

Sheet Street Surgery

Quality Report

The Surgery
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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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sheet Street Surgery on 7 April 2016. Overall the practice is rated as good.

Specifically, we found the practice to require improvement for provision of safe services. It was good for providing effective, caring, responsive and well-led services.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The majority of information about safety was recorded, monitored and reviewed.
- Risks to patients and staff were assessed and well managed in some areas, with the exception of those relating to fire safety procedures, safeguarding training, care planning and prescription safety and

security. For example, the practice did not have a fire safety policy in place, fire safety system was not serviced regularly and they were not carrying out regular fire safety checks and drills.

- We found that completed clinical audits cycles were driving positive outcomes for patients.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. However, some staff had not completed health and safety, equality and diversity, fire safety and basic life support training.
- Patients we spoke with on the day informed us 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 were available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP, with urgent appointments available the same day.

Summary of findings

- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure fire safety procedures and checks are fully implemented, and develop an action plan to address the issues identified during recent fire risk assessment.
- Ensure the process for the handling of blank prescription forms are handled in accordance with national guidance as these were not tracked through the practice and kept securely at all times.

In addition the provider should:

- Ensure all staff have undertaken training including safeguarding, health and safety, equality and diversity, fire safety, infection control and basic life support.
- Develop and implement a clear action plan, to improve the outcomes for patients with learning disabilities, patients experiencing poor mental health and patients at risk of unplanned admission.
- Encourage carers to register as such to enable them to access the support available via the practice and external agencies.
- Ensure partnership details are updated to the practice's Care Quality Commission registration.

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 are areas where it must make improvements.

- There was an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example, the practice had not have a fire safety policy and procedure in place. The practice had not carried out regular fire safety checks and drills. The practice had not developed an action plan to address the issues identified during recent fire risk assessment carried out by an external contractor.
- Blank prescription forms were not handled in accordance with national guidance to ensure they were safely stored and tracked through the practice.
- There was a lead for safeguarding adults and child protection. However, some staff had not received safeguarding children and adults training.
- There was an infection control protocol in place and infection control audits were undertaken regularly.

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 mostly above average for the local Clinical Commissioning Group (CCG) and compared to the national average.
- Staff assessed need and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Good



Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, some staff had not completed mandatory training including health and safety, equality and diversity awareness, infection control, fire safety and basic life support.
- The practice had created care plans of patients at high risk admissions register to reduce the risk of these patients needing admission to hospital. However, the practice was not updating care plans regularly, which was putting patients at risk.
- The practice had not always completed care plans for patients on the learning disability register and patients experiencing poor mental health. For example, care plans were not completed for any patient on the learning disability register and care plans were completed for 50% patients experiencing poor mental health.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patient outcomes were mostly above average to others in locality 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the premises were undergoing extension and refurbishment work. The provider was building an additional two consulting rooms and installing a lift in the current premises.
- The practice was offering GP led acupuncture (treating various health problems by inserting fine needles in the skin at specific points) clinics at the premises.

Good



Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients said they found it easy to make an appointment with a named GP, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.

Are services well-led?

The practice is rated as good for being well-led.

- There was 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a good governance framework which supported the delivery of the strategy and good quality care. However, monitoring of specific areas such as fire safety procedures and management of safety and security of prescriptions were not always managed appropriately.
- Some mandatory training for most clinical and non-clinical staff was not always managed appropriately.
- We found partners details on CQC registration certificate were not up-to-date.
- The practice was aware of and complied with the requirements of the Duty of Candour. GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group.

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.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The premises were accessible to those with limited mobility. However, the front door was not automated and the practice did not provide a low level desk at the front reception. We saw an evidence to confirm that the practice was planning to replace the front door in two weeks' time.
- There was a register to manage end of life care.
- There were good working relationships with external services such as district nurses.

Good



People with long term conditions

The practice is rated as good for the care of patients with long-term conditions.

- There were clinical leads for chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a named GP and a structured annual review to check that 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.

- 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 patients who had a high number of A&E attendances.
- Immunisation rates were comparable to the CCG average for all standard childhood immunisations.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 79%, which was lower than the national average of 82%.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

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.
- For example, the practice offered extended hours appointments Monday to Friday from 6:30pm to 9pm, and every Saturday and Sunday from 9am to 12pm and 2pm to 7pm at Kings Edward Hospital (funded by Prime Minister's Access Fund).
- In addition, the practice was going to offer extended hours appointments at the premises from next week every Tuesday and Wednesday morning from 7am to 8am and every Tuesday evening from 5:30pm to 7:30pm.
- The practice was proactive in offering online services and telephone consultations.

