Wexham Road Surgery

Quality Report

242 Wexham Road
Slough
Berkshire
SL2 5JP
Tel: 01753 552255
Website: www.wexhamroadsurgery.co.uk

Date of inspection visit: 14 December 2017
Date of publication: 08/01/2018

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (This practice was previously registered to an individual GP whose last inspection in June 2016 was rated Good. The GP remains as one of the partners registered to the new partnership)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those retired and students – Good

People whose circumstances may make them vulnerable – Good

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

We carried out an announced comprehensive inspection at Wexham Road Surgery on 14 December 2017. The inspection was carried out because the practice became a newly registered partnership with the Care Quality Commission in September 2016. It was previously registered as an individual GP working with employed salaried GPs.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice reviewed the effectiveness and appropriateness of the care it provided.
- GPs involved and treated patients with compassion, kindness, dignity and respect and this was reflected in the national GP patient survey results.
- Patients found it easy to use the appointment system and reported prompt access to the practice via the telephone system. This was shown in the results from national GP patient survey.
- The practice was active in improving and developing care pathways for patients with complex needs. These were shared with other practices in the locality.
- There was an audit programme which identified quality improvement.
- There was a strong focus on supporting patients identified as vulnerable. For example all patients diagnosed with a learning disability had received a health check in the last year.

Summary of findings

- The practice recognised the culturally and ethnically diverse nature of the registered population and adapted services accordingly.

We saw one area of outstanding practice:

- The practice achieved 100% for all immunisations for children aged one to five.The follow up system in place included GPs calling parents and guardians to inform them of the benefits of immunisations.

The areas where the provider **should** make improvements are:

- Consider ways to improve identification of patients with a caring responsibility.
- Identify means of improving take up of cancer screening for bowel and breast cancer screening.

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

Wexham Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser and a second CQC inspector.

Background to Wexham Road Surgery

Wexham Road Surgery is situated in Slough. The GP partners registered with the CQC as a partnership in September 2016. The premises are wheelchair accessible and although one consulting room is located in an upstairs room, GPs will see patients on the ground floor if they have difficulties with mobility. There was a hearing loop in place for patients with impaired hearing. Services are provided via a General Medical Services (GMS) contract. (GMS contracts are negotiated nationally between GP representatives and NHS England).

There are two GP partners and four locum GPs employed at the practice at the time of inspection. The practice uses the same GP locums for continuity of care and to cover the maternity leave of one of the partners. Both of the GP partners, as well as two of the locum GPs are female. Two of the locum doctors are male. The practice also employs a part time practice nurse, a locum practice nurse and a health care assistant. The practice employs a practice manager, a senior receptionist, two receptionists and a secretary.

The practice is open between 7.30am and 6.30pm every Monday, between 8am and 7pm on Tuesdays and Fridays and 8am and 6.30pm on Wednesdays and Thursdays. Appointments are available between these times. Evening and weekend appointments are available on request.

The practice has a patient population of approximately 4,330 registered patients. The practice population of patients aged between 24-44 years old is higher than the national average and there are lower number of patients aged between 49-85 years old compared to national average.

Ethnicity based on demographics collected in the 2011 census shows the patient population is predominantly Asian and British Asian and 13% of the population being White British. The practice is located in an area of Slough where deprivation is similar to the clinical commissioning group and national average.

Services are provided from the following location:

242 Wexham Road

Slough

Berkshire

SL6 6JP

The practice has opted out of providing out of hours services to their patients. There are arrangements in place 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 or after 7pm and weekends by calling the NHS 111 providedby South Central Ambulance Service.

Information about the practice can be obtained from their website at: www.wexhamroadsurgery.co.uk

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role and there was evidence of the practice nurse working towards level three safeguarding of children. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. Appropriate annual audits of infection control processes were undertaken and action taken upon the findings. The practice had an annual infection control prevention statement which was to be added to the practice website.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role. We reviewed the induction programme for the practice nurse and for locum GPs and found these were comprehensive covering a wide range of topics and information about the practice.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- We received 42 patient comment cards of which six patients specifically referred to feeling safe being cared for by the clinical team at the practice.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal

requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. The risk assessment for the premises was maintained and staff were encouraged to identify risks that required assessment by practice leaders.
- The practice had completed risk assessments relating to legionella, control of substances hazardous to health and fire safety. A fire drill had been scheduled for March 2017 but had not taken place. When we discussed this with the practice they rescheduled the fire drill and sent us confirmation that the drill had been completed within two days of the inspection.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. The practice recorded an event where a patient had been admitted to hospital with a severe infection that had not been diagnosed when they consulted their GP. The guidelines for identifying the infection were reinforced and shared with all clinicians to reduce the risk of a similar occurrence in the future.
- We saw minutes of meetings that demonstrated that the practice worked with another local practice to share learning from significant events.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Patients who completed comment cards specifically referred to the GPs responding to both their emotional and physical needs.

