

Parkside Family Practice

Quality Report

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



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 Parkside Family Practice on 27 April 2016. The practice was rated as Requires improvement for Safe, Responsive and Well led services and Good for Effective and Caring. Overall the practice is rated as Requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, 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.

However,

- Most risks to patients were assessed and well managed, with the exception of those relating to legionella
- Governance systems and processes required improvement.

Summary of findings

- Some aspects of medicines management were ineffectively managed. In particular, emergency medicines were available but not all staff knew of their location and expired medicines were found at both practice sites. In addition, there were gaps in fridge temperature logs where vaccines were stored.

The areas where the provider must make improvement are:

- To undertake all actions as outlined in the Legionella risk assessments, for both practice sites, dated March 2015.
- To ensure that all checks and documentation relating to medicines management keep patients safe. This includes regular checking of medicines and the daily recording of fridge temperatures for vaccine storage.
- Update personnel files to reflect all paperwork relating to clinical staff immunisation status.

In addition, the provider should:

- Continue to review patient feedback and address concerns relating to nursing care and treatment and telephone access.
- Infection control audit records should ensure identified actions are documented once completed. Ensure staff are aware of best practice in relation to the use of sharps bins.
- Consider the location of emergency medicines at the branch surgery in relation to ease of access for all staff. Ensure all staff are aware of the location of the emergency medicines at both practice sites.

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 requires improvement for providing safe services, as there were areas where improvements should be made.

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe, such as actions identified in the legionella risk assessment dated May 2015.
- Infection control audits had been completed and actions identified. However, there were no written records of these being completed and the practice had not identified best practice guidance in relation to sharps bin usage.
- Some aspects of medicines management were ineffectively managed in the practice. For example, we found out of date medicines in the treatment rooms at both sites and not all staff were aware of the location of emergency medicines. In addition, fridge temperature records were incomplete.

However, there were some examples of good practice;

- There was an effective system in place for reporting and recording significant events.
- When actions were identified to improve safety in the practice there was a system to share the learning with all staff.
- When things went wrong patients received reasonable support, truthful information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Good



Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care, mostly regarding the nurse's care and treatment. For example, 77% of patients said the last nurse they saw involved them in decisions about their care and treatment compared to the national average of 85%. The practice were aware of the survey results and had taken measures to improve, including involving the Clinical Commissioning Group and were attempting to recruit an additional nurse.

Are services responsive to people's needs?

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

Requires improvement



- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day. The practice had recruited three new GPs in the past six months to increase the availability of GP appointments and were monitoring this closely.
- Patients reported telephone access was difficult and the GP national survey found only 55% of patients were able to access the surgery easily by telephone compared to the national average of 73%. The practice were reviewing their telephone access systems in response to this but it was too early to gauge impact.

However, there were some examples of good practice;

Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Many staff had additional roles with the CCG, local authority and NHS England which supported a multidisciplinary approach to service provision.
- 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- There was a governance framework which supported the delivery of the strategy and good quality care. However, improvements were required in the monitoring of risk and the quality of services. The systems for the management of medicines were not always consistent, infection control risks were identified although actions were not documented as completed. Some non-clinical staff had undertaken chaperone duties without training, a disclosure and barring service check or risk assessment.
- There was a clear leadership structure and staff felt supported by management. The practice held regular governance meetings and had a number of policies and procedures to govern activity. Although not all staff were aware of where to find them, they knew who to ask to get the information.
- The practice had 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 it.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Requires improvement



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 requires improvement for the care of older people. The provider was rated as requires improvement for safe, responsive and well-led services and good for effective and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- 93% of patients with chronic obstructive pulmonary disease (a lung condition) had a review undertaken, including an assessment of breathlessness compared to the CCG average of 93% and national average of 90%.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safe, responsive and well-led services and good for effective and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 86% of diabetic patients had a total cholesterol reading within a target range compared to the CCG average of 83% and national average of 81%. The practice held a virtual clinic with a diabetic consultant every three months to ensure all patients were on the correct treatment programme for their condition.
- 75% of patients with asthma had received a review within the preceding 12 months compared to the CCG average of 74% and national average of 75%.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- All these patients had a named GP and a structured annual review to check 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.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safe, responsive and well-led services and good for effective and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to CCG averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- 84% of female patients aged 25 to 50 had a record of receiving a cervical smear screening test in the past five years compared to the CCG average of 83% and national average of 82%.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for safe, responsive and well-led services and good for effective and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.

