent recruits and confirmed this had been implemented. When looking at the staff files we saw there was an induction checklist appropriate to the role of the staff member. Staff we spoke confirmed these had been used.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. During the inspection we observed a medical emergency which was immediately brought to the attention of one of the GPs who provided care and treatment at the scene.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of utility companies to contact if the heating, lighting or water systems failed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We discussed with the practice manager, GP and nurse how NICE guidance was received into the practice. We saw minutes of clinical meetings which showed this was then discussed and implications for the practice's performance and patients were identified and required actions agreed. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

GPs and nurses described how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients experiencing mental health problems were having regular health checks and had their care reviewed. Information collected for Quality Outcome Framework indicates 90% of practice patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses have had a comprehensive, agreed care plan in the preceding 12 months. This was four per cent higher than the national average.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews and medicines management. The information staff collected was then collated to support the practice to carry out clinical audits.

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

In 2014, the practice achieved 87% QOF points out of a possible 100%, which was below the national (94.6%) and local average (95.8%). The GPs told us the practice was fully aware of QOF clinical targets and the areas where they were an outlier.

Specifically, the practice scored below the national average for several of diabetes related indicators. For example:

- 60% of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months. This was below both the CCG average, 76% and the national average, 78%.
- 70% of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less. This was below the CCG average, 83% and the national average 82%.

Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. Management concentrates on keeping blood sugar levels as close to normal as possible, which can usually be accomplished with diet, exercise and use of appropriate medications. The complications of diabetes are far less common and less severe in people who have well managed blood sugar levels.

On the day of inspection the practice presented an action plan which detailed how they would address the low performance within the management of diabetes. Example of actions included targeted recall programmes to help monitor and manage diabetic patients' blood sugars, blood pressure and cholesterol. The health care assistant has training booked to complete diabetic foot check training which will increase the number of staff trained to complete these crucial checks.

The practice's performance was better than the national average in several areas. For example:

- 100% of patients aged 75 or over with a fragility fracture on or after 1 April 2012 were being treated with an appropriate bone-sparing agent. This was 19% higher than the national average.
- 100% of patients with atrial fibrillation, measured within the last 12 months, were currently treated with anticoagulation drug therapy or an antiplatelet therapy. This was higher than the national average.

Are services effective?

(for example, treatment is effective)

- 85% of patients diagnosed with dementia have had their care reviewed in a face-to-face review in the preceding 12 months. This was two per cent higher than the national average.

The practice had a system in place for completing a wide range of completed clinical audit cycles. The practice participated in applicable local audits, national benchmarking and accreditation. These included audits for bowel screening and two week wait referrals.

The bowel screening audit resulted in a three per cent increase in the uptake of bowel screening at the practice. The practice is located within a small area with high deprivation. The practice told us people living in more deprived areas tend to have greater need for health services and often has an impact on screening programmes.

Other audits were carried out that affected very small numbers of patients and did not, due to patient's individual circumstances, demonstrate any change in practice. The practice had monitored the increase in patients and their needs and had adjusted the service provision accordingly.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- We reviewed staff training records and saw all staff were up to date with attending mandatory courses such as annual basic life support and safeguarding.
- We noted a good skill mix among the GPs and nursing team with specialist interest and training in palliative care, female health, musculoskeletal medicine, respiratory disease and diabetes.
- All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

- All new staff underwent a period of induction to the practice. Support was available to all new staff to help them settle into their role and to familiarise themselves with relevant policies, procedures and practices.

Working with colleagues, other services and information sharing

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues using these communications. We saw that all staff had completed information governance training which outlines the responsibilities to comply with the requirements of Data Protection Act 1998.

There was evidence that the practice worked closely with other organisations and health care professionals. We saw that the GPs had regular multidisciplinary meetings with representatives from the community nursing team, mental health services and adult social care to discuss the needs of patients with mental health problems.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. Staff we spoke with knew how to use the system and said that it worked well.

Systems were in place for making referrals through the NHS e-Referral Service, which replaced Choose and Book system in June 2015. This system enables patients to choose which hospital they wished to be seen in and book their own outpatient appointments in discussion with their chosen hospital.

We were told the practice experienced several challenges with anti-social behaviour including graffiti and vandalism of the surgery. The practice worked closely with the local police and neighbour groups and enlisted local children to improve the appearance of the external premises. This engagement brought positive changes, the practice told us the children were proud of their efforts and to date there has been no further vandalism of the premises.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

We found that staff were aware of the Mental Capacity Act 2005 and the Children Acts 2004. All staff we spoke with were conscious of their duties in fulfilling both acts. The GPs and nurses we spoke with had an understanding of the legislation and described how they implemented it in their practice.