We reviewed prescribing data from the local clinical commissioning group (CCG). We found the practice performed better when compared to local and national averages. For example:

- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group was 0.62. This was better when compared national average (0.98). Hypnotics, more commonly known as sleeping pills, are a class of psychoactive drugs whose primary function is to induce sleep and to be used in the treatment of insomnia, or surgical anaesthesia. Hypnotics should be used in the lowest dose possible, for the shortest duration possible and in strict accordance with their licensed indications.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was 1.29 which was comparable to the national average of 0.98. The number of antibiotic items (Cephalosporins or Quinolones) prescribed was 4.77% when compared to average of 4.71%. The practice demonstrated awareness to help prevent the development of current and future bacterial resistance.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used a risk classification tool to identify patients at risk of hospital admission. When they identified that this was not capturing all patients who had been discharged from hospital after a long stay they worked with the software developers to ensure this group were given an appropriate risk classification. The improvement to the risk classification tool was then shared with other practices in the CCG.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated good. Examples of the practice performance were:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

This population group is rated as good for the provision of effective care. For example:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

This population group was rated good. Examples of the practice performance were:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were 100% for all immunisations which exceeded the target percentage of 90%. A member of staff was assigned to follow up invitiations for immunisations. Once three reminders were sent the GP called the parents or guardians to give them additional information on the benefits of immunisations.

Good

Are services effective?

(for example, treatment is effective)

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Working age people (including those recently retired and students):

This population group was rated good. Examples of the practice performance were:

- The practice's uptake for cervical screening was 100%, which was in line with the 80% coverage target for the national screening programme. However the practice exception rate was 37%. We discussed this with the practice and found that cultural and religious grounds led to a larger number of patients declining this screening in their younger years.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

This population group was rated good. Examples of the practice performance were:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

People experiencing poor mental health (including people with dementia):

This population group was rated good. Examples of the practice performance were:

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is below the national average of 84% but had been achieved with zero exceptions compared to the national average of 7% exceptions. More patients were included in the indicator.
- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was better than the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 97%; CCG average 94% and national average 91%); and the percentage of patients experiencing poor mental health who had their blood pressure taken in the last 12 months was 94% compared to the CCG average of 93% and national average of 90%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results for the year 2016/17 were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 96%. The overall exception reporting rate was 3% which was lower than the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice achieved 94% of the indicators for care of patients diagnosed with diabetes compared to the CCG and national average of 91%
- The practice had achieved 100% of the targets for care in the 18 other long term conditions measured in QOF.
- The practice used information about care and treatment to make improvements. For example, the practice identified that care of patients diagnosed with a learning disability and also mental health problems was not always coordinated between care professionals. They worked with other healthcare professionals to update care protocols for this group of patients to ensure they received safe care and treatment.

Good

Are services effective?

(for example, treatment is effective)

- The practice was actively involved in quality improvement activity. The practice undertook a two cycle audit to evaluate their compliance with antibiotic prescribing guidelines. These audits showed improvement in patients receiving treatment that met practice guidance. For example, the first audit showed non-compliance of 57% with meeting the symptoms indicating the need for antibiotics. By the second audit after GPs reminded of best practice non-compliance had fallen to 1%. In the first audit 21% of patients were prescribed antibiotics when they were not clinically the best option. The second audit showed this dropped to 0.5%.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included administering immunisations had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example, the practice nurse had completed their practice nursing course and had sourced a course to learn how to support patients with respiratory problems.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. We found that the senior GP had commenced offering learning sessions on a Thursday afternoon to support the learning needs of the practice nurses. We noted that the first learning session had covered the topic of dealing with minor illnesses.
- There was a clear approach for supporting and managing staff when their performance was poor or variable but this process had not been used in the last five years.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care and this was confirmed by the CQC comment cards we received. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The coordination of treatment delivered to patients receiving end of life was undertaken with another neighbouring practice who worked with the same community team. There were minutes of the meetings held to plan care for this group of patients that confirmed this.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. The practice had installed a blood pressure monitoring machine that patients could use.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- The screening rates for bowel and breast cancer screening for the practice were below average. For bowel cancer screening within last 30 months it was 36% compared to the CCG average of 41% and national average of 58%. For breast cancer screening the practice rate was 58% compared to the CCG average of 67% and national average of 73%. The practice were very aware of the lower than average take up of these screening programmes. We saw documentation prepared for use in 2018 that showed a more stringent recall process

Good

Are services effective?