Good



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 held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- It offered annual health checks for patients with learning disabilities. Health checks were completed for two patients out of 12 patients on the learning disability register. Care plans were not completed for any patient on the learning disability register.
- Longer appointments were offered to patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.

Good



Summary of findings

- It had told 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.

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).

- Performance for dementia face to face review was better than the CCG and national average. The practice had achieved 88% of the total number of points available, compared to 83% locally and 84% nationally.
- 50% of patients experiencing poor mental health were involved in developing their care plan in last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- Systems were in place to follow up patients who had attended accident and emergency, when experiencing mental health difficulties.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing better than the local and the national averages. There were 121 responses and a response rate of 42%.

- 79% find it easy to get through to this practice by phone compared with a CCG average of 74% and a national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 85% described the overall experience of their GP practice as good compared with a CCG average of 85% and a national average of 85%.

- 81% said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average of 77% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. We spoke with 10 patients and one patient participation group (PPG) member during the inspection. Patients we spoke with and comments we received were all positive about the care and treatment offered by the GPs and nurses at the practice, which met their needs. They said staff treated them with dignity and their privacy was respected. They also said they always had enough time to discuss their medical concerns.

Areas for improvement

Action the service **MUST** take to improve

- Ensure fire safety procedures and checks are fully implemented, and develop an action plan to address the issues identified during recent fire risk assessment.
- Ensure the process for the handling of blank prescription forms are handled in accordance with national guidance as these were not tracked through the practice and kept securely at all times.

Action the service **SHOULD** take to improve

- Ensure all staff have undertaken training including safeguarding, health and safety, equality and diversity, fire safety, infection control and basic life support.

- Develop and implement a clear action plan, to improve the outcomes for patients with learning disabilities, patients experiencing poor mental health and patients at risk of unplanned admission.
- Encourage carers to register as such to enable them to access the support available via the practice and external agencies.
- Ensure partnership details are updated to the practice's Care Quality Commission registration.

Sheet Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Sheet Street Surgery

The Sheet Street Surgery is situated in Windsor. The practice is located in a purpose built premises with limited car parking for patients and staff. Premises is accessible for patients and visitors who have difficulty managing steps. All patient services are offered on the ground and first floors. The practice comprises of consulting rooms, treatment rooms, a patient waiting area, reception area, administrative and management offices and a meeting room.

The practice has core opening hours from 8am to 6pm Monday to Friday. The practice has offered range of scheduled appointments to patients every weekday from 8am to 5:30pm including open access appointments with a duty GP throughout the day. Extended hours appointments are available every Tuesday and Wednesday mornings from 7am to 8am and Tuesday evening from 5:30pm to 7:30pm. In addition, the practice has offered extended hours appointments Monday to Friday from 6:30pm to 9pm, and every Saturday and Sunday from 9am to 12pm and 2pm to 7pm at Kings Edward Hospital (funded by Prime Minister's Access Fund).

The practice had a patient population of approximately 9,500 registered patients. The practice population of patients aged between 0 to 29 years are lower than the

clinical commissioning group (CCG) and national averages and there are a higher number of patients aged between 40 to 59 years old compared to clinical commissioning group (CCG) and national averages. The practice has a transient patient population including military personnel. This has an impact on screening, immunisation and recall programmes.

There are five GP partners and one salaried GP at the practice. Three GPs are male and three female. At the time of inspection the practice's CQC registration was incorrect. A new GP partner had not been added and three previous partners had not been removed from the practice's CQC registration records.

The practice employs four practice nurses. The practice manager is supported by a reception team leader, a team of administrative and reception staff. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

The practice informed us that they had faced recruitment issues over a period of last 18 months due to three senior partners retiring, two regular doctors went on maternity leave around the same time and there was no practice manager for four months. The practice informed us they had implemented a number of measures to mitigate the loss of the staff and these steps had been successful to provide the stability in the staff team.

The premises is undergoing extension and refurbishment work. The provider is building an additional two consulting rooms and installing a lift in the current premises. The building work is due to finish in July 2016.

Two partners have completed a postgraduate certificate in clinical education and the practice is working towards a training practice status.

