

# Bharani Medical Centre

## Quality Report

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Slough  
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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 at Bharani Medical Centre, 16-18 Lansdowne Avenue, Slough, SL1 3SJ on 25 November 2015. Overall the practice is rated as good.

Specifically, we found the practice good for providing safe, effective, responsive, caring and well led services.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The majority of information about safety was recorded, monitored and reviewed.
- Risks to patients were assessed and well managed.
- We found that completed clinical audits cycles were driving positive outcomes for patients.
- 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 were available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP, with urgent appointments available the same day.
- 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.

In addition the provider should:

- Ensure to develop and implement a clear action plan, to improve the outcomes for diabetic and dementia patients.
- Implement a system to promote the benefits of breast and bowel screening to increase patient uptake.

# Summary of findings

- Take action to review their approach and support for patients with carers responsibility.

**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. Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- 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.
- There was an infection control protocol in place and infection control audits were undertaken regularly.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were low for diabetes compared to the local Clinical Commissioning Group (CCG) and national averages. For example, the practice had achieved 79% of the total Quality Outcomes Framework (QOF) points available, compared to 91% locally and 89% nationally.
- However, we witnessed the practice was in the process of reviewing and implementing diabetic care and action plans.
- Staff assessed need and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. However, clinical audits were carried out on an ad-hoc basis and there was no planned programme of future audits.
- 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 patient's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data showed that patient outcomes were mixed compared to others in locality for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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, the practice had purchased a site in local area for developing a community health hub, received planning permission and building work was due to start in early 2016.
- Patients said they found it easy to make an appointment with a named GP, with urgent appointments available the same day.
- 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. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



# Summary of findings

- The practice 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
- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of patients aged 65 or over who received a seasonal flu vaccination was higher than the national average.
- The premises were accessible to those with limited mobility. However, the front door was not automated and the practice did not provide a low level desk at the front reception.
- There was a register to manage end of life care and unplanned admissions.
- There were good working relationships with external services such as district nurses.

Good



### People with long term conditions

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

- There were clinical leads for chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a named GP and a structured annual review to check that their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- 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.

Good



# Summary of findings

- Immunisation rates were 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.
- The practice's uptake for the cervical screening programme was 80%, which was above to the CCG average of 72% and national average of 77%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

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

The practice is rated as good for the care of working-age patients (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 was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were available five evenings from 6:30pm to 8:30pm during week days and every Saturday and Sunday from 9am to 1pm at Bath road branch practice.

Good



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

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice did not have any homeless patients or travellers.
- It offered annual health checks for patients with learning disabilities. Health checks were completed for 14 patients out of 20 patients on the learning disability register.
- Longer appointments were offered to patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.

Good





# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- 52% of patients experiencing poor mental health were involved in developing their care plan in last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- Systems were in place to follow up patients who had attended accident and emergency, when experiencing mental health difficulties.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 8 July 2015 showed the practice was performing in line with some local average and below to the national average. There were 94 responses and a response rate of 20%.

- 81% find the receptionists at this surgery helpful compared with a CCG average of 81% and a national average of 87%.
- 41% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 41% and a national average of 60%.
- 78% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 76% and a national average of 85%.
- 84% say the last appointment they got was convenient compared with a CCG average of 83% and a national average of 92%.
- 47% describe their experience of making an appointment as good compared with a CCG average of 55% and a national average of 73%.
- 41% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 51% and a national average of 65%.

- 36% find it easy to get through to this surgery by phone compared with a CCG average of 48% and a national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards which were all positive about the standard of care received. We spoke with 14 patients and five patient participation group (PPG) members during the inspection. Patients we spoke with and comments we received were very positive about the care and treatment offered by the GPs and nurses at the practice, which met their needs. They said staff treated them with dignity and their privacy was respected. They also said they always had enough time to discuss their medical concerns.

The practice informed us they had taken number of steps to address concerns raised during patients feedback. The practice had reviewed their appointment booking system, introduced telephone consultations and installed a new telephone system which resulted into significant improvements. The patients and staff we spoke to on the day confirmed this.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure to develop and implement a clear action plan, to improve the outcomes for diabetic and dementia patients.
- Implement a system to promote the benefits of breast and bowel screening to increase patient uptake.
- Take action to review their approach and support for patients with carers responsibility.

