

# Thatcham Health Centre

## Quality Report

Bath Road  
Thatcham  
Berkshire  
RG18 3HD  
Tel: 01635 867171  
Website: [www.thatchammedicalpractice.co.uk](http://www.thatchammedicalpractice.co.uk)

Date of inspection visit: 9 February 2016  
Date of publication: 15/04/2016

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

<b>Overall rating for this service</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Requires improvement</b>	
Are services well-led?	<b>Good</b>	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to Thatcham Health Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	26

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Thatcham Health Centre on 9 February 2016. Overall the practice is rated as good. Specifically the practice is rated good for the provision of safe, effective caring and well led services but was found requires improvement for provision of responsive services.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- 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 provider was aware that their performance in reviewing the care of patients with long term conditions could be improved based on data from 2014/15. They had taken action and demonstrated an improvement in 2015/16.

However,

- Patients said they did not find it easy to make an appointment with a named GP to maintain continuity of care.
- Urgent appointments were available the same day but patients said that accessing the practice by phone to

# Summary of findings

book appointments was very difficult. Some patients said the only way they could get an appointment was to queue at the front door when the practice opened at 8am.

The areas where the provider must make improvement are:

- Ensuring telephone access to patients who need to book appointments is improved.
- To review appointment systems to respond to patient concerns about continuity of care.

The areas where the provider should make improvement are:

- Ensuring all patients who are carers are encouraged to register as such. Thus enabling the practice to offer the additional support available for this group of patients.

**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.

- 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 there were safety incidents, patients received reasonable support, truthful information, a verbal and 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. The practice had joined the Sign up to Safety campaign aimed at reducing avoidable incidents of harm over the next three years.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- The practice demonstrated improved monitoring of the care of patients diagnosed with diabetes and asthma. There had been a focus on care for these groups in 2015.
- The practice had completed health checks for 41 out of 47 patients with a learning disability.
- Data from the Quality and Outcomes Framework showed 14 out of 19 patient outcomes were at 100% achievement which was or equal or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance and this was verified at the all clinicians meetings held on a monthly basis.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. For example, 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, practice nurses undertook home visits to review the care and treatment of patients living with dementia.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Views of external stakeholders were positive regarding the practice being caring and compassionate and aligned with our findings.

## Are services responsive to people's needs?

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

- Feedback from patients who took part in the national patient survey reported that access to a named GP and continuity of care was not always available. The practice result was 49% compared to the CCG average of 69% and national average of 59%.
- Feedback from patients was significantly below local and national averages for being able to contact the practice to make an appointment. 39% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.

However there were examples of good practice;

- 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. For example, it was taking part in a pilot scheme for GP pharmacists who were able to give medicines advice and support patients with long term medical conditions.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Evening clinics were offered on a weekly basis and the practice ran clinics on 23 Saturday mornings each year.

Requires improvement



# Summary of findings

## Are services well-led?

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

- The practice had a vision and longer term strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy. Areas for improvement in responding to patient feedback on access had been identified and planned. However, it was too early to tell whether these would have a positive impact on responsive delivery of services.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents 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 strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of patients aged 65 or over who received a seasonal flu vaccination was better than the CCG and national averages.
- Longer appointments and home visits were available for older people when needed.
- There were over 200 patients registered with the practice who were living in care homes. GPs visited the larger care homes once each week and worked closely with community specialists in care of the elderly.

Good



### People with long term conditions

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

- Performance for diabetes related indicators was 80% which was below the CCG average of 86% and national average of 89%.
- Performance for Asthma indicators was 93% which was below the CCG average of 95% and the national average of 97%.
- The practice had excepted 13% of patients with long term conditions from monitoring compared to a national average of 9%.

There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice had identified over 2% of patients at risk of hospital admission and care plans were in place for this group
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.

Good



# Summary of findings

- 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.

## 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 patients 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 patients 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 92%, which was above the CCG average of 77% and the national average of 82%.
- 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 and health visitors.

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).

- Patient feedback showed that telephone access to the practice for booking appointments was proving difficult. Patients told us that having to call at 8am for appointments, and being kept waiting for the call to be answered, was awkward when preparing to go to work.
- Patient feedback in the national survey showed the practice below average for patients being able to access their GP of choice. The practice result was 49% compared to the CCG average of 69% and national average of 59%.

