# Theale Medical Centre

## Quality Report

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

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |
| Are services safe? | Requires improvement |
| 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

Theale Medical Centre is located in purpose built premises in West Reading. There are approximately 10,700 patients registered at the practice. We carried out an announced comprehensive inspection of the practice on 26 November 2014 and we visited Theale Medical Centre. This was the first inspection of the practice since registration with the CQC. There is a branch practice called Calcot Surgery, 72a Royal Avenue, Calcot, Reading, RG31 4UR which we did not visit as part of this inspection.

Theale Medical Centre is a purpose built. Adaptations have been made to ensure the practice is accessible. The local community has areas of deprivation and the staff were aware of the needs of this section of the population. The appointment system allows advanced appointments to be booked. Urgent appointment slots were also available. Patients told us they were able to make appointments when they needed them, although some patients told us they needed to wait too long for an appointment. Patients told us staff were caring, friendly and considerate.

We spoke with nine patients during the inspection. We met the chair person of the Patient Participation Group, five GP's the practice manager, reception manager, one member of the nursing team and administration staff.

Theale Medical Centre practice was rated good overall.

Our key findings were as follows:

The practice mostly maintained a safe environment but there were concerns about the management of medicines and staff recruitment. Patients with health conditions were well cared for and national data placed the practice above the national average for caring for long term conditions. Some elements of patient records were not always completed to ensure safety in the delivery of their care. Patients told us the practice was caring, accessible and they felt well supported. The practice was in a state of transition where processes and procedures were being changed. The leadership were proactive in assessing and planning for future demands on the practice.

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However, there were also areas of practice where the provider must make improvements.

The provider must:

- ensure policies, procedures and monitoring tools such as safeguarding policies, training records and infection control tools are consistent, suitable for their purpose and accessible.
- amend and monitor the processes for dispensing and storing medicines.
- implement a fire risk assessment for all the practice's premises

We have issued compliance actions for Management of Medicines and Assessing and Monitoring the Quality of Service provision.

In addition the provider should:

-monitor the use of cleaning equipment to ensure it is used in designated areas of the practice.

- undertake a legionella risk assessment to determine what action may be required to reduce any risk of infection

**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?**

**Requires improvement**

The practice is rated as requires improvement for safe. Patient records were not always accurate and up to date. Risks to patients were not always identified to ensure they could be appropriately assessed and managed. Medicines were not always stored or dispensed safely. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. Staff were trained in responding to medical emergencies and fire safety. There were arrangements to ensure staff could identify and respond to any concerns regarding vulnerable adults and children. There were enough staff to keep patients safe and some checks were in place to ensure staff were of good character. The practice was clean and infection control processes were in place to ensure patients and others were protected from infection.

**Are services effective?**

**Good**

The practice is rated as good for effective. Data showed most clinical outcomes related to patient care were above the national average. The practice provided some excellent care with external services, especially to patients with respiratory problems and diabetes. National guidelines were used in planning and delivering care and treatment. Patients' needs were assessed and delivered in collaboration with other services to ensure continuity of care. Staff received training appropriate to their roles and they had access to guidelines and protocols to support them in delivering care. The practice provided various opportunities for patients to access health checks and was pro-active in promoting patient health and well-being.

**Are services caring?**

**Good**

The practice is rated as good for caring. Patient feedback from the national survey and practice survey showed patients were positive about staff, reporting that they were caring, considerate and treated them with dignity and respect. Patients understood the care options available to them and were involved in decisions about their treatment decisions. We saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

**Are services responsive to people's needs?**

**Good**

The practice is rated as good for responsive. Staff understood the needs of their local population and considered patients' needs. Patients reported good access to the practice. Urgent appointments were available the same day. The practice had suitable facilities and

# Summary of findings

was well equipped to treat patients and meet their needs. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff and other stakeholders.

**Are services well-led?**

Good

The practice is rated as good for well-led. The practice had a clear vision and strategy which incorporated long term planning to improve patient outcomes. There was a clear strategy to deal with the predicted demands on the practice in coming years. A management review was underway to ensure that management processes were robust. This meant the practice was in a state of transition. Staff were clear about their responsibilities in the day to day running of the practice. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to support and assist staff in their activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this feedback was considered in the running of the practice. The practice had a patient participation group (PPG) which was supported by the leadership team. Staff had received inductions, regular performance reviews and attended staff meetings and events. Some monitoring tools and records were not able to be located by staff or were duplicated in different formats. Some risk assessments had not taken place. Training was managed using a monitoring log.