The GPs and nurses also demonstrated a clear understanding of the Gillick competency test. (These were used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

Health promotion and prevention

The practice offered a health checks to all new patients registering with the practice, these were completed by one of the nurses. The GPs were informed of all health concerns detected and these were followed up in a timely way.

The practice had many ways of identifying patients who needed support, and it was pro-active in offering additional help. A nurse we spoke with told us there were a number of services available for health promotion and prevention. These included clinics for the management of diabetes, chronic obstructive pulmonary disease (COPD), asthma and cervical screening.

The practice had identified the smoking status of 97.6% of patients over the age of 16 and worked in conjunction with “smokefreelife Berkshire” that provide local smoking cessation clinics. The practice provided evidence that 38% of patients referred to this clinic had successfully ceased smoking and continued to remain smoke free.

There was a range of information available to patients on the practice website including the services available at the practice, health alerts and latest news. The website included links to a range of patient information, including for travel immunisations, NHS health checks and the management of long term conditions.

The practice’s performance for the cervical screening programme was 77%, which was similar to the CCG average of 78% and slightly higher than the national average of 74%.

The practice encouraged its patients to attend national screening programmes for bowel cancer and breast cancer screening, this was reflected in data from Public Health England and resulting audits:

- 49% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was significantly lower than the CCG average of 65% and the national average which was 58%. The practice had completed a two cycle audit and various other actions to increase screening for bowel cancer and we saw slight improvements.
- 74% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was similar to the CCG average which was also 74% and slightly higher than the national average which was 72%.

Records showed the GPs and nursing team proactively sought and promoted improvement in immunisation management and this was evident in the immunisation data as the practice was above both local and national averages for childhood immunisations. Childhood immunisation rates for the vaccinations given in 2014/15 to under two year olds ranged from 89.0% to 100% and five year olds from 82.6% to 95.8%. These were above the CCG and national averages.

Children who did not attend for their immunisations were followed up by the practice and discussed with the health visitor if they were considered at risk.

Last year’s performance for influenza immunisations was similar to the CCG average and the national average where comparative data was available. For example:

- Flu vaccination rates for the over 65s were 71%, and at risk groups 50%. These were similar with CCG and national averages.

The practice was aware of areas they needed to improve and presented an action plan which addresses poor performance aiming to increase vaccination rates for patients with diabetes. Performance was significantly lower than CCG and the national average where comparative data was available. For example:

- Flu vaccination rates for patients with diabetes (on the register) was 79% which was lower than the National average of 93.5%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the July 2015 national patient survey results (103 respondents), NHS Choices website (three reviews) and comment cards completed by patients as part of the family and friends test. The evidence from all these sources showed patients were highly satisfied with how they were treated, and this was with compassion, dignity and respect.

Data from the national patient survey showed the practice was rated 'among the best' for patients who rated the practice as good or very good. For example:

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.

Patients completed CQC comment cards to tell us what they thought about the practice. We received nine completed cards all were highly positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect and the care they received exceeded their expectations. All told us they were satisfied with the care provided by the practice. Patients stated they felt GPs took an interest in them as a person and overall impression was one of wanting to help patients.

We were given many examples of the GPs taking additional time to ensure patients received the care they needed such as making contact with patients outside of normal working hours and contacting secondary medical services to ensure referrals were received.

We also spoke with 10 patients on the day of our inspection and the experience of these patients further supported the feedback in the comments cards. All the patients we spoke with said they would recommend the practice.

We observed staff interacting with patients in the reception, waiting rooms and on the telephone. All staff showed genuine empathy and respect for people, both on the phone and face to face.

Care planning and involvement in decisions about care and treatment

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

- 90% said the last GP they saw was good at explaining tests and treatments which was higher when comparing to the CCG average of 87% and national average of 86%.
- 97% said the last nurse they saw was good at explaining tests and treatments which was higher when compared to the CCG average of 91% and national average of 90%.
- 88% said the GP was good at involving them in decisions about their care which was higher when compared to the CCG average of 82% and national average of 81%.
- 96% said the nurse was good at involving them in decisions about their care which was higher when compared to the CCG average and national average both of which were 85%.

Patients we spoke with on the day of our inspection told us health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.

