

The Symons Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good. (Previous inspection March 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires improvement

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

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

We carried out an announced comprehensive inspection at The Symons Medical Centre on 8 November 2017. This

inspection was carried out as part of our new phase of inspections, which commenced on 1 November 2017. The practice had previously been inspected in March 2015 and was rated as good overall.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Systems to identify, assess and manage risk were not always operated consistently. For example, the practice did not demonstrate awareness of The Electricity at Work Regulations that require a risk assessment of the electrical systems to determine their safety, the system to act upon safety alerts did not confirm actions had been completed, operational policies were not updated in line with the practice schedule and appropriate authorisation for nurses to administer immunisations was not completed in all cases.

Summary of findings

- The practice GPs and nurses worked with other health professionals but records were not always kept of the meetings. Staff who were unable to attend the meetings would not be aware of decisions reached in regard to shared care and treatment.
- The practice had a system in place to identify carers and held a carers register. However, the number of carers registered was below 1% which did not reflect the number of carers identified in the last national census for the locality. The practice identified that the higher than average population of patients living in care homes might have affected the number of carers on their register
- The system for offering health reviews for patients with a learning disability was not operated effectively.

We saw two areas of outstanding practice:

- The practice recognised they had deaf patients registered and one of the GPs was learning British Sign Language to enable them to communicate with this group of patients.

- A joint audit project with local care homes on the benefits of appropriate hydration levels in elderly patients had resulted in fewer incidents of urinary tract infections.

The areas where the provider must make improvement as they are in breach of regulations is:

- Establish effective and consistently operated systems and processes to ensure good governance in accordance with the fundamental standards of care

The areas where the provider should make improvements are:

- To implement a system that enables identification of patients with caring responsibilities to facilitate provision of appropriate support to this vulnerable group.
- Confirm, the recently introduced, recall system to provide patients with a learning disability with an annual health check functions effectively.

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

The Symons Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised a CQC lead inspector and a GP specialist adviser.

Background to The Symons Medical Centre

The Symons Medical Centre is located in an urban area of Maidenhead. There are approximately 12,300 patients registered with the practice. The practice population shows a higher than average number of patients aged over 80 years old (approximately 800). There are a lower than average number of patients aged between 15 and 34 registered at the practice. Services are provided to approximately 300 patients that live in local care homes. According to data from the Office for National Statistics, this part of Berkshire has high levels of affluence and low levels of deprivation.

There are five GPs working at the practice. The practice employs two practice nurses and two health care assistants. The practice manager is supported by a team of reception and administration staff. All services are provided from:

The Symons Medical Centre, 25 All Saints Avenue, Maidenhead, Berkshire, SL6 6EL.

Online services can be accessed from the practice website at: www.thesymonsmedicalcentre.co.uk

The practice also works closely with district nurses, midwives and health visitors. Outside normal surgery hours patients were able to access emergency care from an Out of Hours (OOH) provider. Information on how to access medical care outside surgery hours was available on the practice leaflet, website and waiting area.

Since our last inspection in March 2015. The practice has renegotiated their contractual arrangements and now operates a General Medical Services (GMS) contract. GMS contracts are the most common contract in use and are negotiated centrally between the NHS and GP representatives.

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. The safeguarding policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice had not ensured that facilities were safe at the time of inspection. We found that the electrical system in the building had not been certified as safe in the last five years. We discussed this with the practice and they arranged for a suitably qualified electrician to carry out a wiring test the week after the inspection. The equipment owned by the practice was safe and was

maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste and safe disposal of healthcare waste had been subject to an audit by the practice nurses.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. (Sepsis is a life-threatening condition that arises when the body's response to infection causes injury to its own tissues and organs). The GPs and nurses at the practice had access to a set of guidelines relating to identification and treatment of sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

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

Safe and appropriate use of medicines

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

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

Are services safe?

line with legal requirements and current national guidance. However, we found five patient group directions (PGDs) that had not been appropriately authorised. (A PGD, signed by a doctor and agreed by a pharmacist, can act as a direction to a nurse to supply and/or administer prescription-only medicines). The practice arranged for these to be completed in full before we concluded the inspection. The practice had audited antimicrobial prescribing.