Requires improvement



Summary of findings

- 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.
- Blood pressure screening checks on patients over 45 years of age was 90% compared to the CCG average of 87% and national average of 91%.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe, responsive and well-led services and good for effective and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, carers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe, responsive and well-led services and good for effective and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 78% and national average of 84%.

Requires improvement



Summary of findings

- 92% of patients with a diagnosed mental health condition had their care reviewed in the last 12 months compared to the CCG average of 95% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 258 survey forms were distributed and 120 were returned which was a 47% response rate. This represented less than 1% of the practice's patient list. Results from the survey showed;

- 55% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 83% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

The practice were aware of the issues with telephone access and had initiated a call waiting message to advise patients where they were in the queue. They had also

purchased a mobile telephone to reduce the use of telephone lines for outgoing calls. In addition, the staff rosters had been rearranged to ensure more reception staff were available to take calls on Monday mornings and Friday afternoons when the practice identified peak demand. The practice were continually seeking alternatives to improve telephone access and had engaged with the patient participation group on this issue.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all positive about the standard of care received. Patients commented how all staff from reception team to GPs were friendly, helpful and caring.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, although they too expressed dissatisfaction with telephone access. The most recent friends and family test results showed 78% of patients would recommend this practice. This was comparable to other practices locally.

Areas for improvement

Action the service **MUST** take to improve

- To undertake all actions as outlined in the Legionella risk assessments, for both practice sites, dated March 2015.
- To ensure that all checks and documentation relating to medicines management keep patients safe. This includes regular checking of medicines and the daily recording of fridge temperatures for vaccine storage.
- Update personnel files to reflect all paperwork relating to clinical staff immunisation status.

Action the service **SHOULD** take to improve

- Continue to review patient feedback and address concerns relating to nursing care and treatment and telephone access.
- Infection control audit records should ensure identified actions are documented once completed. Ensure staff are aware of best practice in relation to the use of sharps bins.
- Consider the location of emergency medicines at the branch surgery in relation to ease of access for all staff. Ensure all staff are aware of the location of the emergency medicines and equipment.

Parkside Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Parkside Family Practice

Parkside Family Practice (also known as Woodley Park Surgery) and Green Road Surgery (the branch practice) offer primary medical services to over 14,000 patients in the Woodley and Earley areas of Reading. The practice area has an estimated low level of socio-economic deprivation, meaning few patients are affected by deprivation locally. However, there are a higher number of unemployed patients compared to local and national averages. Ethnicity based on demographics collected in the 2011 census shows the population of the local area is predominantly white British with 15% of the population composed of people with an Asian background, 3% of the population composed of people with a black background and 4% of the population composed of people from other non-white ethnic backgrounds.

The practice has a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services. The practice offers GP and nursing consultations from two sites approximately five miles apart. Patients are

given the option to be seen at either practice and staff work across both sites. The practice provides services to a nursing home for elderly patients and has an arrangement to provide medical services to a private high school.

The practice has eight GP partners (five female, three male) and two salaried GPs (one female, one male) who provide 62 sessions per week between them. This is a working time equivalent (WTE) of 8.61 full time GPs. The nursing team consists of two practice nurses (both female, WTE 1.9) and two healthcare assistants (both female, WTE 1.2). Day to day management of the practice is delivered by the organisational and administration team; a practice manager, six administration staff, a summariser, an IT assistant, a finance assistant and twelve receptionists.

The practice is approved as a training practice to provide support and mentorship to qualified doctors who seek to become GPs. There is currently one GP trainee who is undertaking their final year of training at the practice.

Woodley Park Surgery (the main practice) is located on the first floor of a commercial building. It shares the entranceway, lift facilities and waiting area with another practice. There is ample parking available in a local pay and display car park which has designated disabled parking spaces. The entranceway has push button opening doors which leads to the stairs and lift access. On the first floor automatic doors open onto a large waiting area with the two reception desks clearly identified and separate from one another. There is a lowered counter for disabled patients and adequate space for wheelchairs and pushchairs.

There are seven GP consultation rooms and one nurse treatment room which are accessible from the waiting area. There are two patient toilet facilities including a disabled toilet with emergency pull cord. Baby change facilities are also available.

Detailed findings

Green Road Surgery (the branch practice) is two storey purpose built accommodation. There is a small car park outside with easy access to the building. There are four consultation rooms and one treatment room.