Services are provided from following location:

Detailed findings

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The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time and 30 minutes after closing time (between 6pm and 6:30pm) by East Berkshire Primary Care service or after 6:30pm, weekends and bank holidays by calling NHS 111.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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, (Regulated Activities) Regulations 2014, 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

Prior to the inspection we contacted the Windsor, Ascot and Maidenhead Clinical Commissioning Group (CCG), NHS England area team and local Healthwatch to seek their

feedback about the service provided by Sheet Street Surgery. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced visit on 7 April 2016. During our visit we:

- Spoke with 13 staff and 10 patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed 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 are provided for specific groups of patients and what good care looks 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.
- 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 also a recording form available on the practice's computer system.
- We reviewed records of eight significant events and incidents that had occurred during the last year. There was evidence that the practice had learned from significant events and implementing change was clearly planned. For example, following a significant event the practice had revised their protocol of alerting a doctor to an abnormal result, advised all staff to follow the guidelines and late telephone calls from the laboratory with abnormal results must be logged on to the doctor's electronic screens.

We reviewed safety records and national patient safety alerts. The practice informed us that team meetings held regularly and staff we spoke to confirmed this. However, we noticed that team meeting minutes were not always documented. There was a risk that staff who did not attend the meeting would not be able to identify any action required from these events to improve safety.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, however improvements were required.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 but not all staff

had received training relevant to their role. For example, a GP, a nurse and five administration staff had not completed adult safeguarding training and two administration staff had not completed children safeguarding training.

- A notice was displayed in the waiting room and consultation rooms, advising patients that staff would act as a chaperone, if required. All staff who acted as a chaperone were trained for the role and had received a disclosure and barring check (DBS). (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).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A practice nurse was the infection control 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 all clinical staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We checked medicines kept in the treatment rooms, medicine refrigerators and found they were stored securely (including obtaining, prescribing, recording, handling, storing and security). Processes were in place to check medicines were within their expiry date and suitable for use. Regular medicine audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.
- Records showed fridge temperature checks were carried out daily. There was a policy for ensuring that medicines were kept at the required temperatures, which also described the action to take in the event of a potential failure.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription pads were not handled in accordance with national guidance as these were not tracked through the practice and not kept securely at all times. On the day of inspection we found blank prescriptions forms were stored in an unlocked printer in an unlocked room.

Are services safe?

- Recruitment checks were carried out and the four staff files we reviewed showed that recruitment checks had been undertaken prior to employment. For example, Disclosure and Barring Service (DBS) checks, proof of identification, references, qualifications and registration with the appropriate professional body.
- Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.

Monitoring risks to patients

The practice had some arrangements in place to assess and manage risks to patients and staff.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. The practice informed us they had completed a health and safety policy recently. However, we noted a date and signature were missing in the policy.
- The practice did not have a fire safety policy in place, fire safety system was not serviced regularly and they were not carrying out regular fire safety checks and drills.
- A fire safety risk assessment had been carried out by an external contractor a week before the inspection on 30 March 2016. Fire risk assessment had recommended to take number of actions to ensure fire safety in the premises. The practice informed us they were in the process of developing an action plan to meet recommendations identified in the risk assessment.

- All electrical and clinical equipment was checked to ensure it was safe. The practice also 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.
- Legionella (a bacterium which can contaminate water systems in buildings) risk assessment was carried out by an external contractor. We saw the practice had maintained records of regular checks.

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 clinical staff had received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult mask. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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 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.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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). In 2014-15, the practice had achieved 97% of the total number of points available, compared to 97% locally and 94% nationally, with 9% exception reporting. The level of exception reporting was similar to the CCG average (9%) and the national average (9%). Exception reporting is the percentage of patients who would normally be monitored but had been exempted from the measures. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included.

Data from 2014-15 showed;

- Performance for diabetes related indicators was better than the CCG and national average. The practice had achieved 95% of the total number of points available, compared to 94% locally and 89% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average. The practice had achieved 85% of the total number of points available, compared to 83% locally and 84% nationally.

- Performance for mental health related indicators was below the CCG and above the national average. The practice had achieved 95% of the total number of points available, compared to 96% locally and 93% nationally.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved in improving care and treatment and patient outcomes.

- The practice had carried out number of repeated clinical audits cycles. We checked eight clinical audits completed in the last two years, where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve services. For example, we saw evidence of repeated audit cycle of patients taking medicine used to manage severe mental health conditions.
- The aim of the audit was to identify and ensure all patients prescribed this medicine had blood tests carried out regularly to monitor the side effects of medicine. The first audit demonstrated that 46% patients taking this medicine had carried out blood tests. The practice reviewed their protocol and invited patients for blood tests. We saw evidence that the practice had carried out follow up audits which demonstrated improvements in patient outcomes and found 80% patients had carried out blood tests.