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## The six population groups and what we found

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

**Older people**

Good

Staff had systems to quickly identify vulnerable adults. Patients over 75 had a named GP to promote continuity of care. The premises were accessible to those with limited mobility. Flu vaccination rates for patients over 65 were significantly above national average. There was a register to manage end of life care. There were strong working relationships with external services such as district nurses. Home visits were not always recorded to ensure that patients' notes were accurate.

**People with long term conditions**

Good

Patients with health conditions were well managed by the practice. National data showed the practice achieved above the national average in managing some long term conditions. External services were used to care for patients with diabetes and respiratory conditions. Patients were provided with access to regular health reviews in line with national standards. There were clinical leads for different long term conditions. Patients could be discussed at virtual reviews with external specialists from local hospitals without referring patients to local hospitals. Flu vaccinations for patients at risk of serious health concerns associated with flu (due to long term health conditions), were above national average. Smoking cessation was offered to patients and the smoking status recorded for the practice population was above national average.

**Families, children and young people**

Good

Staff had systems to quickly identify children at risk of abuse. There were regular meetings with the local child safeguarding team and other relevant services. The premises were accessible for prams and buggies. Antenatal appointments and postnatal clinics were available. The practice worked with health visitors to share information and provide a continuity of care for new babies and families. Chlamydia testing kits were available in an accessible but discreet location for under 25s. The uptake of childhood immunisations was high and close or above the national average for different vaccines. The practice achieved a smear rate of 80.72%, which is in line with national standards.

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

Good

Appointments were available from 8am to 6.30pm on weekdays. Extended hours appointments were available on Tuesday evenings until 8pm and on one Saturday per month from 9am to 12pm. The

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extended hours were for bookable appointments only. Patients told us they were usually able to book appointments when they needed them. The phone system had been changed as a result of patient feedback to make it easier to get through and book appointments. This was reflected in practice survey. Staff told us they were opportunistic in undertaking health checks, such as diabetic reviews, when patients who did not attend regularly were at the practice.

**People whose circumstances may make them vulnerable**

Good

Staff had systems to quickly identify patients who may be vulnerable so they could take appropriate action when planning or delivering care. Disabled patients were considered in the design and layout of the building; including accessibility to reception, waiting areas and treatment rooms. Patients with learning disabilities were provided with health checks in four care homes managed by the practice and 100% received their health check. A translation service was available for patients who did not speak English.

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

Good

External support services were advertised on the practice website and in the waiting area for patients experiencing poor mental health. Staff had contact with community mental health team (CMHT) to discuss and plan patient care. Annual health checks were offered. In-house counselling was provided. Ninety eight per cent of patients with a mental health condition had a care plan documented in their records over 2012/13, and this was above the national average.

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## What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey and a survey of over 307 patients undertaken by the practice's Patient Participation Group. The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed the practice received positive feedback for treating patients with care and concern. The practice satisfaction scores on consultations showed 92% of practice respondents said GPs were good at listening to them and 80% of nurses were good at listening to them. The survey also showed 88% said the last GP they saw and 82% said the last nurse they saw was good at giving them enough time. This was above the local average. The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 81% (above the local average) of practice respondents said GPs involved them in care decisions and 80% (below the local average) felt the GP was good at explaining treatment and results.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 26 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful and caring. They said staff treated them with dignity and respect. There were some comments stating that it was sometimes difficult to book an appointment with a GP. However, the majority of feedback we received from speaking with patients and from comment cards was very positive in all aspects of the practice. The national survey found that 68% of respondents found it easy to get through to this surgery by phone and 94% said the last appointment they got was convenient. Eighty four per cent of patients were able to make an appointment last time they tried.

## Areas for improvement

**Action the service MUST take to improve**

- ensure policies, procedures and monitoring tools such as safeguarding policies, training records and infection control tools are consistent, suitable for their purpose and accessible.
- amend and monitor the processes for dispensing and storing medicines.
- implement a fire risk assessment for all the practice's premises

**Action the service SHOULD take to improve**

- monitor the use of cleaning equipment to ensure it is used in designated areas of the practice.
- undertake a legionella risk assessment to determine what action may be required to reduce any risk of infection

# Theale Medical Centre

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector. The team included a GP, a practice manager and an expert by experience.