There were, however, examples of good practice.

- The practice offered evening appointments on four days a week and Saturday extended hours clinics were held on 23 occasions each year.
- The practice was proactive in offering online services.

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 patients living in vulnerable circumstances including those with a learning disability. Data showed 41 out of 47 of these patients had received an annual health check.

However,

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had formally identified 0.8% of patients as having caring responsibilities.

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 had identified 1.5% of their registered patients as living with dementia. Of these patients 85% had received a face to face review of their care.
- Practice nurses visited patients living with dementia in their own homes to undertake their care reviews and if they needed any additional care and support.
- The practice had achieved 100% of the national indicators for care of patients experiencing poor mental health and for those diagnosed with depression.
- The GPs provided medical support for two care homes for older patients with mental health problems. There was regular liaison with the community outreach dementia nurse and the old age community mental health team to coordinate the care for these patients.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Good



# Summary of findings

- The practice carried out advance care planning for patients living 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 used were published in July 2015. The results showed the practice was performing in line with local and national averages in relation to patient views on quality of care but below national averages in regard to access to the service. Three hundred and twenty six survey forms were distributed and 128 were returned. This represented a 39% response rate and equated to 0.7% of the practice's patient list.

- 39% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and national average of 85%.
- 76% described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 86% and national average of 85%.
- 72% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards, 23 of which were positive about the standard of care received. However, six of the comment cards contained detailed comments about the difficulties contacting the practice to make an appointment which reflected the low rates of satisfaction with this aspect of the service from the national survey. Ten of the patients who completed the comment cards made specific reference to the GPs and nurses always taking time to listen and to staff being kind and caring. Two patients were negative about the service they received and did not offer any positive comments.

We spoke with 11 patients during the inspection. Nine patients said they were happy with the care they received and thought staff were approachable, committed and caring. Two of the patients told us they found it difficult to see GPs they preferred but were able to get appointments quickly.

We looked at the results of the friends and family recommendation test for the eight months of June 2015 to January 2016. These showed that 84% of patients were either likely or very likely to recommend the practice to others.

## Areas for improvement

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

- Ensuring telephone access to patients who need to book appointments is improved.
- To review appointment systems to respond to patient concerns about continuity of care.

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

- Ensuring all patients who are carers are encouraged to register as such. Thus enabling the practice to offer the additional support available for this group of patients.

# Thatcham Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and the CQC National Nursing Advisor.

## Background to Thatcham Health Centre

Thatcham Health Centre occupies a purpose built premises of two storeys. It was first opened in the early 1970's and has been subject to two building extensions since. There is a pharmacy located in the same building and the Citizens Advice Bureau occupies an office within the centre. The practice is located on a main bus route. Car parking is available in a public car park next to the practice. The practice provides disabled parking spaces. All consulting and treatment rooms are located on the ground floor.

Approximately 18,500 patients are registered with the practice making it the largest practice in the Newbury and District Clinical Commissioning Group (CCG). (A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services). The age profile of the registered population is similar to the average profile for GP practices in England. However, there are slightly higher numbers of those aged under ten and in the 40 to 44 years old age groups. There is minimal incidence of income deprivation amongst the registered population and the practice recognises the locations in the area where income deprivation is an issue. Services are

delivered via a General Medical Services (GMS) contract. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

There are 10 GPs working at the practice. Because some of the GPs work part time the total whole time GPs is 8.25. Seven of the GPs are partners (two male and five female) and there are three female salaried GPs. The practice has been advertising for another GP since February 2015 without success. At the time of inspection the practice was employing locum GPs to cover maternity and sick leave for three of the GPs. The practice had experienced a year when three partners were absent either due to sickness or maternity leave and recruiting appropriate levels of GP cover had proven difficult. There are 12 practice nurses. Five of the nurses have an additional qualification enabling them to prescribe a specific range of medicines. The nursing team is completed by three health care assistants and a phlebotomist. The practice manager is supported by a team of three senior staff, three medical secretaries' eleven receptionists and eight administration staff.

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Westcall. The out of hours service is accessed by calling 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and in the practice information leaflet.