# Bharani Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector, a practice nurse specialist advisor, a practice manager specialist advisor and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

### Background to Bharani Medical Centre

The Bharani Medical Centre is situated in Slough. The practice is located in a converted building with car parking for patients and staff. There is ramp access for patients and visitors who have difficulty managing steps. All patient services are offered on the ground and first floors. The practice comprises of 11 consulting rooms, four treatment rooms, two patient waiting areas, administrative and management office and a meeting room. The practice has a branch surgery in the Slough area.

There is one principal GP and seven salaried GPs at the practice. Five GPs are male and three female. The principal GP has been awarded MBE (An MBE is an award given by the Queen to an individual for outstanding service to the community or local 'hands on' service). The practice employs two practice nurses and a health care assistant. The practice manager and business manager are supported by a lead receptionist and a team of

administrative and reception staff. Services are provided via a Primary Medical Services (PMS) contract (PMS contracts are negotiated locally between GP representatives and the local office of NHS England).

The practice has approximately 12,900 patients registered and patients can attend either of the two practice locations. We have visited both locations as part of this inspection. The practice population of patients aged between 1 and 14 years is higher than national and 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) averages and there are a lower number of patients over 45 years old compared to national average. The practice has a transient patient population; patients are often outside of the country for long periods. This has an impact on screening and recall programmes. The practice population is identified as having a deprivation rating of five in a rating scale of ten. People living in more deprived areas tend to have greater need for health services.

Services are provided from the following two locations:

Bharani Medical Centre  
16-18 Lansdowne Avenue

Slough

SL1 3SJ

Bharani Medical Centre  
450 Bath Road

Slough

SL1 6BB

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

# Detailed findings

for services to be provided when the practice is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time and between 8am and 8:30am by East Berkshire out of hours services or after 6:30pm, weekends and bank holidays by calling 111.

## Why we carried out this inspection

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

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

## How we carried out this inspection

Prior to the inspection we contacted the Slough Clinical Commissioning Group (CCG), NHS England area team and local Health watch to seek their feedback about the service provided by Bharani Medical Centre. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced visit on 25 November 2015. During our visit we:

- Spoke with 16 staff and 14 patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of patients and what good care looks like for them. The population groups are:

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- We reviewed records of 19 significant events and incidents that had occurred during the last 12 months. There was evidence that the practice had learned from significant events and implementing change was clearly planned. For example, a diabetic patient who had been on gluten free products was identified by a nurse during diabetic review. The practice had investigated this issue as a significant event and revised their protocol. The practice had carried out search on all diabetic patients and identified further 15 patients on gluten free products. The practice had invited all 15 patients for medicine reviews and revised their prescriptions.
- We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Significant events were a standing item on the practice meeting agenda.

### Overview of safety systems and processes

- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:
- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. For example, GPs were trained to Safeguarding children level three, nurses were trained to Safeguarding children level two and both GPs and nurses had completed adult safeguarding training.
- A notice was displayed (both in English and Urdu languages because the practice had identified a

significant number of registered patients that spoke Urdu) in the waiting room, advising patients that clinical staff would act as a chaperone, if required. All clinical staff who acted as a chaperone were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We noted the provider's recruitment procedures did not include DBS check policy.

- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A nurse manager was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We checked medicines kept in the treatment rooms, medicine refrigerators and found they were stored securely (including obtaining, prescribing, recording, handling, storing and security). Processes were in place to check medicines were within their expiry date and suitable for use. Regular medicine audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines. Records showed fridge temperature checks were carried out daily. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure.
- Recruitment checks were carried out and the five staff files we reviewed showed that recruitment checks had been undertaken prior to employment. For example, Disclosure and Barring Service (DBS) checks, proof of identification, references, qualifications and registration with the appropriate professional body.

### Monitoring risks to patients

## Are services safe?

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had an up to date fire risk assessment in place and they were carrying out fire safety checks.
- All electrical and clinical equipment was checked to ensure it was safe. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (a bacterium which can contaminate water systems in buildings).
- Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.

### **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 in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical and non-clinical staff had received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We noted that defibrillator checks were carried out and documented regularly. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). In 2014-15, the practice had achieved 96% of the total number of points available, compared to 97% locally and 94% nationally, with 4.4% exception reporting. The level of exception reporting was better than CCG average (7.6%) and the national average (9.2%). Exception reporting is the percentage of patients who would normally be monitored but had been exempted from the measures. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included.

Data from 2014-15 showed;

- Performance for diabetes related indicators was worse than the CCG and national average. The practice had achieved 79% of the total number of points available, compared to 91% locally and 89% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average. The practice had achieved 86% of the total number of points available, compared to 86% locally and 84% nationally.