## Background to Theale Medical Centre

Theale Medical Centre has a patient population of approximately 10,700. We carried out an announced comprehensive inspection of the practice on 26 November 2014. We visited Theale Medical Centre during this inspection. This was the first inspection of the practice since registration with the CQC. The practice was located over two sites. The branch practice is called Calcot Surgery and was located at 72a Royal Avenue, Calcot, Reading, RG31 4UR. We did not visit this site as part of the inspection. Theale Medical Centre is a purpose built practice with patient services on the ground floor and administration functions on both floors. Adaptations have been made to ensure the practice is accessible. The local community has areas of deprivation and the staff were aware of the needs of this section of the population. The appointment system allowed advanced appointments to be booked either four weeks, seven days or 48 hours in advance. Urgent appointment slots were also available. Most patients told us they were able to make appointments when they needed them. They also told us staff were caring, friendly and considerate. The practice patient participation group is involved in the running of the practice and has influenced changes to the practice. For example, they influenced changes to the reception area to improve seating for patients with limited mobility and improve confidentiality at reception. The practice was clean and hygienic. Equipment was serviced and maintained.

We spoke with nine patients during the inspection. We met the chair person of the patient participation group, five GPs, the practice manager, assistant manager, one member of the nursing team, the dispensing team and administration staff.

There were five GP partners and a total of seven GPs, providing five full time equivalent GPs working at the practice. There was a mix of male and female GPs. The nursing team consisted of six practice nurses and one health care assistant. Administrative and reception staff also worked at the practice. Theale Medical Centre was a training practice.

The practice has a General Medical Services (PMS) contract. PMS contracts are subject to local negotiations between commissioners and the practice.

This was a comprehensive inspection. We visited Theale Medical Centre 317 Oxford Road, Reading RG30 1AT as part of this inspection.

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 on the website.

## 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 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.

This provider had not been inspected before and that was why we included them.

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.

## How we carried out this inspection

Before visiting we checked information about the practice such as clinical performance data and patient feedback. This included information from the clinical commissioning group (CCG), Reading Healthwatch, NHS England and Public Health England. We visited Theale Medical Centre on 26 November 2014. During the inspection we spoke with GPs, nurses, the practice manager, deputy manager, reception staff, patients and representatives of the patient participation group (PPG). We looked at the outcomes from investigations into significant events and audits to determine how the practice monitored and improved its performance. We checked to see if complaints were acted on and responded to. We looked at the premises to check the practice was a safe and accessible environment. We looked at documentation including relevant monitoring tools for training, recruitment, maintenance and cleaning of the premises.

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

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

- Older patients
- Patients with long-term conditions
- Families, children and young patients
- Working age patients (including those recently retired and students)
- Patients living in vulnerable circumstances
- Patients experiencing poor mental health (including patients with dementia)

The practice locations were located in one area of low economic deprivation and another with some significant economic deprivation. There was slightly higher proportion of patients from the age of 40-49 registered at the practice. Sixty three per cent of patients had a long standing health condition compared to the national average of 53%.

Requires improvement

# Are services safe?

## Our findings

### Safe Track Record

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses. A whistleblowing policy and safeguarding information was available for staff.

We reviewed significant events and minutes of meetings where these were discussed for the last year. This showed the practice had managed these consistently and so could evidence a safe track record over the long term.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Records were kept of significant events that had occurred in recent years and these were made available to us. A slot for significant events was on the practice meeting agenda every week and a dedicated meeting took place every six months to review actions from past significant events and complaints and identify any trends. There was evidence that appropriate learning had taken place and that the findings were disseminated to relevant staff. The staff including receptionists, administrators and nurses were aware of the system for raising issues to be considered at the meetings and felt encouraged to do so. For example, one patient who had unusual symptoms which did not alert staff to the cause but eventually a diagnosis was made was discussed at a clinical meeting to share the learning with other staff as to what could have been done to diagnose the patient earlier. The patient's records had been investigated to deduce what could have been done differently.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young patients and adults. Practice training records made available to us showed that staff received relevant role specific training on safeguarding. Staff told us they received training and knew how to recognise signs of abuse in older patients, vulnerable adults and children. They were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out of hours. Contact details were available for staff. The practice had dedicated GPs appointed as leads in safeguarding vulnerable adults and children who had been trained to enable them to fulfil this role.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so staff were aware of any relevant issues when patients attended appointments. This may be children subject to child protection plans. This also enabled reception staff to identify vulnerable patients and take appropriate action to ensure they could make an appointment and see the right GP or nurse. For example, if a vulnerable child had been placed in the locality from a different area the practice kept a log to ensure they knew the patients' circumstances and could see a GP or nurse, even if they were not registered with the practice.

A chaperone policy was in place and visible on the waiting room TV screen and in consulting rooms. Chaperone training had been undertaken by all staff who performed the role. If nursing staff were not available to act as a chaperone some receptionists had also undertaken training and understood their responsibilities when acting as chaperones.