All services are provided from: Thatcham Health Centre, Bath Road, Thatcham, Berkshire, RG18 3HD.

Thatcham Health Centre has been inspected by the CQC using regulations and an inspection methodology that have been superseded. The first inspection took place in September 2013 when the practice was found to have breached the regulation, in force at that time, relating to

# Detailed findings

having systems in place to reduce the risk of cross infection. The practice took action to improve their systems and was judged to be complying with the regulation by November 2013 when a follow up inspection took place.

The practice is a training practice offering three placements for qualified doctors seeking to become GPs.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8am to 12pm every morning and 2.30pm to 5.30pm daily. Extended surgery hours are offered between Monday and Thursday up to 7pm. The practice is also open on 23 Saturday mornings each year between 8am and 12pm.

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 February 2016. During our visit we:

- Spoke with four GPs, three members of the nursing team and five members of the administration and reception staff.

- Also spoke with nine patients and two members of the patient participation group (PPG). (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 25 comment cards where patients 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 were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people.
- People with long-term conditions.
- Families, children and young people.
- Working age people (including those recently retired and students).
- People whose circumstances may make them vulnerable.
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice followed up a patient whose scan results had not been reviewed by the hospital department that requested the scan. The GPs reinforced that they would take action on scan results if they had not been followed up at hospital and the hospital department concerned was alerted to the failure to follow up.

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

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three for children and had undertaken relevant training in safeguarding of

vulnerable adults. Training records we reviewed showed all nursing staff were trained to level two in safeguarding children. Administration and reception staff were trained to level one.

- A notice in the waiting room advised patients that chaperones were available 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). We noted that the chaperone service was not promoted in any of the consulting or treatment rooms.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. An advanced nurse practitioner 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 staff had received up to date training, this was confirmed in the training records we reviewed. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, we noted that the tops of curtain rails had an accumulation of dust. We discussed this with the control of infection lead and they said they would contact the contract cleaning company to deal with this on the day of inspection. Cleaning standards elsewhere were appropriate and we saw that a formal monitoring programme was in place.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Five of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for

## Are services safe?

production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.

- There were well-established, detailed monitoring systems in place for areas for which the nurses were responsible. For example, storage of medicines, maintenance of clinical equipment and control of infection.
- Risk assessments of the clinical areas, reported by the nurses had been addressed by the practice. For example, a smoke plume extractor for use during cautery had been fitted and replacement of treatment couches and chairs had been undertaken. One of the nurses was allocated protected time in a quality assurance role to oversee analysis and learning from significant events and audits. They had signed the practice up to the Sign up to Safety programme.
- We reviewed 10 personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We noted that all staff were issued with NHS security cards enabling them to access the practice records system. This had required them to produce proof of identification when they joined the practice.
- 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.

### Monitoring risks to patients

There were extensive systems in place to identify assess and manage risks to patients.

- 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 in the staff room which identified local health and safety representatives. 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 checked to ensure it was working properly. The practice

had a wide variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, safe storage and use of liquid nitrogen, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff 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. For example the practice had a set of rules governing how many nursing staff could be on leave at any one time.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training. The practice protocol required GPs and nursing staff to attend basic life support training every year and the administration staff every two years. There were emergency medicines available in the treatment room and these were easily accessible to staff. All staff we spoke with knew the location of the emergency medicines. All the medicines we checked were in date and fit for use.
- 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.

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. We noted that the practice had been required to implement their emergency evacuation plan in the week before our visit when a water pipe failed causing a flood. The practice had recorded their response to the emergency and had updated their evacuation plan in response. They had also commenced discussions with the CCG to develop a more robust contingency for maintaining services at an alternative site should the health centre become inoperable for more than a day.

# Are services effective?

(for example, treatment is effective)

## Our findings

### 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 patient' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available compared to the CCG and national average of 95%. The practice had 13% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed that the practice achieved 100% of the indicators for 14 out of 19 long term conditions. Specifically;

- The percentage of patients with hypertension achieving the target blood pressure was 85% which matched the CCG average and was slightly better than the national average of 84%. This had been achieved with a low exception rate of 3%.
- Performance for mental health related indicators was 100% which was above the CCG average of 93% and the national average of 93%.

