

Peppard Road Surgery

Quality Report

45 Peppard Road
Caversham
Reading
Berkshire
RG4 8NR

Tel: 0118 9462224

Website: www.peppardroadsurgery.co.uk

Date of inspection visit: 9 March 2016

Date of publication: 08/04/2016

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	5
Areas for improvement	7

Detailed findings from this inspection

Our inspection team	8
Background to Peppard Road Surgery	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10

Overall summary

Letter from the Chief Inspector of General Practice

Our previous follow up inspection in August 2015 found breaches of regulations relating to the safe and well-led delivery of services. We found the practice required improvement for the provision of safe and well-led services, and was rated good for providing effective, caring and responsive services. Consequently we rated all population groups as requiring improvement.

Our previous comprehensive inspection in November 2014 found breaches of regulations relating to the safe, effective and well-led delivery of services.

This desk based review was undertaken to check the practice was meeting regulations that were in breach from the last inspection. For this reason we have only rated the location for the key questions to which these relate. This report should be read in conjunction with the full inspection report of 6 November 2014 and follow up inspection report of August 2015.

At our inspection on the 9 March 2016 we found the practice was meeting all the conditions of regulations that had previously been breached.

Specifically we found:

- The practice had developed a formal risk assessment to demonstrate why the standard DBS was sufficient for reception and administration staff taking part in chaperoning process.
- The practice had written infection control policy in place and was following infection control assurance framework. The practice had taken steps to prevent, detect and control the spread of infections. Staff had completed infection control training.
- The practice had written policy in place for the management of legionella. The practice had carried out regular checks for the management of legionella.
- The practice had not collected constructive feedback through patient participation group (PPG).

The areas where the provider should make improvements are:

- Ensure feedback from patients is sought and acted upon. For example, through a patient participation group (PPG).

We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services. Consequently we have rated all population groups as good.

Summary of findings

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 had taken appropriate action to become good for the provision of safe services.

The practice sent us records that enabled us to review the progress they had made.

In March 2016, we noted the practice had addressed the issues, surrounding management of infection control, management of legionella and Disclosure and Barring Service (DBS) checks risk assessment. These were judged as contributing to a breach of regulation at our review on 13 August 2015.

The practice had developed a written policy for the management of infection control. The practice had implemented an action plan and addressed all the issues identified during previous infection control audit. Staff had completed training in infection control.

The practice had developed a written policy for the management of legionella. The practice had taken steps for the management of legionella and carried out regular checks.

The practice had developed a formal risk assessment to demonstrate why the standard DBS was sufficient for reception and administration staff taking part in chaperoning process.

Good



Are services well-led?

The practice had taken appropriate action to become good for the provision of well led services.

The practice sent us records that enabled us to review the progress they had made.

In March 2016, we found that action had been taken to address the issues relevant to management of legionella and management of infection prevention and control identified at the previous inspection.

The practice had not paid full heed to the report issued in October 2015. For example, the practice was not able to demonstrate what steps they had taken to develop patient participation group (PPG) and collect constructive feedback through PPG. This issue had been identified during previous inspection report issued in January 2015. However, the practice had collected patient's feedback through internal surveys.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older patients. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of patients with long-term conditions. The provider was rated as requires improvement for safe and well led. Emergency processes were in place and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had regular contact with their GP 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.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young patients. The provider was rated as requires improvement for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. Immunisation rates were in line with all the national rates for standard childhood immunisations. Appointments were available outside of school hours. The practice worked in partnership with midwives, health visitors and school nurses to deliver care.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age patients (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice performed significantly above average, compared to the local clinical commissioning group (CCG), for patient satisfaction with the access to appointments. The practice was proactive in offering opportunistic health promotion and screening which reflected the needs of this age group.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of patients whose circumstances may make them vulnerable. The practice serves a population which is more affluent than the national average. The practice did not have a register for patients with learning disabilities, although there were a small number of younger patients with learning disabilities and the needs of this group were met. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. The practice had sign-posted vulnerable patients to various support groups and third sector organisations. GPs were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out-of-hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of patients experiencing poor mental health (including patients with dementia). The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health including those with dementia. Six out of nine patients with severe mental health conditions had care plans in place. The GP referred patients to the memory assessment clinic when needed. The practice had a system in place to follow up on patients who had been discharged from hospital to support them in the community.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure feedback is sought from patients, for example, through a patient participation group (PPG).

Peppard Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based inspection was carried out by a CQC Inspector.

Background to Peppard Road Surgery

Peppard Road Surgery is located in a detached house in an urban area. It provides primary medical services to approximately 2635 registered patients. The practice has nine staff, including two GP partners: one male and one female, one practice nurse, administration and reception staff. The senior partner also manages the practice.

The practice has a higher proportion of patients up to the age of nine years and between 30 to 54 years compared to the local clinical commissioning group (CCG) average and a lower proportion over 55 years. The practice serves a population which is more affluent than the national average.