(for example, treatment is effective)

involving GPs contacting patients to explain the benefits of screening. The practice had also prepared easy guides to screening to meet the needs of the ethnic groups registered at the practice.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. Staff we spoke with and patients who completed comment cards demonstrated that staff respected the totality of patients needs including their personal, cultural, social and religious beliefs. For example, the GPs made themselves available at weekends to sign death certificates for patients whose religion required them to be buried within a day of their death.
- Written and verbal patient feedback commented that practice staff gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 42 patient Care Quality Commission comment cards we received were very positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice. Feedback from patients about the GP service they received was therefore wholly positive from all sources we reviewed. Patients told us that GPs went the extra mile and the care they received exceeded their expectations. For example, the GPs offered their mobile phone numbers to patients diagnosed with serious and long term conditions and the practice helped patients to access other services such as transport.
- Patients who completed comment cards (approximately 1% of the registered population) and the seven patients we spoke with told us that they felt empowered to make decisions about their treatment. We also received six comment cards which confirmed that the patients social and emotional needs were taken into account as well as their physical health needs.
- We received positive feedback from the Patient Participation Group who commented that the practice staff were caring and helpful.
- We also received positive feedback from external stakeholders who access GP services from the practice. For example, a nearby care home providing nursing and residential care for older people commented that the practice was supportive and the GP was respectful and caring.

Results from the last national GP survey undertaken between January and March 2017 were published in July 2017. The results showed patients felt they were treated with compassion, dignity and respect. A total of 381surveys were sent out and 95 were returned. This represented about 2.2% of the practice population.

The practice was above average for its satisfaction scores on consultations with GPs but below average for its satisfaction scores on consultations with nurses. For example:

- 93% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 89% of patients who responded said the GP gave them enough time; CCG average 81% and national average 86%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw; CCG average 93%; national average 95%.
- 92% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG average 79%; national average 86%.
- 81% of patients who responded said the nurse was good at listening to them; CCG average 86%; national average 91%.
- 84% of patients who responded said the nurse gave them enough time; CCG average 87%; national average 92%.
- 92% of patients who responded said they had confidence and trust in the last nurse they saw; CCG average 95% and national average 97%.
- 82% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG average 85% and national average 97%.
- 86% of patients who responded said they found the receptionists at the practice helpful; CCG average 81% and national average 87%.

The practice were aware of their lower than average satisfaction scores for nurses. A new practice nurse was appointed in November 2016 and had undergone intensive induction training. The practice was confident that patient

satisfaction will increase as the nurse is upskilled to provide more services. There was a plan in place to undertake a targeted survey in early 2018 of patients who had seen the practice nurse to update patient feedback about this aspect of the practice service. The practice had also increased the availability of the practice nursing team by retaining the services of a locum practice nurse in addition to the employed member of staff and the health care assistant (HCA). Consequently there was a member of the practice nursing team on duty every day which had not been the case when the survey was undertaken between January and March 2017.

Involvement in decisions about care and treatment

Staff facilitated patients involvement in decisions about their care. Leaders were not fully aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given) but there were arrangements to meet the broad range of communication needs within the patient population. These included:

- There was significant ethnic diversity within the patient population, notably patients with an Asian background and a growing number of Eastern European patients. All staff we spoke with were aware that translation and signing services were available for patients who did not have English as a first language. During the inspection, we saw notices in the reception areas, including in languages other than English, informing patients that this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Patients who completed comment cards (approximately 1% of the registered population) and the seven patients we spoke with told us that they felt empowered to make decisions about their treatment. We received six comment cards which confirmed that the patients social and mental needs were taken into account as well as their physical health needs.

The practice had a system to identify patients who were carers. Leaders were aware that the number of carers registered was below average and did not meet the incidence of carers identified from the national census for the locality. They were also aware of the higher than average number of younger patients registered at the practice and that the ethnic mix of the population often led to carers not wishing to identify themselves. However, there was information available at reception that identified the benefits of registering as a carer and encouraged patients with caring responsibilities to register as a carer. Carers were identified at registration and opportunistically during consultations with clinical staff. The practice's computer system alerted clinical staff if a patient was also a carer. The practice had identified 36 patients as carers, this equated to approximately 0.83% of the practice list.

- GPs told us they offered personal mobile phone numbers to end of life patients and their families. Death notifications were shared with staff to maintain awareness.
- Staff told us that if families had experienced bereavement, the practice sent them a sympathy card and their usual GP contacted them with a follow up phone call and give advice on how to find support services.