However,

- Performance for diabetes related indicators was 80% which was below the CCG average of 86% and national average of 89%.

- Performance for Asthma indicators was 93% which was below the CCG average of 95% and the national average of 97%.
- The practice was also lower than average for the indicators relating to treating patients with Osteoporosis. They achieved 67% of the indicator measures compared to the CCG average of 91% and national average of 81%.
- Similarly the practice was below average for the indicators relating to chronic kidney disease (CKD) achieving 86% of the target compared to the CCG average of 94% and the national average of 95%.

The practice had recognised there were areas upon which they could improve and had embarked on an improvement programme in 2015. The improvement programme was monitored via the clinical team meetings that were held every month.

The practice had made changes to the way they followed up patients diagnosed with diabetes in 2015. We were shown a letter from a research nurse, from an NHS Trust, who had worked with the practice on a diabetes care project. The letter complimented the practice on maintaining high standards of care for patients diagnosed with diabetes and on the thorough follow up delivered by the practice nurses. We were sent information from the West Berkshire specialist diabetes team that also showed the practice had made improvements in the care for this group. For example a project to reduce the number of patients with a high reading for a specific type of blood glucose had reduced the incidence from 12% to 10.7% within six months. The specialist team acknowledged the continual improvement programme the practice had in place for patients diagnosed with diabetes.

The practice had also ensured one of the nurses took responsibility for following up patients diagnosed with CKD and had introduced a more stringent recall programme to encourage this group of patients to attend for their reviews. We also noted that a number of patients diagnosed with this condition were identified as elderly and frail and thus were not subject to monitoring. This affected the overall performance for these indicators.

We spoke with staff about the practice performance in delivering reviews of care for patients with Asthma. Data we saw assured us that patients were being invited to attend for their reviews. We were also sent data that showed a



# Are services effective?

(for example, treatment is effective)

further 103 appointments for Asthma reviews had been booked for the six weeks following our inspection. Additional Saturday morning appointments were made available for Asthma reviews to assist patients who found it difficult to attend the practice during the customary working week.

We reviewed the practice process for making patient exceptions from the monitoring because the exception rate was higher than the local average. The practice rate of exception was 13% compared to the national average of 9%. We also looked at some records of patients excepted. This showed us that the decision to except a patient was always authorised by a GP or a nurse. If a patient was flagged as an exception for a second year the GPs and Nurses made a telephone call to the patient to stress the importance of follow up.

The practice demonstrated a commitment to quality improvement processes that sought to improve patient care and outcomes through systematic review of care and the implementation of change. This was evident from their programme of clinical audit. Although a computer system failure had deleted the practice audit files in November 2015 we saw:

- There had been seven clinical audits undertaken since January 2015. Two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local CCG audits, national benchmarking, accreditation, peer review and research. It also undertook a range of practice based non-clinical audits.
- Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring that all patients diagnosed with diabetes who were at risk of kidney disease were identified and offered appropriate advice and treatment to reduce the risk. The second audit, conducted six months later, found those that had not been offered the advice and treatment had received this after all GPs were made aware of the procedure to be followed.

Information about patients' outcomes was used to make improvements such as; improving the achievement in treating patients diagnosed with high blood pressure by 3% from in 2014/15 compared to 2013/14.

The practice had identified 47 patients with a learning disability. Data showed that 41 of these patients had their physical health review with their GP in the last year.

The practice had also diagnosed 1.5% of the registered population as living with dementia. 85% of these patients had received a face to face review of their care in the last year.

## 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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had, who had been in post for over a year, had an appraisal within the last 12 months. We saw that the practice encouraged and supported staff development and utilised staff skills and experience. For example, a health care assistant had been supported to train as a nurse. Once trained they took up a practice nurse post. Another member of the administration staff had been a health care assistant at a local hospital. When the opportunity arose they were given additional responsibilities as a phlebotomist to supplement the team taking blood tests for patients.