Both practice sites are open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 12.50pm every morning and 3.50pm to 5.40pm daily. Extended hours clinics are available on Monday evenings until 8pm at Woodley Park Surgery and Thursday mornings from 7am at Green Road Surgery. Alternate Saturday morning clinics are also available between 8am and 12pm by appointment only. The practice have opted out of offering out of hours services. Out of hours cover is provided by Westcall via the NHS 111 telephone service.

All services are provided from:

Woodley Park Surgery, 6 Headley Road, Woodley, Reading, Berkshire, RG5 4JA

and

Green Road Surgery, 224 Wokingham Road, Reading, Berkshire, RG6 1JS

We visited both practice sites during this inspection. The practice has not been inspected by the CQC prior to this visit.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as NHS England and the clinical commissioning group, to share what they knew. We carried out an announced visit on 27 April 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, healthcare assistant, practice manager, medical secretary and receptionists.
- Spoke with patients who used the service and representatives of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 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 were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Detailed findings

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a concern over the quality of recording and interpretation of electrocardiograms (ECGs - a recording of the electrical activity of the heart) resulted in the practice organising for a cardiologist to attend the practice and offer training on ECG interpretation. This ensured the initial ECG recording was of a good enough quality to enable an accurate interpretation of the results by the GPs.

A second significant event involved a missed diagnosis of a patient who had seen numerous GPs over a period of time with no continuity of care. The reception team were offered additional training in booking appointments with a single GP for patients with ongoing medical problems. This ensured consistent care was offered to patients through accessing the same GP for subsequent consultations.

Overview of safety systems and processes

The practice had many 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. These arrangements reflected relevant legislation and local requirements. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. The practice had decided that only clinical staff (nurses, healthcare assistants and GPs) should act as chaperones. All clinical staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that actions had been identified. The practice were able to demonstrate that they had discussed the completion of identified actions in meetings but were unable to provide an audit trail. In addition, we found sharps bins that had been in use for over six months when best practice guidance recommends sharps bins are disposed of after three months.
- Not all arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). For example, we found out of date medicines in the treatment rooms at both sites. Once we had highlighted these findings to the practice they immediately made

Are services safe?

arrangements to dispose of these and ordered replacement medicines. We found fridge temperature recording logs showed gaps where no recording of the temperatures had been taken on at least five separate occasions over a six week period. However, the temperatures recorded on the days before and after these gaps demonstrated no concerns over the safety of the vaccines stored in them during this period.

- The practice held stocks of controlled drugs (CDs) at both sites (medicines that require extra checks and special storage because of their potential misuse) and there were procedures in place to manage them safely. There were appropriate arrangements for the destruction of controlled drugs.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants (HCA) were trained to administer vaccines and medicines against a patient specific direction (PSD) from a prescriber.
- The practice did not have a list of the immunisation status for both GPs and nurses or a process for checking and recording these as part of their recruitment policy.
- We reviewed six personnel files and found the appropriate recruitment checks had been undertaken prior to employment. Although proof of identification was unavailable for four members of staff, we observed staff using Smartcards (an electronic card for use with a PC, for which proof of identification was required). All checks of professional bodies and through the Disclosure and Barring Service had been made for all clinical staff.

Monitoring risks to patients

The majority of risks to patients were assessed and well managed, with the exception of legionella.

- A legionella risk assessment in March 2015 had identified a number of actions at both practice sites requiring intervention as the outcome was high risk. (Legionella is a term for a particular bacterium which

can contaminate water systems in buildings). Not all these actions had been completed or reviewed. For example, the water temperature was running too low for recommended levels at Woodley Park Surgery. In liaison with the other GP practice sharing the same building, the practice had instructed a boiler engineer to service the boiler on two occasions. The practice had contacted the building landlord (NHS England) to request urgent work was carried out. Although we saw evidence of correspondence between both practices and NHS England, the actions had still not been completed and there was still a high risk for legionella contamination. The legionella risk assessment at the branch surgery also identified high risk actions requiring correcting which had not been undertaken.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- Emergency medicines were easily accessible to staff in a secure area of the practice at Woodley Park Surgery. However, at Green Road Surgery, the emergency equipment and medicines were in a locked storage area with a single key for access, which was not

Are services safe?

always conveniently located. In addition, not all staff were aware of the emergency medicines location at the both practice sites. All the emergency medicines we checked were in date and stored securely.