- There was a system to monitor expiry dates of medicines held at the practice. We found medicines held in medicines fridges and treatment rooms were in date and fit for use. However, we found an inhaler in one of the GPs bags that was out of date. This was disposed of and replaced before we concluded the inspection.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were risk assessments in relation to safety issues.
- Health and safety assessments had been undertaken including those relating to safety of water systems, control of substances hazardous to health and fire safety

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. The practice kept prescriptions for high risk medicines separately for GP scrutiny before authorising. This arose from an incident where a hospital clinician had prescribed a higher than recommended dose of a high risk medicine and the patients GP had issued repeat prescriptions for the high dose. The practice identified with the patient that the prescription for the medicine was quite strong and clarification was sought from the hospital which resulted in reducing the dose. The learning was shared with the clinical team and resulted in the change in system for authorising prescriptions of high risk medicines.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group was 0.8. This was better when compared to both the clinical commissioning group (CCG) average (0.86) and national average (0.98). Hypnotics, more commonly known as sleeping pills, are a class of psychoactive drugs whose primary function is to induce sleep and to be used in the treatment of insomnia, or surgical anaesthesia. Hypnotics should be used in the lowest dose possible, for the shortest duration possible and in strict accordance with their licensed indications.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was 1.25. This was similar when compared to the national average (1.01). Whilst the number of antibiotic items (Cephalosporins or Quinolones) prescribed was above (4.9%) when compared to local (4.48%) and national averages (4.71%). The practice demonstrated awareness to help prevent the development of current and future bacterial resistance and had identified that the higher than average number of patients living in care homes affected their prescribing. Clinical staff and prescribing data evidenced the practice prescribed antibiotics according to the principles of antimicrobial stewardship, such as prescribing antibiotics only when they are needed (and not for self-limiting mild infections such as colds and most coughs, sinusitis, earache and sore throats) and reviewing the continued need for them.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice had a higher than average number of patients aged over 80 years old registered (approximately 800). Staff were trained and skilled in supporting older patients.
- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were, if necessary, referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

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

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were consistently above the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 79%, which was marginally below the 80% coverage target for the national screening programme.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

Are services effective?

(for example, treatment is effective)

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- There were 40 patients registered at the practice who had been diagnosed with a learning disability. The practice had commenced offering these patients an annual health check since their new electronic records system enabled them to identify and record the need for an annual review. We noted that 13 of these patients had received a health check in the last year and that the new practice I.T. system was set up to remind staff to issue an invitation for a health review.

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

- Data showed that 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months compared to the CCG average of 88% and national average of 84%. The exception rate of 8% was comparable to the CCG 7% exception rate.
- Of the patients diagnosed with severe long term mental health problems 94% had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 100%; CCG 95%; national 91%); and the percentage of patients experiencing poor mental health who had their blood pressure checked in the last 12 months was 98% (compared to CCG average 94% and national average of 91%). However, these results were achieved with a 3% above average exception rate which meant more patients had been removed from the indicator than elsewhere.

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results for the year April 2016 to March 2017 were 99% of the total number of points available compared with

the CCG average of 99% and national average of 96%. The overall exception reporting rate was 15% compared with a national average of 11%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) However, the practice were not aware of the higher than average number of patients excepted from a review of their diagnosed cancer within six months of diagnosis (Practice 33%, clinical commissioning group (CCG) average 19% and national average 25%). The practice demonstrated that this arose from appropriate exception reporting in line with national reporting rules. However, they told us that a recall system would be initiated with the introduction of the new IT system.

- Between April 2016 and March 2017 76% of patients diagnosed with asthma had received a review of their asthma using an appropriate assessment tool. This matched the national average but was 3% below the clinical commissioning group average of 79%. However the number of patients excepted from the assessment was lower than average at 2% compared to the CCG average of 5% and national average of 8%.
- In 2016/17 the practice achieved 96% of the indicators of appropriate care for patients diagnosed with diabetes. This was below the CCG average of 98% but better than the national average of 91%. We reviewed the exceptions from diabetes indicators and found appropriate clinical decisions had been reached when a patient was removed from the indicators.

The practice had a programme of audit and we saw five audits undertaken in the last two years.

- The practice used information about care and treatment to make improvements. The practice identified that patients diagnosed with skin lesions were waiting a long time to be seen at hospital. To speed up treatment and relieve pressure on hospital services one of the GPs was trained to use a Dermatoscope (a dermatoscope enables close examination of skin lesions which could be cancerous). The practice purchased a Dermatoscope and diagnosis of skin lesions was undertaken at the practice. Patients benefitted from not having to attend hospital and receiving a prompt diagnosis.

Are services effective?