Patients' individual records were mostly written and managed in a way to help ensure safety. Patient records were kept on an electronic system called Emis web which collated communications about the patient including scanned copies of letters or emails from hospitals. The GP advisor looked at 11 patient records and found most contained appropriate information recorded by GPs, nurses and communications from external services. We noted a new patient's record suggested they had a long term health condition which would have required reviews by the practice. However, there was no record of the patients' prescribed medicines or a plan for health checks required. There was a risk that the patients' may not be managed safely by the practice without an appropriate record of their medicine and health needs. Some home visits were not recorded properly to ensure other staff would be able to access an accurate record of patients' most recent care and treatment. This could pose a risk to patients if another GP went to see a patient whose previous home visit had not been recorded to indicate any treatment they may have received.

Requires improvement

# Are services safe?

We looked at meeting minutes from multi-disciplinary meetings which included child protection meetings. The practice discussed concerns about children on the at-risk register (a register of children whose circumstances make them vulnerable to abuse) and what considerations staff should take when caring for these children.

## Medicines Management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. There was a policy for expired and unwanted medicines which stated they should be disposed of in line with waste regulations.

There were procedures and policies in place to manage prescriptions and repeat prescribing. Staff worked closely with the local clinical commissioning group (CCG) medicines optimisation team, which included annual meetings and regular audits. However, prescription pads were not stored appropriately. Staff would not be able to tell if prescriptions were stolen or how many. Prescription pad numbers were not being logged when they were received.

Vaccines were administered in line with legal requirements. There was a practice protocol for receiving and storing vaccines. The vaccines were stored within appropriate temperatures and there was a log of temperatures which indicated the practice checked the fridges regularly. The fridges were alarmed to ensure that staff were alerted if the temperature range required for the vaccines was not maintained. On two occasions vaccine fridge had lost power and staff followed the procedure to dispose of the wasted vaccines and replace the stock.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. Controlled drugs (CD) were stored in a secure cupboard and access to them was restricted and the keys kept securely. Two members of staff were allocated to receiving controlled drugs and undertaking stock checks. CD balances were checked every two weeks by two members of staff.

The practice dispensed medicines to patients in line with national guidance. Practices can dispense to their own patients when they are resident in an area which is rural in character, known as a controlled locality, at a distance of more than one mile (1.6km) from a pharmacy's premises or if patients have serious difficulty in obtaining their medications due to a restricted mobility for example. We found there were adequate staff to manage dispensing and they were appropriately qualified and trained. Nomad or blister packs were not checked by a second member of staff. At the time of the inspection, 17 patients currently getting nomad packs and the lack of double checking meant there was a risk that any mistakes would not be identified. There was no minimum or maximum temperature recorded for the dispensing fridge. When packing, some medicines had no batch number or expiry date being recorded meaning patients who were being dispensed to, may not know when their medicines expired.

## Cleanliness & Infection Control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had an infection control team including a nurse lead for infection control. All staff we spoke with received training in infection control specific to their role at regional training days and via an online training tool. We saw part of an infection control audit carried out in October 2014 and some improvements were identified and actions listed. For example, one audit identified that some clinical worktops were cluttered in treatment rooms. We found clinical work surfaces to be free from clutter and clean. We saw disposable curtains had been installed following the audit with dates to indicate when they would need replacing. All the actions on the plan were completed. However, none of the staff we asked could locate the whole completed audit. Although there was evidence infection control guidance was followed, we saw that some cleaning materials were not designated for different areas of the practice to reduce the risk of cross infection.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement control of infection measures. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use.

Requires improvement

# Are services safe?

There was also a policy for needle stick injury. This was available on the intranet and we saw it displayed on clinical treatment room walls. A nurse we spoke with was aware of the appropriate action to take in the event of a needle stick injury.

The practice had not undertaken a risk assessment for legionella (a germ found in the environment which can contaminate water systems in buildings). Staff were not aware of the requirement to have a risk assessment. However, a lead partner informed us that there was no cold water tank in the premises. A risk assessment could still potentially identify action the practice could take to ensure staff and patients were protected from the risk of legionella.

## Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. Equipment was in good working order and we saw equipment maintenance logs and other records that confirmed it was well maintained. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment. There were arrangements for the ordering and stock checking of medical supplies such as single use medical equipment for clinical procedures. These items were stored securely and in a hygienic location.

## Staffing & Recruitment

Records we looked at contained evidence that some recruitment checks had been undertaken prior to employment. For example, proof of identification, references from previous health and social care providers, nurses' registration certificates from the Nursing and Midwifery Council, professional qualifications and criminal records checks via the Disclosure and Barring Service (DBS) were available. However, some GPs' registration certificates had not been checked to ensure their registration with the General Medical Council was up to date. The practice ensured these registration checks were completed by the end of the inspection.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff informed us there was a cover system in place for all the different roles in the practice to ensure there were enough staff on duty and that responsibilities were fulfilled. The practice had not used any locum GPs in recent years due to robust cover and planning arrangements. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough on duty to ensure patients were kept safe.