Effective staffing

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

- The practice had a staff handbook for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during one-to-one meetings, appraisals, coaching, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Some staff had not received up-to-date training: in safeguarding children (two non-clinical staff), safeguarding adults (two clinical and seven non-clinical staff), health and safety (all GPs and four non-clinical staff), equality and diversity (four clinical and eight non-clinical staff), and infection control (eight non-clinical staff), fire safety (two non-clinical staff) and basic life support (six non-clinical staff) had not completed training.
- The practice recognised they were required to improve in this area and we saw evidence that the practice had asked all staff to complete mandatory training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was mostly 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, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- We saw evidence that multi-disciplinary team meetings took place on a monthly basis and meeting minutes documented thoroughly.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patient's needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. The practice had identified 150 patients who were deemed at risk of admissions and 92% of these patients had care plans been created to reduce the risk of these patients needing admission to hospital. However, the practice was not always updating care plans regularly, which may place patients at risk.
- The practice had not always completed care plans for patients on the learning disability register and patients experiencing poor mental health.
- For example, care plans were not completed for any patient on the learning disability register and care plans were completed for 50% patients experiencing poor mental health.

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 patients, 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, where appropriate, recorded the outcome of the assessment.
- The provider informed us that verbal consent was taken from patients for routine examinations and minor procedures and recorded in electronic records. The provider informed us that written consent forms were completed for more complex procedures.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice.

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those wishing to stop smoking. Patients were signposted to the relevant external services where necessary such as local carer support group.
- The practice was offering opportunistic smoking cessation advice and patients were referred to an in-house smoking cessation clinic.
- The practice informed us and we saw evidence of a transient patient population including military personnel. This also had an impact on screening, immunisation and recall programmes.

The practice's uptake for the cervical screening programme was 79%, which was below the national average of 82%. There was a policy to offer text message reminders for patients about appointments. In total 52% of patients eligible had undertaken bowel cancer screening and 77% of patients eligible had been screened for breast cancer, compared to the national averages of 58% and 72% respectively.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were higher than the CCG average for under two year olds and lower than the CCG average for under five year olds . For example:

- Childhood immunisation rates for the vaccinations given in 2014/15 to under two year olds ranged from 93% to 98%, these were comparable to the CCG averages which ranged from 84% to 95%.

- Childhood immunisation rates for vaccinations given in 2014/15 to five year olds ranged from 83% to 94%, these were lower than the CCG averages which ranged from 85% 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 on 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; 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 19 patient CQC 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 also 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 most patients felt they were treated with compassion, dignity and respect. The practice was above the CCG average and the national average for most of its satisfaction scores. For example:

- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 87% patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

However, the result were below the CCG average and the national average for some of its satisfaction scores:

- 83% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.

- 84% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.

The one PPG member and 10 patients we spoke to on the day informed us that they were satisfied with both clinical and non-clinical staff at the practice. The practice informed us their satisfaction scores were below average in some areas on consultations with GPs due to increase in use of locum GPs last year when three senior GPs retired and two salaried GPs were on maternity leave.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed mostly patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above to the CCG average and the national average. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 90% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.
- 93% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.

Staff told us that interpretation 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.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of six patients (0.06% of the practice patient population list size) who were carers and they were being supported, for example, by offering health checks and referral for social services support. Staff we spoke to on the day informed us that these low figures could be a fault with the coding system (a coding system is a tool used to capture and analyse clinical data) due to recent switch in the computer system. Written

information was available for carers to ensure they understood the various avenues of support available to them. The practice website also offered additional services including counselling. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This 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

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and systems were in place to address identified needs in the way services were delivered. Many services were provided from the practice including diabetic clinics, mother and baby clinics and a family planning clinic. The practice worked closely with health visitors to ensure that patients with babies and young families had good access to care and support. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. The practice was offering emergency walk-in appointments and telephone consultations every day.
- Patients were able to receive travel vaccinations.
- There were disabled facilities and interpretation services available. However, a hearing induction loop was not available.
- The practice had organised patients centered learning events. For example, an in-house event was organised for patients with respiratory problems and 'walk and talk' sessions were organised in the local community for patients with long term conditions.
- The premises were undergoing extension and refurbishment work. The provider was forward thinking and building an additional two consulting rooms with additional admin space and installing a lift in the current premises. The building work was due to finish in July 2016.
- The practice was offering GP led acupuncture (treating various health problems by inserting fine needles in the skin at specific points) clinics at the premises.

Access to the service

The practice was open from 8am to 6pm Monday to Friday. However, one of the practice GPs was available on call from

6pm to 6:30pm Monday to Friday (this out of hours service was managed by East Berkshire Primary Care). The practice was closed on bank and public holidays and patients were advised to call NHS111 for assistance during this time. The practice offered range of scheduled appointments to patients every weekday from 8am to 5:30pm including open access appointments with a duty GP throughout the day.

