

The Symons Medical Centre

Inspection report

25 All Saints Avenue
Maidenhead
Berkshire
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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 location

Good 

Are services well-led?

Good 

Overall summary

This practice remains rated as Good overall. (First rated in November 2017)

The key question at this inspection is rated as:

Are services well-led? - Good

We carried out a focused inspection at The Symons Medical Centre on 17 July 2018. This inspection was undertaken to follow up a breach of regulation identified at the comprehensive inspection carried out in November 2017. At that time we identified that some management processes were not operated consistently. Specifically we found the practice did not:

- Operate a process for dealing with safety alerts that clearly identified who should action relevant alerts and confirm that action had been completed.
- Have a system in place to effectively offer physical health checks for patients diagnosed with a learning disability.
- Effectively promote the benefits of registering as a carer to enable appropriate support to be offered or given.
- Ensure that nursing staff were always given appropriate authorisation to administer vaccines.
- Maintain operational and clinical policies that were up to date and relevant to the day to day work of the practice.

Whilst the practice was rated good overall we rated provision of well led services as requires improvement.

At this inspection we found the practice had made significant improvements including:

- The practice had reviewed all operational policies to ensure they were relevant to the current provision of services.
- Implementing a revised system to call patients with a learning disability for a review of their physical health and had carried out 21 out of 46 such reviews in three months since April 2018.
- Ensured nurses had appropriate authorisation to administer vaccines.
- Promoting the benefits of registering as a carer resulting in a 46% increase in registered carers.
- Updated the process for dealing with safety alerts that were relevant to the practice to provide reassurance that these were seen and acted upon.

The area where the provider should make improvement is:

- Continue to monitor the effectiveness of promoting the benefits of registering as a carer.

Consequently the practice is now rated good for provision of well led services and remains rated good overall.

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

Please refer to the detailed report and the evidence tables for further information.

Our inspection team

Our inspection team was a lead CQC Inspector.

Background to The Symons Medical Centre

The Symons Medical Centre is located in an urban area of Maidenhead. There are approximately 12,300 patients registered with the practice. The practice population shows a higher than average number of patients aged over 80 years old (approximately 800). There are a lower than average number of patients aged between 15 and 34 registered at the practice. Services are provided to approximately 300 patients that live in local care homes. According to data from the Office for National Statistics, this part of Berkshire has high levels of affluence and low levels of deprivation.

There are six permanent GPs working at the practice (5.5 WTEs) with additional locum cover available if and when required. The practice employs two practice nurses and three health care assistants. The practice manager is supported by a team of reception and administration staff.

All services are provided from: The Symons Medical Centre, 25 All Saints Avenue, Maidenhead, Berkshire, SL6 6EL. Further information about the practice can be obtained from their website at [www.symonsmedical.co.uk](#) and via the EMIS Patient Access Service.

The practice also works closely with district nurses, midwives and health visitors. Outside normal surgery hours patients are able to access emergency care from East Berkshire Out of Hours Service and routine out of hours GP appointments via the Windsor, Ascot and Maidenhead Prime Minister's Challenge Fund service with which the practice is affiliated - this provides routine consultations on weekday evenings and weekends. Information on how to access medical care outside surgery hours was available on the practice leaflet, website and waiting area.

The practice is registered with the Care Quality Commission to provide the following regulated activities:

- Treatment of disease, disorder and injury
- Family planning
- Maternity and midwifery and
- Diagnostic and screening procedures

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care. When we carried out the previous inspection in November 2017 leaders had not identified that the recall system for delivering health checks for patients with a learning disability was not operating effectively. They had also not recognised that the number of patients registered as carers was below the local census indicator.

At this inspection we found:

- Leaders had implemented a revised recall programme and set aside time for health reviews of patients diagnosed with a learning disability. This had resulted in an increase in the reviews undertaken.
- Leaders had taken action to increase awareness of the benefits of registering as a carer. This had resulted in an increase in the number of carers registered.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. However, when we undertook the inspection in November 2017 some governance processes were not operated consistently. Specifically leaders at the practice had not:

- Identified that some of the authorisation documents (PGDs) enabling nurses to administer were not signed off appropriately.
- Identified that the system to respond to safety alerts did not record action had been completed in response to relevant alerts.
- Recognised that operational and clinical policies were not always reviewed and kept up to date.

At this inspection we found:

- Practice leaders had reviewed a wide range of policies and procedures to ensure they were current and relevant to the day-to-day operation of the practice. This included providing the practice nursing team with a tailored set of policies relevant to their roles and responsibilities.
- The 23 PGDs reviewed were all current, appropriately authorised and signed by the qualified nurses.
- The practice had improved the system to ensure relevant safety alerts were received by appropriate personnel. Clinicians were able to demonstrate that action had been taken when safety alerts were relevant to the practice. A further improvement was made on the day of inspection to record the action taken in one folder which was monitored by the practice manager. This arose when we discussed our findings with the practice.
- The review of policies and procedures had resulted in an improved protocol for checking emergency medicines and recording the checks as completed on a monthly cycle. We reviewed the emergency medicines held at the practice and found them all to be in date, stored appropriately and matched against the monthly checklist.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The practice monitored their performance in delivering services for patients with long term conditions and those diagnosed with cancer. We noted that the number of patients who had not received a cancer review within six months of diagnosis had reduced from 33% when we last inspected to 21% at this inspection.

Please refer to the evidence table for further information.