- Performance for mental health related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 97% locally and 93% nationally.
- Performance for dementia related indicators were worse than the CCG and national average. The practice had achieved 89% of the total number of points available, compared to 96% locally and 95% nationally.

The practice was aware of their low QOF score in diabetes related indicators. The practice informed us that their level of exception reporting of diabetes (2.4%) was better than the national average (9.3%). The practice had 90% South Asian patient population with high prevalence rates of diabetes. The practice had carried out number of diabetic awareness talking sessions in Punjabi language in the local community (temples and mosques).

The practice understood the challenges in engaging with their practice population and recognised that they were required to improve the outcomes for diabetic and dementia patients. The practice had trained a specialist diabetic nurse and were planning to recruit a secondary care diabetic specialist. The practice was also planning to start group discussions for diabetic patients. The practice was in the process of reviewing and implementing changes. However, the practice was lacking a clear action plan with time scales for diabetic and dementia patients and the improved management of their conditions.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved in improving care and treatment and patient outcomes.

- The practice had carried out number of repeated clinical audits cycles. We checked nine clinical audits completed in the last two years, where the improvements made were implemented and monitored. However, clinical audits were carried out on an ad-hoc basis and there was no planned programme of future audits.
- The practice participated in applicable local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve services. For example, we saw evidence of repeated audit cycle of medicine used to treat overactive bladders. The side effect of this medicine was known that it could further increase identified high blood pressure. The aim of the



# Are services effective?

## (for example, treatment is effective)

audit was to monitor the blood pressure before and then after two and six months of starting the treatment. The practice had carried out repeated audits and demonstrated effective monitoring of blood pressure.

- The practice had carried out an audit and identified 40 patients with vitamin 'D' deficiency in Asian patients. The practice had contacted the patients and advised to take vitamin 'D' supplements.

### Effective staffing

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

- The practice had a staff handbook for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during one-to-one meetings, appraisals, coaching, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding children and adults, fire safety, basic life support, health and safety and equality and diversity. 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 were also available.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patient's needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital.

The practice had identified 97 patients who were deemed at risk of admissions and care plans (95% patients) had been created to reduce the risk of these patients needing admission to hospital. The practice informed us that A&E admissions had been reduced 25% since the introduction of telephone consultations.

- The practice informed us that multi-disciplinary team meetings were taking place on a regular basis.

### 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, where appropriate, recorded the outcome of the assessment.
- The provider informed us that verbal consent was taken from patients for routine examinations and minor procedures and recorded in electronic records. The provider informed us that written consent forms were completed for more complex procedures.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

### Health promotion and prevention

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

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those wishing to stop smoking. Patients were signposted to the relevant external services where necessary such as local carer support group.
- The practice was offering smoking cessation advice and data showed 91% smokers had been given stop smoking advice.



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

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80%, which was above the CCG average of 72% and national average of 77%. There was a policy to offer text message reminders for patients about appointments. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In total 33% of patients eligible had undertaken bowel cancer screening and 55% of patients eligible had been screened for breast cancer, compared to the national averages of 58% and 72% respectively.

Childhood immunisation rates for the vaccinations given to under twos were 96% which was above CCG average of 89% and five year olds were 99% which was above CCG average of 88%. Flu vaccination rates for the over 65s were 75%, and at risk groups 63%, compared to national averages of 73% and 52% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that patients were treated 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 and that 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.

All of the 48 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with five members of the patient participation group (PPG). 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.

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

- 84% said the GP was good at listening to them compared to the CCG average of 82% and national average of 87%.
- 81% patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and national average of 87%.
- 90% said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 95%.

- 71% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 75% and national average of 85%.
- 74% said the GP gave them enough time compared to the CCG average of 79% and national average of 87%.
- 81% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 90%.

The five PPG members and 14 patients we spoke to on the day informed us that they were satisfied with both clinical and non-clinical staff at the practice. The practice informed us their satisfaction scores were below average due to demographic of patient population. The practice had high Asian population and expectations for prescribing antibiotics and referral were high.

We saw friends and family test (FFT) results for last three months and 95% patients were likely or extremely likely recommending this practice. 100% of patients we spoke to on the day were recommending this practice to their family and friends.

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

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

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

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 72% and national average of 81%.