In addition to pre-bookable appointments that could be booked up to seven weeks in advance, urgent walk-in appointments, telephone consultations and online appointments were also available for patients that needed them. The practice offered extended hours appointments Monday to Friday from 6:30pm to 9pm, and every Saturday and Sunday from 9am to 12pm and 2pm to 7pm at Kings Edward Hospital (funded by Prime Minister's Access Fund). In addition, the practice was going to offer extended hours appointments at the premises from next week every Tuesday and Wednesday morning from 7am to 8am and every Tuesday evening from 5:30pm to 7:30pm.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were mostly above to the CCG average and the national average. For example:

- 62% of patients said they always or almost always see or speak to the GP their preferred GP compared to the CCG average of 54% and national average of 59%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and national average of 73%.

However, the result were below the CCG average and the national average for:

- 56% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.

The practice was aware of poor national GP survey results and they had taken steps to address the issues. For example;

- The practice had introduced an online appointment system and pre-bookable GPs and nurses appointments were available to book online.
- The practice had reviewed appointment booking system and telephone consultation appointments with GPs had been introduced.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice was going to offer extended hours appointments at the premises from next week. We saw these extended hours appointments were available to book from next week and was advertised in the waiting area.
- The one PPG members and 10 patients we spoke with on the day informed us they were satisfied with appointment booking system and were able to get appointments when they needed them.
- We checked the online appointment records of three GPs and noticed that the next pre-bookable appointments with named GPs were available within two weeks and with a duty GP with in one to two weeks. Urgent appointments with GPs or nurses were available the same day.

Listening and learning from concerns and complaints

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

- The 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. The complaints procedure was available from reception, detailed in the patient leaflet and on the patient website. Staff we spoke with were aware of their role in supporting patients to raise concerns. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at eight complaints received in the last 12 months and found that all written complaints had been addressed in a timely manner. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the manager or one of the GPs.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

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 a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which included practice's vision, values and priorities. The practice statement of purpose included working in partnership with patients and staff to provide a high quality, safe and effective service. This also included involving patients in decision making about their treatment and care, and deliver high quality services to meet the specific needs of patients.
- The practice had a robust strategy and supporting strategic business plans which reflected the vision and values and were regularly monitored.
- The practice informed us that they had faced recruitment issues over a period of last 18 months due to three senior partners leaving, two regular doctors went on maternity leave around the same time and there was no practice manager for four months. The practice informed us they had implemented a number of measures to mitigate the loss of the staff during this period of transition and these steps had been successful in rebuilding the staff team.

Governance arrangements

The practice had a good governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, some staff had not received mandatory training including safeguarding, health and safety, equality and diversity awareness, infection control and basic life support.
- Practice specific policies were implemented and were available to all staff.
- Staff had a comprehensive understanding of the performance of the practice.
- Audits were undertaken, which were used to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implementing

mitigating actions. However, monitoring of specific areas such as fire safety procedures and management of safety and security of prescriptions were not always managed appropriately.

- We found two partners retired last year were not removed from the CQC registration and one new partner was not added to the CQC registration certificate.

All staff we spoke with had a comprehensive understanding of the governance arrangements and performance of the practice.

Leadership and culture

The partner and GPs in the practice prioritised safe, high quality and compassionate care. They were visible in the practice and staff told us that they were approachable and always took time to listen to all members of staff. Staff told us there was an open and relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff said they felt respected, valued and supported, particularly by the partners and management in the practice.

The provider was aware of and complied with the requirements of the Duty of Candour. The GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were significant safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Good 

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

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, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and complaints received. There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice management team. For example, the practice appointment system had been reviewed, break slots were introduced to manage the waiting times and improvements to the layout of notices in the waiting room were made following feedback from the PPG.

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. We saw that appraisals were completed in the last year for staff. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

- We found some good examples of continuous learning and improvement within the practice. For example, we saw nurses were allowed to attend regular training session organised by CCG. We also saw that a current practice manager had started as a receptionist and was supported to grow and secure management position.
- Two partners had completed a postgraduate certificate in clinical education and the practice was working towards a training practice status.

This section is primarily information for the provider

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>We found the registered person did not have effective system and auditing processes to provide care and treatment of patients in a safe way. For example, fire safety procedures and checks were not fully implemented. The practice did not have a fire safety policy in place, fire safety system was not serviced regularly.</p> <p>National guidance was not followed in the security of prescriptions.</p> <p>Regular reviews were not carried out and care plans were not maintained for patients experiencing poor mental health, learning disabilities patients and patients at risk of unplanned admission.</p> <p>Regulation 12(1)(2)(a)(b)(g)</p>