## Monitoring Safety & Responding to Risk

The practice had systems and policies in place monitor and manage risks to patients, staff and visitors to the practice. These included regular checks of the building, staffing, dealing with emergencies and equipment.

Some risks were assessed and managed. For example, there was a control of substances hazardous to health (COSHH) risk assessment for the storage of chemicals. Fire protocols were in place and there was a plan to undertake drills. Tests on fire safety equipment were undertaken. Fire wardens received appropriate training. A former fire officer undertook checks on the premises to ensure the premises were safe. However, there was no formal fire risk assessment.

## Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We saw records showing all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). Records we saw confirmed these were checked regularly.

Emergency medicines were available in a secure area of the practice. These included medicines for the treatment of a number of conditions. Processes were in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. This was in the process of being re-written. The new plan included a reciprocal arrangement to provide patients with a practice to attend in emergencies at another practice in the event that Theale Medical Centre closed and Calcot Practice were closed.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice used current best practice guidance from the National Institute for Health and Care Excellence (NICE) and from local commissioners. Staff had access to templates for managing and accessing certain conditions. We found they reflected up to date national guidance. Staff told us that changes to national guidance were disseminated to them through meetings, emails and through information discussions. The patient records we reviewed showed GPs and nurses managed patients' care, in line with NICE guidelines. The review of the clinical meeting minutes confirmed staff discussed guidance and shared learning.

Patients had a named GP which helped the practice to provide continuity in patients' care. GPs told us they led in specialist clinical areas such as diabetes and respiratory diseases and that practice nurses supported this work which allowed the practice to focus and manage specific conditions more efficiently. GPs and nurses we spoke with were very open about asking for and providing colleagues with advice and support. GPs and nurses worked closely on managing long term conditions such as diabetes and respiratory diseases. Nurses led the management of some chronic conditions. The practice implemented a scheme for managing chronic obstructive pulmonary disease (COPD) and this included referring 97% of patients to pulmonary rehabilitation and provided COPD patients with self-management plans. GPs could access virtual diabetic clinics to discuss patients with complications and told us they received advice from this service quickly. This reduced the need to refer patients to seek expert advice. Ninety two per cent of patients with coronary heart disease were treated with beta blockers which is well above the national average of 76%.

The practice identified patients with complex needs and worked with external services to implement multidisciplinary care plans. These were documented in patients' notes and we saw the practice had worked with external services to write the care plans.

National data showed the practice was in line with referral rates to secondary and other community care services for all conditions. The Quality and Outcomes Framework (QOF) showed patients with long term conditions were assessed at regular intervals and their care planning ensured that they were seen by a GP or nurse when they needed a health check. The practice achieved 99% on the QOF in 2014.

Staff told us referrals were reviewed monthly between GPs to ensure that referrals were appropriate and identify whether there were expertise within the practice that could reduce the need to refer outside the practice. A GP partner told us GPs were aware of each other's lead roles and would refer patients to another GP where this was possible to speed up assessments of patients' needs and reduce the need for referrals to secondary care in many cases.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

### Management, monitoring and improving outcomes for patients

Staff from across the practice had roles in the monitoring and improvement of outcomes for patients. These roles included data input, clinical review scheduling, child protection alerts, prescriptions management and medicines management.

The practice showed us a selection of clinical audits that had been undertaken in recent years. We saw some were examples of completed audits where the practice was able to demonstrate the changes resulting since the initial audit. We saw audits undertaken on the treatment of COPD and referral rates. One audit we saw completed (repeated) had clear lessons learnt and action for the individual GPs or practice to consider. We saw audits were stored in a location accessible for all staff and the outcomes were discussed at clinical team meetings.

The practice used the QOF (a national performance measurement tool) to identify whether patient assessment and care met national standards. The practice achieve of 99% on the 2014 QOF was above the national average of 96%. Individual outcomes for the management of several conditions was above national average. For example, many checks for diabetics, respiratory diseases, care planning for patients with mental health conditions and heart

Good

# Are services effective?

## (for example, treatment is effective)

conditions were above the national average. Staff spoke positively about the culture in the practice around audit and quality improvement. Nurses and GPs met regularly to discuss QOF outcomes.

Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and the latest prescribing guidance was being used. The IT system flagged up relevant medicine alerts when the GP went to prescribe medicines.