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

## Are services caring?

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

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of 43 patients (0.33% of the practice patient population list size) who were carers and they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to

ensure they understood the various avenues of support available to them. The practice website also offered additional services including counselling. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This 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 practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and systems were in place to address identified needs in the way services were delivered. Many services were provided from the practice including diabetic clinics, mother and baby clinics and a smoking cessation clinic. The practice worked closely with health visitors to ensure that patients with babies and young families had good access to care and support. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The provider was forward thinking and working on developing a community health hub in Chalvey area (one of the most deprived areas in Slough). The practice had purchased a site for Chalvey project, planning permission had been granted and building work was due to start in early 2016. The practice was in discussion with CCG, NHS England and patients to involve them in developing and designing a community health hub (to deliver primary health services and additional services which were currently provided under secondary care).
- The practice had a high population of Muslim patients. The practice informed us they were issuing death certificates within 24 hours as required by religious customs. One of the PPG members was a funeral director and informed us that GPs were very flexible and cooperative, they had attended the funerals and visited the deceased patient's homes to offer their condolences.

- The practice had identified three families with female genital mutilation (FGM) concerns. The practice had planned a community gathering in early December with the Somali community to promote the awareness about FGM.

### Access to the service

The practice was open from 8:30am to 6:30pm Monday to Friday. However, one of the practice GPs was available for 30 minutes before practice opening times Monday to Friday. The practice was closed on bank and public holidays and patients were advised to call 111 for assistance during this time. The practice offered range of scheduled appointments to patients every weekday from 8:30am to 6:30pm including open access appointments with a duty GP throughout the day. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them. The practice offered extended hours appointments Monday to Friday from 6:30pm to 8:30pm and every Saturday and Sunday from 9am to 1pm at Bath road branch practice (funded by Prime Minister's Challenge Fund).

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

- 36% patients said they could get through easily to the practice by phone compared to the CCG average of 48% and national average of 73%.
- 47% patients described their experience of making an appointment as good compared to the CCG average of 55% and national average of 73%.
- 41% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 51% and national average of 65%.
- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.

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

- The practice informed us they had installed a new self check-in screen (multi-language) and was encouraging patients to use it to reduce the queues at the reception.

# Are services responsive to people's needs?

(for example, to feedback?)

- PPG members informed us they were considering to spend some time in the waiting area to educate and encourage patients to use the self check-in screen.
- The practice had also introduced an online appointment system and GPs appointments were released before the practice opening times.
- The patients we spoke with on the day informed us they were able to get appointments when they needed them.
- The five PPG members and 14 patients we spoke with on the day confirmed us they had noticed significant improvements in appointment booking system in last six months. They also informed us that the waiting time to get through to the practice by telephone had been improved due to the installation of new telephone system.
- Staff we spoke to confirmed that they had noticed improvements to get through to the practice by phone since the introduction of new telephone system.
- We checked the online appointment records of three GPs and noticed that the next appointments with named GPs were available within one week. Urgent appointments with duty GPs or nurses were available the same day.

The practice informed us they were considering to collect the phone calls data from the phone provider so they could continuously monitor and further improve in this area.

## Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The complaints procedure was available from reception, detailed in the patient leaflet and on the patient website. Staff we spoke with were aware of their role in supporting patients to raise concerns. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at 15 complaints received in the last 12 months and found that all written complaints had been addressed in a timely manner. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the manager or one of the GPs.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

# Are services well-led?

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.

- We found details of the aims and objectives were part of the practice's statement of purpose and strategy. The practice aims and objectives included working in partnership with patients and staff to provide the best quality patient centred healthcare. This also included treating patients with dignity and respect and delivering high quality services to meet the specific needs of patients.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. For example, the practice had purchased a site in Chalvey area and working on developing a community health hub, where building work was due to start in early 2016.

### 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.
- Staff had a comprehensive understanding of the performance of the practice.
- Audits were undertaken and we saw two completed audit cycles, which were used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

All staff we spoke with had a comprehensive understanding of the governance arrangements and performance of the practice. Staff told us there was an open and relaxed atmosphere in the practice and there were opportunities

for staff to meet for discussion or to seek support and advice from colleagues. Staff said they felt respected, valued and supported, particularly by the partners and management in the practice.

### Leadership, openness and transparency

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

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 logs of verbal interactions as well as written correspondence.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys

# Are services well-led?

Good 

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

including friends and family tests and complaints received. There was an active PPG which met on a regular basis, supported patient surveys and submitted proposals for improvements to the practice management team. For example, surgery appointment system had been reviewed, telephone consultations were introduced and furniture was changed following feedback from the PPG.

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

## Continuous improvement

- There was a strong focus on continuous learning and improvement at all levels within the practice. For example, we saw a nurse had requested to do a diploma in asthma during her appraisals. The practice had agreed to sponsor the nurse and already started shadowing senior nurse in the practice.