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 when they saw the GPs but were less positive about their interactions with the practice nurses. Results were mixed when compared to local and national averages:

- 88% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 79% and the national average of 86%.
- 89% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG average 72% and national average 82%.
- 79% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average 84% and national average 90%.
- 77% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG average 80% and national average 85%.

Good

Are services caring?

The practice had taken action to recruit a permanent member of practice nursing staff and increase the availability of the practice nursing team. There was a plan in place to survey patients who attend for practice nurse appointments in early 2018.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours were offered at both the practice and at neighbouring practices up until 8pm, online services for repeat prescription requests and advanced booking of appointments were also available.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

This population group was rated good. Examples of the practice performance were:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

This population group was rated good. Examples of the practice performance were:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Consultation times for these reviews were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice had administered flu immunisations for 93% of patients in at risk groups including those with long term conditions.

Families, children and young people:

This population group was rated good. Examples of the practice performance were:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice identified that booking appointments for children attending school often posed difficulties in that a child on occasions became unwell whilst at school. They introduced a walk in clinic that was held twice a week after school hours where parents could bring unwell children without the need to book an appointment.

Working age people (including those recently retired and students):

This population group was rated good. Examples of the practice performance were:

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours at both the practice and at other practices in the Slough area.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours. E-mail consulting would be introduced in 2018.

People whose circumstances make them vulnerable:

This population group was rated good. Examples of the practice performance were:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice had 16 patients registered who were diagnosed with a learning disability and all 16 had received a physical health check in the last year and 15 had a care plan in place.

People experiencing poor mental health (including people with dementia):

This population group was rated good. Examples of the practice performance were:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice completed health checks for 88% of the patients diagnosed with long term mental health problems.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. We noted that routine book in advance appointments were available for the day following inspection.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mostly better than local and national averages. This was supported by observations on the day of inspection and completed comment cards. A total of 381 surveys were sent out and 95 were returned. This represented about 2% of the practice population.

- 88% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 88% of patients who responded said they could get through easily to the practice by phone; compared with the CCG average of 50% and the national average of 71%.
- 78% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 76% and the national average of 84%.
- 82% of patients who responded said their last appointment was convenient compared with the CCG average of 70% and the national average of 81%.
- 74% of patients who responded described their experience of making an appointment as good compared with the CCG average of 61% and the national average of 73%.
- 48% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 44% and the national average of 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. There had been eight complaints received in the last year. We reviewed all eight complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. A complaint identified that reception staff had booked a later appointment than agreed between the patient and their GP. The practice organised a customer service training session to update reception staff on following booking protocols to avoid recurrence of the situation that gave rise to the complaint.

Are services well-led?

Good

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

Our findings

We rated the practice, and all of the population groups, good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, initiating discussions with a neighbouring larger practice to share management and administration resources.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. This was demonstrated by becoming a partnership in 2016.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. They also demonstrated a firm commitment to support each other. This was demonstrated when staff arranged their own cover to ensure reception services were maintained during an unexpected absence.
- The practice focused on the needs of patients and this was reflected in the feedback we obtained from comment cards and patients we spoke with.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, there were records of the GPs meeting patients and their relatives that lodged complaints. The records of complaints showed that this enabled detailed explanation of the practice investigations into complaints to be given. Particularly when complex diagnoses were involved. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. For example, all staff had access to the practice risk register and environmental risk assessment and were encouraged to raise any risks they identified by entering their concerns on these.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff were considered valued members of the practice team. All were given protected time for professional development and evaluation of their work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships demonstrated by the entire practice team.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out,

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understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made these were led by clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. For example, the practice had identified low take up of breast and bowel cancer screening and had plans in place to address this in 2018. We were shown documentation that would be used to give clearer and straightforward information about the benefits of cancer screening.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However, we noted that it had taken over nine months to provide the practice nurse with a security card to access the practice patient record system. During that time they would not have been able to access summary care records shared with other services.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group (PPG) which met regularly and shared information with the practice. There was an open dialogue between the practice and the PPG. For example plans to merge office and management functions with another local practice had been shared and discussed with the PPG.
- The service was transparent, collaborative and open with stakeholders about performance. For example, the practice demonstrated involvement in developing care pathways for patients with complex needs when these were identified within the practice population.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. The

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practice had led on developing new care pathways within the clinical commissioning group. For example, for community neurology rehabilitation and patients with a learning disability and a mental health problem.

- Staff knew about improvement methods and had the skills to use them. The audit programme and development of care pathways demonstrated this.
- The practice made use of internal and external reviews of incidents and complaints by regularly meeting with another local GP practice. Learning was shared and used to make improvements.
- The practice was involved in local pilot schemes such as falls prevention.