- The practice had a defibrillator available on both premises and oxygen with adult and children's masks. A

first aid kit and accident book were available. The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice had developed an effective system to inform GPs of best practice guidance for patients. For example, when the details of a patient with a kidney problem and a low blood count were entered onto the system, an automatic text box appeared to warn the GP to apply caution when prescribing certain medicines. The warning also signposted the GP to an information leaflet on the computer system which prompted discussion about "sick day rules" with the patient. (Sick day rules advise patients to use caution with certain medicines that may become harmful to them if continued to be used when a patient is suffering diarrhoea or vomiting, or where there is an increased risk of dehydration. For example, a medicine used for water retention).

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2014/15) were 99% of the total number of points available, with 10% exception reporting, compared to the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed

because of side effects). The practice told us their exception reporting was higher than the national average due to some issues with coding and had reviewed their processes around this.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, 77% of patients with diabetes had achieved a target blood pressure reading compared to the CCG average of 79% and national average of 78%. 91% of patients with diabetes had a record of a foot examination in the last 12 months compared to the CCG average of 91% national average of 88%.
- Performance for mental health related indicators was higher than the national average. For example, 93% of patients with dementia had received a face to face review meeting in the last 12 months compared to the CCG average of 78% and national average of 84%. 92% of patients with a diagnosed mental health condition had a comprehensive, agreed care plan in the last 12 months compared to the CCG average of 95% and national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been 12 clinical audits completed in the last 12 months, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included educational seminars and meetings with GPs due to prescribing of antibiotics in acute sore throat symptoms which did not follow NICE guidelines. The repeat audit showed a reduction in antibiotic prescribing for this particular symptom by 36%.

Information about patients' outcomes was used to make improvements such as: following a medicines safety alert, an audit of a medicine used to treat nausea and vomiting highlighted a number of patients taking the medicine. These patients were reviewed and a re-audit showed a 52% reduction in patients being prescribed the medicine.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The nursing team were encouraged and supported to take additional qualifications to assist with long term disease management and external stakeholders were invited to attend training in practice sessions to update staff in current best practice guidelines.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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 people, staff carried out assessments of capacity to consent in line with relevant guidance.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice made referrals to the local authorities "Eat4Health" scheme for patients who require advice on their diet and healthy living choices. The practice had the highest referral rate in the CCG for the period April to December 2015.

Are services effective?

(for example, treatment is effective)

- Smoking cessation advice was available from a local pharmacy.

The practice's uptake for the cervical screening programme was 84% which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. For example, 59% of patients aged 60 to 69 were screened for bowel cancer within 6 months of invitation compared to the CCG average of 61% and national average of 55%. However, 66% of female patients aged 50 to 70 were screened for breast cancer in last 36 months compared to the CCG average of 74% and national

average of 72%. The practice did not have a system for following up patients who had failed to take up the offer of this screening. This was being reviewed and was being considered as a role for the new practice nurse, once recruited.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 91% to 96% compared to the CCG average of 90% to 95%. Five year olds ranged from 88% to 98% compared to the CCG average of 89% to 96%.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and 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 eight patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member 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 above average for its satisfaction scores on consultations with GPs but below average for nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 84% of patients said the nurse was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 84% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

Are services caring?

- 84% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 90%.

The practice were aware of the survey results for nurses being below the CCG and national averages and were supporting the nursing team to improve through additional training and mentoring. There had been a rapid turnover in the nursing team in the last two years, which had resulted in recruitment of a new nursing team. Although the nurses were well qualified and had a variety of skills, the practice had trained them all in a variety of new skills to enhance services provided. The practice continued to hold one vacancy for a practice nurse to join the team.

The practice provided facilities to help patients be involved in decisions about their care:

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

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 383 patients as carers, which was approximately 3% of the practice list. The practice computer system highlighted to staff if a patient was also a carer. We saw proactive inclusion of carers needs being considered when attending for routine appointments. Written information was available to direct carers to the various avenues of support available to them.

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

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. A number of staff were actively involved in roles with the CCG and NHS England which offered a variety of co-working opportunities for the practice and allowed sharing of best practice to be maximised.

- The practice offered extended hours clinics for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.50pm every morning and 3.20pm to 5.40pm daily. Extended hours appointments were offered on Monday evenings until 8pm at Woodley Park Surgery and Thursday mornings from 7am at Green Road Surgery. Alternate Saturday clinics were available from 8am until 12 pm by appointment only. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 70% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

- 55% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice had reviewed their telephone systems in response to these results. They had recognised they had too few incoming lines to cope with demand and were in the process of obtaining quotes for additional lines to be added. The practice had recruited two additional reception staff in the previous year and were monitoring call logs to determine how many patients were able to access the practice and how long each call was taking. The changes implemented had not been in place long enough to determine the impact on patient satisfaction scores.