The practice has opted out of providing out-of-hours services to its own patients and uses the services of a local out-of-hours service. The practice holds a General Medical Services contract. PMS contracts are negotiated locally with the local office of NHS England. This was a desk based inspection.

The practice provides services from:

Peppard Road Surgery
45 Peppard Road
Caversham

Reading

Berkshire

RG4 8NR

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. This inspection took place on 6 November 2014 and we published a report setting out our judgements. These judgements identified two breaches of regulations. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We carried out a desk based inspection on 13 August 2015 to follow up and assess whether the necessary changes had been made, following our inspection in November 2014. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made. We found the practice was meeting the regulations that had previously been breached. However, there were areas of practice where the provider needs to make improvements.

We carried out a second desk based inspection on 9 March 2016 to follow up and assess whether the necessary changes had been made, following our inspection in August 2015. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made. We found the practice was meeting all the conditions of regulations that had previously been breached.

Detailed findings

This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall quality of the service, review the breaches identified and update the ratings provided under the Care Act 2014.

How we carried out this inspection

We asked the provider to send a report and evidence of the changes they had made to comply with the regulations

they were not meeting. We reviewed documents relating to the management of the service. All were relevant to demonstrate the practice had addressed the breaches of regulation identified at the inspection of August 2015.

This report should be read in conjunction with the full inspection report and previous desk based inspection report. We have not revisited Peppard Road surgery as part of this review because the practice was able to provide evidence without the need for an inspection visit.

Are services safe?

Our findings

Reliable safety systems and processes including safeguarding

When we reviewed the practice in August 2015 we found reception and administration staff had been trained as chaperones and were used in that capacity but they had received a standard Disclosure and Barring Service (DBS) checks. (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). However, the practice had not carried out formal risk assessment to explain why the standard DBS was sufficient for reception and administration staff taking part in chaperoning process.

The formal risk assessment we received to enable our review on 9 March 2016 demonstrated why the standard DBS was sufficient for reception and administration staff taking part in chaperoning process.

Cleanliness and infection control

When we reviewed the practice in August 2015 we found the practice did not have a formal written policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). Regular checks had not been carried out to reduce the risk of infection to staff and patients. However, the practice had carried out legionella risk assessment on 12 August 2015 and a water sample had been collected by external contractor for analysis on 11 August 2015. The practice had produced a testing schedule on 12 August 2015 and regular checks were planned. However, it was too early to assess the impact and improvements made.

The information we received to enable our review on 9 March 2016 demonstrated that the practice had a formal written policy for the management, testing and investigation of legionella. The practice had reviewed legionella risk assessment in January 2016 which was carried out on 12 August 2015. The practice had received a satisfactory result for a water sample collected by external contractor for analysis on 11 August 2015. The practice had carried out regular checks and a testing schedule was planned.

When we reviewed the practice in August 2015 we found an infection control audit had been carried out on 16 July 2015 by a specialist nurse from clinical commissioning group (CCG) and identified number of improvement areas. The practice had developed a draft action plan to address these issues. However, the practice had not included timescale to achieve these targets. The practice had not mentioned a date when this action plan was developed. The practice had not been able to find previous infection control audit and action plan which we had witnessed during our inspection in November 2014, which was made it difficult to identify the improvement areas and ensure changes were effective at this review. The practice did not have a formal written policy for the management of infection control. However, they had provided a copy of CCG infection prevention and control policy which they were planning to adopt. Staff had not completed training in infection control.

The information we received to enable our review on 9 March 2016 demonstrated that the practice had a formal written policy for the management of infection control. The practice had implemented an action plan and addressed the issues identified during previous infection control audit. Staff had completed training in infection control.

Are services well-led?

Good 

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

Our findings

Governance arrangements

When we reviewed the practice in August 2015 we found the practice had made some improvements. However, the practice had not paid full heed to the report issued in January 2015; they had not completed issues in a timely manner and it was too early to assess the impact and improvements made. For example, a system for management of legionella was put in place after announcing the inspection. The practice had not followed infection control assurance framework. The practice had not collected constructed feedback through patient participation group (PPG).

The information we received to enable our review on 9 March 2016 demonstrated that the practice had made some improvements. For example, the practice had implemented robust system for management of legionella

and management of infection control. However, the practice had not paid full heed to the report issued in October 2015. For example, the practice had not collected constructed feedback through patient participation group (PPG). This issue had been identified during previous report issued in January 2015.

Leadership, openness and transparency

When we reviewed the practice in August 2015 we found a patient participation group (PPG) was not in place to gather and facilitate constructive feedback to the practice.

The information we received to enable our review on 9 March 2016 demonstrated that the practice had not paid full heed to the report issued in October 2015. For example, the practice was not able to demonstrate they had made any serious attempt to develop a PPG and collect constructive feedback through patient participation group (PPG). However, the practice had collected patient's feedback through internal surveys.