### Effective staffing

Practice staffing included GPs, nurses, dispensing, managerial and administrative staff. We reviewed two training logs and staff files and saw that there were records of a broad number of training areas such as equality and diversity, information governance, medical emergencies, and safeguarding adults and children. However, one log did not identify when staff had training or when they would require it again. The system for identifying the regularity of training was not recorded clearly. The practice supplemented training with a nationally recognised online training tool. This enabled staff to undertake training independently. Staff attended regional training days with other practices and spoke positively about the culture or learning and development within the practice. We asked to see the staff training according to the online training tool, but the practice were unable to provided us with this log which is usually available when using the online tool.

All staff undertook annual appraisals which identified learning needs from which action plans were documented. Staff interviews confirmed that the practice was proactive in providing training and funding for relevant courses. Practice nurses had defined duties they were expected to perform and were able to demonstrate they were trained to fulfil these duties. As this was a training practice, GPs who were in training to be qualified as GPs were supervised and supported by their GP mentors.

Working with colleagues and other services

The practice had close links with staff from other services including district nurses, health visitors and midwives who they worked with in delivering patients' care. The practice had a procedure for passing on, reading and taking action on any issues arising from communications with other care providers on the day they were received.

The practice held multidisciplinary team meetings and other means of communication with external services. This included liaison with the community mental health team via regular meetings and contact with psychiatrists. Gold standards meetings were held to manage the care for patients who were on the end of life register, including local support organisations and district nurses. The practice participated in child protection meetings where specific cases of concern were discussed. The staff we spoke with told us information sharing with district nurses, health visitors and the local social care team worked well. The practice provided care to patients in four local learning disability homes and a total of approximately 40 patients. GPs divided responsibility for each care home to one GP and undertook annual health reviews in the care homes. The practice had provided 100% of the health checks to their patients with learning disabilities.

### Information Sharing

The practice used electronic systems to communicate with other providers. For example, GPs told us patient information was frequently shared via special notes from the local out of hours providers. The system used by the practice meant the information could be shared instantly. Electronic systems were also in place for making referrals.

The practice had systems in place to provide staff with the information they needed. An electronic patient record system called Emis web was used by all staff to coordinate, document and manage patients' care. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005. All the GPs we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. The nurse we spoke with was aware of the Act and the potential implications on gaining consent from someone who potentially lacked capacity to make decisions. They told us nurses would ask GPs for help on assessing patients' capacity if needed and implementing the principles of the Act. There was an MCA 2005 policy which included how to assess capacity and how best interest decisions should be made if required. There was guidance for staff on how to follow the Gillick competency principles for under 16s.

Good

# Are services effective?

## (for example, treatment is effective)

Patients records we looked at contained reference to consent being sought before certain procedures. However, there were no consent forms signed by patients for procedures such as minor surgery.

### Health Promotion & Prevention

New patients had their medical records assessed and those who were on a repeat prescription were given an appointment with registered GP to discuss their needs. Staff told us they were proactive about providing health checks for patients, such as offering smears to patients during routine appointments. The practice had achieved 80% on their cervical smear programme for the last year which is the national target for practices to achieve. Check-ups for patients with long term conditions were provided in nurse led clinics or through arranged appointments. The lead nurse told us that the practice would provide health checks for any conditions opportunistically when patients were due for a health review. For example, if patients attended the practice for a different reason. QOF data showed the practice was achieving better than the national average on meeting annual health checks for chronic conditions.

The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with learning disabilities these patients were offered an annual physical health check. The practice had identified the smoking status of 91% of patients over the age of 15 and actively offered nurse led smoking cessation clinics to 99% of these patients. Both of these figures were significantly above the national average.

The practice offered a full range of immunisations for children, patients at risk of specific conditions and travel advice and vaccines. Last year's performance for child immunisations was similar to national average or higher for some vaccinations. Flu vaccination rates for patients at risk of serious health concerns associated with flu (due to long term health conditions) and those for patients over 65 were significantly above national average.

External support services were advertised on the practice website and in the waiting area. This included mental health and drug addiction support services.

Good

# Are services caring?

## Our findings

**Respect, Dignity, Compassion & Empathy**

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey and a survey of over 307 patients undertaken by the practice's Patient Participation Group. The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed the practice received positive feedback for treating patients with care and concern. The practice satisfaction scores on consultations showed 92% of practice respondents said GPs were good at listening to them and 80% of nurses were good at listening to them. The survey also showed 88% said the last GP they saw and 82% said the last nurse they saw was good at giving them enough time. This was above the local average.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 26 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful and caring. They said staff treated them with dignity and respect. There were some comments stating that it was sometimes difficult to book an appointment with a GP. However, the majority of feedback we received from speaking with patients and from comment cards was very positive in all aspects of the practice. We also spoke with nine patients on the day of our inspection. Most told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We saw no evidence that patients experienced any kind of discrimination.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We observed staff were careful to follow the practice's confidentiality policy. Reception staff were careful to prevent patients overhearing potentially private conversations. A sign had been placed in reception as a result of patient feedback about concerns about discussions at reception being overheard by patients.