# Are services effective?

## (for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young patients, 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 records audits. Written consent was obtained from patients undergoing minor surgery, joint injections and having implants.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition.
- Smoking cessation advice was available at the practice and from the local pharmacists. The practice had identified that they were not referring as many patients as possible to this service in the past and had embarked on a project with the smoking cessation advisor to increase uptake of smoking cessation advice. The practice showed us data for 2015/16 which demonstrated their focus on increasing the smoking cessation advice offered. For example, 100% of patients aged over 15 identified as smokers had received either face to face advice or written material offering smoking cessation advice in the last two years.
- The GPs were able to refer to a local service which gave advice on both diet and exercise. We saw leaflets promoting this service were available in the waiting room.

The practice's uptake for the cervical screening programme was 92%, which was above the CCG average of 77% and the national average of 82%. 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 and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice rate for bowel screening uptake was comparable to the CCG and national averages being 59% compared to 62% and 58% respectively. Attendance for breast screening in the last five years was 80% compared to the CCG average of 79% and national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 97% compared to the CCG range of 89% to 93%. For five year olds the range was 92% to 99% compared to the CCG range of 89% to 97%.

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

Flu vaccination rates for the over 65s were 76% compared to the national average of 73%. For at risk groups the rate was 53% which matched the national average.

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. The practice had invited 1807 patients in this age group for a health

check and 574 had attended. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. For example when patients were identified as having a risk of developing disease of the heart or blood vessels they were entered into a recall system for an annual review of their risk factors.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

We noted that the practice was due to start internal refurbishment work in March 2016. The plans provided for a separate room for call handlers to take calls from patients which would reduce the risk of patients in the waiting room overhearing conversations. In addition a dedicated room for private discussions was to be constructed to avoid the need for reception staff finding an empty clinical room to hold such discussions.

Twenty three of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients who had been supported during pregnancy highlighted their care as being thorough and caring.

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

- 85% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 87% said the GP gave them enough time compared to the CCG average 88% and national average 87%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average 95% and national average 95%.
- 85% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average 87% and national average 85%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average 93% and national average 90 %.

However,

- 80% said they found the receptionists at the practice helpful compared to the CCG average 87% and national average 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 positive and aligned with these views.

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

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average 81%.
- 85% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and national average 85%.

## Are services caring?

GPs were assigned to undertake weekly visits to three local care homes. They met with the community consultant in care of the elderly on a monthly basis to co-ordinate the care for these patients. There were over 200 patients living in care homes registered with the practice. The practice had identified 1.5% of the registered population as living with dementia and all these patients had a care plan.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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

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

There was a Citizens Advice Bureau service located at the practice. This enabled patients who required advice and support on benefits or other social issues that may affect their care and treatment to obtain this promptly and without having to travel to another location.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.9% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone. 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

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. For example, the practice was part of a pilot scheme employing a GP pharmacist to work across four practices within the CCG. The role of the GP pharmacist includes providing extra help to manage long-term conditions, advice for patients on multiple medications and better access to health checks.

- The practice offered extended hours clinics between Monday and Thursday up to 7pm for patients who could not attend during the customary working day.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- All services were delivered on the ground floor.
- A pharmacy and the citizens advice bureau were available at the practice.
- Private acupuncture and chiropractic services were available at the practice.
- Travel advice was delivered to students at local schools who were undertaking field trips abroad.
- The practice nurses visited patients living with dementia in their own homes.
- The care of elderly patients living in care homes was coordinated by undertaking a monthly review with a Consultant in Medicine for the Elderly. Thus GPs and the staff at the homes were able to access expert advice on a face to face basis.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 12pm every morning and 2.30pm to 5.30pm daily. Extended surgery hours were offered until 7pm between Monday and Thursday each week and on 23 Saturday mornings each

year between 8am and 12pm. In addition to pre-bookable appointments that could be booked up to five weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 39% patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and national average of 73%. The practice offered the opportunity for patients to book appointments online. However, three patients we spoke with said the process to sign up for online booking was complicated. Some patients who completed comment cards said they waited outside for the practice to open to book in person because they had experienced long waits when trying to book appointments by phone.
- 44% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 59% and national average of 69%.