Patients told us on the day of the inspection that they were able to get appointments when they needed them, however, they told us access by telephone was often problematic.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary; and
- The urgency of the need for medical attention. When all urgent same day appointments had been filled, the receptionists offered patients the opportunity of a call back from one of the GPs. This was shared across all GPs on the day which ensured patients were responded to in a timely way.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made, such as calling 999 for ambulance assistance. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Their 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

Are services responsive to people's needs? (for example, to feedback?)

We looked at 26 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. There was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a yearly review of complaints found approximately 19% were regarding the telephone

system for booking appointments. The practice had instigated a call waiting system to let patients know where they are placed in the queue and purchased a mobile telephone to make outgoing calls, which freed up telephone lines for incoming calls. They also rearranged the reception team rota to ensure more staff were available on Monday mornings and Friday afternoons when the peak of demand occurred.

Are services well-led?

Requires improvement 

(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 good quality care and promote positive outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. However, improvements were required.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the legionella risk assessment which had outstanding areas for action. The practice provided audit trails of correspondence between the main practice and the landlord, which showed the access issues surrounding the building owner and NHS England (the landlord). Infection control audits had been completed and actions identified. However, the corrective actions had not been documented as completed.
- Medicines management practices were not monitored effectively and we identified out of date medicines at both sites and fridge temperatures were not consistently recorded. The location of emergency medicines was not known by all staff.
- There was a clear staffing structure and most staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff, although not all staff were aware of where to find them. For example, the whistleblowing policy. However, staff were able to demonstrate they knew who to ask if they needed to access a practice policy.
- An understanding of the performance of the practice was maintained.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

The practice had identified governance issues surrounding documentation and monitoring of safety six months prior to the inspection. They proactively sought assistance from the Clinical Commissioning Group to offer advice and support. For example, when the practice manager had raised concerns over nursing team governance issues, such as medicines management and infection control, the lead nurse from the CCG was invited in to discuss best practice and guidance. However, this support had not ensured that the systems in place to monitor the quality and safety of care and treatment were effective.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised good quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The nursing provision within the practice had seen a number of changes staff in the previous 12 months. At the time of inspection the lead nurse confirmed they were currently implementing changes and improvements to the governance systems, which related to nursing care and duties.

The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.
- Learning outcomes were shared with staff to reduce the chance of issues recurring.

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

- Staff told us the practice held regular team meetings and we saw these had been documented through reviewing the meeting minutes.

Are services well-led?

Requires improvement 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG requested text messaging reminders for patient appointments. This was initiated by the practice and included the friends and family test survey. The PPG had also written to the local MP on behalf of the practice to challenge the wording of information on the MPs website over the recruitment of GPs.
- The practice had gathered feedback from staff through staff meetings, protected learning sessions, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the nursing staff had observed confusion and increased workload regarding the addition of a new vaccine to the childhood immunisation schedule. The practice changed the clinic times and trained a member of the

administration team to assist with clinics. The clinics ran more smoothly and were safer as a result. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and celebrated the diversity of their practice staff to the benefit of patients. For example, there were staff of different faiths and who spoke different languages. The skills and interests of staff also offered diversity and offered the practice many sources of information and advice. In addition, staff were encouraged to take on additional roles and were supported to develop additional skills. For example, one of the healthcare assistants had been trained to undertake medicals on patients with a learning disability, which reduced the demand on GPs and nurses for this patient group. One of the administration team had moved into an IT role which offered support for all staff with the IT system.

To add to the skills of the staff, the practice had made arrangements with a local university to undertake training of physicians assistants. (A Physician's assistant is a healthcare professional who, while not a doctor, works to the medical model, with the attitudes, skills and knowledge base to deliver holistic care and treatment within the general medical and/or general practice team under defined levels of supervision). The practice also offered placements to medical students and work experience students.

The practice was continually monitoring their patient satisfaction scores and seeking ways to improve. They planned to increase the amount of incoming lines and move the telephone call centre to Woodley Park Surgery to centralise telephone access where more staff would be available to cope with demand.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to action the identified risks associated with a legionella risk assessment dated March 2015.</p> <p>The registered person did not ensure that all checks and documentation relating to medicines management were up to date, including checking of medicine expiry dates and fridge temperature records. The practice had not ensured all staff were aware of the location of emergency medicines.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person had no record of clinical staff immunisation status, particularly in relation to Hepatitis B.</p> <p>This was in breach of regulation 19(1) & 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>