Patient/carer support to cope emotionally with care and treatment

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

- 92% said the last GP they spoke with was good at treating them with care and concern which was higher when compared to the CCG average of 86% and the national average of 85%.

Are services caring?

- 100% said the last nurse they spoke with was good at treating them with care and concern which when compared was higher than both the CCG average of 91% and the national average of 90%

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

Notices in the patient waiting room and patient website also told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the service was responsive to patient's needs and had systems in place to maintain the level of service provided. The practice held information about those who needed extra care and resources such as those who were housebound, patients with dementia and other vulnerable patients. This information was utilised in the care and services being offered to patients with long term needs. 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 people with a learning disability.
- Home visits were available for older patients/patients who would benefit from these.
- Urgent access appointments were available for all patients
- There were disabled facilities and all patient services were located on the ground floor. The practice had clear, obstacle free access. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms.
- The practice had access to translators via a telephone translation service. Staff told us there was little call for the service as most patients were able to speak English but if required they were confident to use the translation service.
- Staff told us there was an open policy for treating everyone as equals and there were no restrictions in registering. For example, the practice has patients with "no fixed abode". Staff told us homeless travellers would be registered and seen without any discrimination. This enabled homeless patients to receive appropriate care and treatment.

Access to the service

The practice was open between 8.00am and 6.30pm, appointments started at 8.30am. The practice was closed at weekends but offered extended opening times (6.30pm-7.30pm) every Friday evening for patients not able

to attend out with normal working hours. We were provided with evidence which demonstrated patients utilisation of out of hours GP services had reduced following the implementation of extended hours on Friday evenings.

Appointment information was available to patients in the practice through a new appointment leaflet and on the practice website. Information on the practice website also included how to arrange urgent appointments, home visits, routine appointments and how to cancel appointments.

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

- 98% of respondents found it easy to get through to the practice by phone. This was significantly higher than CCG average 80% and national average 73%.
- 98% of respondents were able to get an appointment to see or speak to someone the last time they tried; this was significantly higher than the CCG average 89% and national average 85%.
- 91% of respondents were satisfied with the surgery opening hours; this was significantly higher than the CCG and national average both of 75%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

No complaints had been received within the last 12 months, all members of staff we spoke with confirmed this and the practice manager comprehensively explained how they would investigate and respond to any complaint received.

We saw that information leaflets were available at the practice and on the website to help patients understand the complaints system. Contact details were provided for the Health Service Ombudsman and independent advice and advocacy. Patients we spoke with were aware of the process to follow if they wished to make a complaint, but none had had cause to use the system.

Are services well-led?

Good 

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

Our findings

Vision and strategy

We heard from all the staff we spoke with that there was a 'patient first' ethos within the practice. This was corroborated by the patients with whom we spoke. We found that there was strong leadership and strategic vision within the practice. We found all staff in the practice understood their role in leading the organisation and enabling staff to provide good quality care. The practice had a strategic approach to future planning including succession arrangements to identify and address future risks to personnel leaving or retiring.

Governance arrangements and leadership

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
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice and arrangements in place to improve patient outcomes
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

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 GP, practice manager and nurse practitioner in the practice.

The management team in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The practice manager was active within Wokingham CCG and represented the other practice managers at CCG council meetings.

Seeking and acting on feedback from patients, public and staff

We found the practice to be involved with their patients, the Patient Participation Group (PPG) and other stakeholders. We spoke with one member of the PPG and they were very positive about the role they played and told us they felt engaged with the practice.

We also saw evidence that the practice had reviewed its' results from the national GP survey to see if there were any areas that needed addressing. The practice was actively encouraging patients to be involved in shaping the service delivered at the practice.

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 in the practice to improve outcomes for both staff and patients.

Management lead through learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at two staff files and saw that regular appraisals took place which included personal development plans. We reviewed staff training records and saw that staff were up to date with attending mandatory courses such as annual basic life support, infection control and safeguarding of children and vulnerable adults.

Clinical and non-clinical staff told us they worked well as a team and had good access to support from each other. There were processes in place for reporting and investigating safety incidents.

The practice had implemented systems, training and action plans to monitor QOF data and effectively improve patient outcomes. For example, QOF data for 2013/2014 indicates the practice achieved low scores for the management of patients experiencing mental health conditions. During the inspection in September 2015 the practice provided real time QOF data which showed an overall increase of 55% in the management of patients experiencing mental health conditions.