The practice recognised the patient feedback in regard to access to services was poor compared to both local and national averages. They had ordered a new telephone system which was due to be installed in March 2016. Staff rosters had already been planned to increase the number of staff available to take calls from patients between 8am and 10am each morning. It was evident that the practice had robust plans for changes that they hoped would improve access to booking appointments. However, because these plans were not yet implemented we were unable to assess whether they would result in improvement. The practice should review the impact of the proposed changes and record their findings to ensure patient feedback on these aspects of the service is more positive.

It was also clear that the practice was aware of the less than positive patient feedback in relation to seeing their GP of choice. The practice demonstrated that they continued to advertise for an eleventh GP. They were also using alternative appointments for those patients with minor illnesses and medical conditions that did not require GP consultations. For example, there were advanced nurse practitioners trained to deal with minor illnesses and

# Are services responsive to people's needs?

(for example, to feedback?)

injuries. A GP pharmacist was due to join the practice as part of a rotation between local practices. Health care co-ordinators had been appointed to ensure patients with long term conditions were seeing the right professional at the right time to deliver their care and treatment.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

## Listening and learning from concerns and complaints

The practice had an effective 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.
- We saw that information was available to help patients understand the complaints system.

The practice had received 30 complaints in the last 12 months and we reviewed eight of these in detail. We found that the practice conducted full and thorough investigation of complaints and gave the affected patient an honest and detailed response to their complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, when a young patient who was very poorly was kept waiting and not given priority to be seen the reception staff received additional training to identify priority cases. We saw that the GPs had carried out the training at a learning event when as many staff as possible were present.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had 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. The GPs revisited the strategy at an annual awayday. Staff were briefed and were asked to contribute to the values and strategy for the practice.

### 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.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The partners and senior managers recognised challenge and planned to maintain and improve services. For example by investing in improvements to the practice infrastructure and services. Refurbishment of the reception area and installation of a new telephone system was due in March 2016.
- Innovative means of delivering services were explored and implemented. For example, by expanding the practice nursing team and employing highly qualified nurses. Also taking part in the local pilot of GP pharmacist.

### Leadership and culture

The partners in the practice prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

There was a culture of risk management which was demonstrated by the wide range of risk assessments undertaken. These were kept under annual review or were revised in response to events. For example the evacuation risk assessment was reviewed and updated when the practice had to be evacuated following a pipe burst.

The practice had also, in November 2015, joined The Sign up to Safety campaign. This campaign aimed to halve the avoidable cases of harm in the NHS in the next three years and save 6,000 lives.

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

When there were safety incidents:

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

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

- Staff told us 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.



# Are services well-led?

Good 

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

## 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 last PPG report for 2014/15 showed there were 13 active members of the PPG that met every six weeks. In addition the practice maintained contact with over 220 patients via e-mail. These patients formed a virtual group offering comments on practice developments and completing patient satisfaction surveys. The practice demonstrated that they responded to suggestions for improvement made by patients. For example, telephone access to the practice nurses had been introduced in response to patients who requested this for advice on minor illnesses and minor injuries. Improvements to the layout of the waiting room had also been made in response to PPG feedback.
- The practice had gathered feedback from staff through an annual staff survey, through staff and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

management for example, a member of the nursing team had proposed the practice join the Sign up to Safety campaign and this had been supported by the partners. Staff told us they felt involved and engaged to improve how the practice was run.

## 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 such as taking part in the GP pharmacist project. Staff were also encouraged to develop their skills and take on new roles. A health care assistant had completed their training and became a practice nurse. Nursing staff skills and experience was optimised. For example, a nurse with a health and safety qualification was practice lead for control of infection and risk management. Another nurse had been appointed with additional skills in co-ordinating care for patients who were elderly or with long term medical conditions. They were appointed as care matron for the practice.

The practice had two qualified trainers and offered up to four placements for trainee GPs. Three were in post at the time of inspection. Placements were also offered for nurses in training to give them the opportunity to experience the role of practice nurse.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>17.—(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</b></p> <p>(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—</p> <p>(e) seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services;</p> <p>(f) evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).</p> <ul style="list-style-type: none"><li>• Patient feedback had been reviewed but action to address concerns relating to access to appointments and to the patients preferred GP had not yet been implemented. The effect of the planned changes could not be evaluated.</li><li>• The practice should implement a system to measure the improvement in a timely manner and also record the improvements made.</li></ul>