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

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 81% (above the local average) of practice respondents said GPs involved them in care decisions and 80% (below the local average) felt GPs were good at explaining treatment and results.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. This included decisions about referrals which they said were explained clearly. 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

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 patents this service was available.

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

Patients were positive about the emotional support provided by the practice. Notices in the patient waiting room, on the TV screen and patient website signposted patients to a number of support groups and organisations, such as dementia and carer support. Although there was some information addiction support services, there was no reference to contact information alcoholics if they wanted support to help them stop drinking, such as specific contacts for local alcoholics anonymous groups. Staff we spoke with told us that they would refer to this information if they felt patients needed external support services. The

Good

# Are services caring?

practice's computer system alerted staff if a patient was potentially vulnerable. Receptionists we spoke with were aware of how to support patients who were deaf, a carer, had dementia or a learning disability.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting patients' needs**

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood by the leadership team and staff who delivered care to patients. Many services were provided from the practice including podiatry, physiotherapy, drug and alcohol services and both district nurses and health visitors were based onsite. The practice worked closely with health visitors to ensure that patients with babies and young families had good access to care and support.

Longer appointments were available for patients who required them such as long term condition reviews, postnatal check-ups and health checks for patients with learning disabilities. This also included appointments with a named GP or nurse. Home visits were made to four local learning disability care homes to provide health checks, by a named GP. Patients who could not attend the practice were offered home visits when needed. The practice worked with health visitors in providing postnatal care

The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the Patient Participation Group (PPG) and patient survey. For example, the phone system had been changed to reduce the amount of time patients spent on hold when trying to book appointments. Changes were made to the waiting area to make it more accessible to older patients or those with limited mobility.

**Tackle inequity and promote equality**

The practice had recognised the needs of different groups in the planning of its services. GP partners told us the practice registered patients who had no fixed abode. There was a practice list of children placed from outside the locality who were on the child protection register so that they could be given an appointment even if they were not registered at the time. A telephone translation service was used to assist in providing care to patients who could not speak English. The practice provided equality and diversity training to staff. The premises and services had been adapted to meet the needs of patients with limited mobility. Automatic double doors and level access had been installed. There was a verbal and visual call system for patients with either hearing or visual impairments.

**Access to the service**

Appointments were available from 8am to 6.30pm on weekdays. Extended hours appointments were available on Tuesday evenings until 8pm and on one Saturday per month from 9am to 12pm. The extended hours were for bookable appointments only. Comprehensive information was available to patients about appointments on the practice website and in the reception and waiting areas. This included how to arrange appointments over the phone and online. Home visit information explained how to arrange them and that telephone consultations may be arranged instead of a visit. There was also information for patients on how to access treatment or advice when the practice is closed on the website.

Patients were generally satisfied with the appointments system. They confirmed that they could see a GP if they needed to. Some patients told us seeing a GP quickly could be difficult but this was a minority of the feedback we received. There were urgent slots for patients allocated on the same day. Urgent appointments were booked through the duty GP who would call patients requesting an urgent appointment to deduce who was best to see them. Patients had access to a minor illness nurse, GPs and phone consultations if they had an urgent problem.The national survey found that 68% of respondents found it easy to get through to this surgery by phone and 94% said the last appointment they got was convenient. Eighty four per cent of patients were able to make an appointment last time they tried. To meet the capacity demands on the practice, there has been an increase in four consultation rooms in recent years to enable more patients to be seen. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients.

The practice survey identified that most patients were satisfied with waiting times in the surgery with less than a 25% of patients stating they waited a long time for their appointment. Phone consultations enabled patients who worked to access advice from GPs or nurses.

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

The practice was situated on the first and second floors of the building with services for patients on the ground floor. The practice had provided space for the use of patients with mobility scooters and wheelchairs in reception and wide doorways to a corridor where the majority of consultation and treatment rooms were located. This made movement around the practice easier and helped to maintain patients' independence.

**Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. We saw that information was available to help patients understand the complaints system in the reception area in the form of a notice and leaflets. We looked at several complaints received in the last twelve months and found these were satisfactorily handled and dealt with in a timely manner.

The practice reviewed complaints every six months to detect themes or trends. We looked at minutes from these reviews and saw no themes had been identified. However lessons learnt from individual complaints had been discussed at meetings and acted upon. We saw complaints were discussed regularly at meetings.

# Are services well-led?

Good

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

## Our findings

### Vision and strategy

The practice had undertaken a management review in 2014. This identified changes required to the processes for managing the staff and practice. This coincided with a change in practice manager. The management review led to a major change in the management processes for the practice including day to day tasks such as monitoring the safety and quality of the service. The transition meant that some of these processes were not fully functional and some information was not easily accessible. For example, the hygiene and infection control policy and procedures had recently been changed and an audit had been undertaken. This led to action which improved safety at the practice. However, some staff responsible for monitoring infection control had different understanding of the procedures and could not find the audit completed in October. The leadership team recognised that the management review was ongoing and would take time to fully implement.

The practice had a clear strategy for identifying and planning for future demands on the practice. The main concern for the leadership team was an increase in the local population due to a housing development. The practice had secured funding to increase the size of the practice in order to meet this demand.

The practice statement of purpose listed a number of strategic aims, including continual improvement in several areas of performance. This was reflected in the learning from significant events, strong communication and staff development.

### Governance Arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the intranet on any computer within the practice. We looked at several of these policies and procedures and noted reviews were undertaken as well as a date for future review.

The practice held regular meetings. Weekly meetings were held to discuss operational updates, review patients who had died, the quality outcomes framework performance (QOF), specific patient's care, prescribing, new cancer diagnoses and significant events. Monthly meetings were held to discuss referrals and other governance issues. The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards, and had achieved 99% in 2014 and 100% in recent years. Staff told us that QOF data was regularly discussed among the staff. The practice had completed a number of clinical audits, where action was taken to improve the service.

The practice had some arrangements for identifying, recording and managing risks. However, there was no legionella risk assessment to determine if regular checks on the water system were needed. Fire risk were assessed by a retired fire officer but no overall assessment took place.

### Leadership, openness and transparency

Staff told us there was a clear leadership structure which had named members of staff in lead roles. For example there was a lead nurse for infection control and a GP partner was the lead for safeguarding. We spoke with nine members of staff and they were all clear about their own roles and responsibilities. They all told us that they felt valued, involved in the running of the practice, well supported and knew who to go to in the practice with any concerns. One staff member told us the GPs made an effort to provide feedback on any work they collaborated on with other staff and thanked them for their input.

Staff were involved in meetings, where they could receive important communication and provide feedback. However, administration staff did not have a regular staff meeting to attend. Briefings for administration and reception staff were held when required to communicate important information such as changes to protocols. Staff told us that there was an open culture within the practice.

We were shown the staff handbook that was available to all staff, this included sections on raising concerns, staff support and confidentiality arrangements.

### Practice seeks and acts on feedback from users, public and staff

The practice had gathered feedback from patients through patient surveys and comments and complaints. We looked at the results of the annual patient survey and saw that the findings were considered and any action to improve the service provided was included in the survey report. The

# Are services well-led?

Good

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

survey included many common questions related to key concerns for patients. However, the practice could consider what specific information could be included in the survey to gauge broader patient opinion through the survey.

The practice had a patient participation group (PPG). The PPG contained representatives from the local community. The PPG chair we spoke with described their difficulty in recruiting younger patients and broadening the groups' representation. There was a small virtual reference group where patients had indicated their interest to participate in the PPG and this group had been engaged with. The PPG designed and analysed the last patient survey. A partner attended PPG meetings. The chair person told us the PPG was valued and supported by the practice.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues or the leadership team. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients. The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice.

**Management lead through learning & improvement**

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at five staff files and saw that regular appraisals took place. Staff told us that the practice was very supportive of training and that they had regional training away days where guest speakers and trainers attended. Theale Medical Centre was a GP training practice and supported GP trainees.

The practice had completed reviews of significant events and other incidents and shared learning outcomes with staff via meetings to ensure the practice maintained a learning environment where improvements took place to improve outcomes for patients.

This section is primarily information for the provider

# Compliance actions

## Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers<br>**The provider did not ensure that service users were protected from a lack of proper information about them by means of the maintenance of an accurate record in respect of each service user in regard their care and treatment monitor the quality of the service to ensure it was safe. Not all risks were identified, assessed and manage in order to protect the welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity. Regulation 10(1)(a)(b)** |

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines<br>**Management of medicines. There were not appropriate arrangements in place for obtaining, recording, handling, using, keeping safe and dispensing of medicines.**<br>**Regulation 13** |