(for example, treatment is effective)

- The practice was actively involved in quality improvement activity. A two cycle audit had been undertaken to identify that patients prescribed hormone replacement therapy (HRT) were receiving appropriate advice when prescribed this treatment. The first audit identified that 23% of patients received the advice. When repeated the number had increased to 66% receiving the advice. The audit also identified that 72% of the patients taking HRT had their blood pressure checked at first audit. The second cycle of the audit identified an increase to 86%.
- Where appropriate, clinicians took part in local and national improvement initiatives. The practice had worked with other practices in the area to secure funding and establish extended hours GP services that were offered seven days a week. Patients unable to attend the practice for an appointment could access evening and weekend appointments within the Maidenhead area.
- A joint audit project with local care homes on the benefits of appropriate hydration levels in elderly patients had resulted in fewer incidents of urinary tract infections.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. However, we noted that whilst staff were up to date with their training there was no structured system to track that staff completed refresher training and mandatory training at appropriate intervals.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We were able to identify that GPs and nurses from the practice met with health and social care professionals from other services and organisations. There was a meeting timetable. This enabled appropriate assessment, planning and delivery of care and treatment. However, we found these meetings with the wider healthcare team were not recorded. Relevant staff who were unable to attend these meetings would not be able to access information to assist them in understanding the roles colleagues were taking in co-ordinating patient care.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans. The practice identified that their previous information system did not enable them to transfer records electronically to the out of hours service. We found that the new information technology system introduced in August 2017 enabled this.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The practice was not an outlier for identification and referral of patients newly diagnosed with cancer. There was also a system in place to follow up patients with suspected cancer who were referred for urgent assessment within two weeks.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Are services effective?

(for example, treatment is effective)

- The practice supported national priorities and initiatives to improve the population's health, for example, flu campaigns, healthy eating, stop smoking campaigns and tackling obesity.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Training on the Mental Capacity Act 2005 and Gillick competency (a legal framework for consent in under 16s) were provided to staff.
- There were means of recording consent where necessary.

Consent to care and treatment

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 22 patient Care Quality Commission comment cards we received were positive about the kindness of the staff and the care they received from the GPs and nurses. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice. It was also reflected in the comments we received from the five patients we spoke with.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 248 surveys were sent out and 108 were returned. This represented about 1% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 83% of patients who responded said the GP gave them enough time; CCG average of 85%; national average - 86%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw; CCG average of 96%; national average - 95%.
- 90% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG average of 86%; national average - 86%.
- 96% of patients who responded said the nurse was good at listening to them; CCG average - 91%; national average - 91%.

- 92% of patients who responded said the nurse gave them enough time; CCG average of 91%; national average - 92%.
- 96% of patients who responded said they had confidence and trust in the last nurse they saw; CCG average 97%; national average - 97%.
- 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG average- 91%; national average - 91%.
- 90% of patients who responded said they found the receptionists at the practice helpful; CCG average- 84%; national average - 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. One of the GPs was learning British Sign Language to enable them to communicate with patients who were deaf and used this form of communication.
- Staff helped patients and their carers find further information and access community and advocacy services.
- The practice had a system in place to identify carers and held a carers register. However, the number of carers registered (64) was below 1% which did not reflect the number of carers identified in the last national census for the locality (in excess of 6%). The practice identified that the higher than average population of patients living in care homes might have affected the number of carers on their register.

GPs and nurses were aware of local organisations involved in offering carers support and told us how they advised patients to make contact with these organisations when appropriate.

Are services caring?

- Staff told us that if families had experienced bereavement, their usual GP was informed. The GP would then make a decision based on their knowledge of the family situation to either contact the bereaved by telephone or by letter. If the GP identified the bereaved patient as vulnerable due to their bereavement an alert was placed on their record to ensure all staff were aware of the situation. Contact 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.

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

- 89% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.

- 81% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG average - 81%; national average - 82%.
- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average - 90%; national average - 90%.
- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG average - 84%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments).
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- We spoke with the manager of a local care home and received a comment card completed by another of the local care homes. The feedback from both was extremely positive in regard to the swift support the practice offered to residents at both homes. Both also confirmed that regular visits to the homes were undertaken by named GPs to promote continuity of care.

Older people:

- There was a weekly team teleconference to discuss older patients with complex needs and provide enhanced services and multidisciplinary care.
- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme. There were weekly visits by named GPs to local care homes. There were approximately 300 patients registered with the practice who lived in local care homes.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs also accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 16 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours were offered from 7am on four weekday mornings.
- Each GP on duty had telephone appointments available every day to accommodate patients who could not attend the practice during their working day.
- There was an online service available for ordering repeat prescriptions.
- The practice had commenced re-registering patients for online services with the installation of the new electronic record system. Registration for online services was being encouraged to reduce the volume of incoming telephone calls and make access easier for patients that worked.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- In addition to the registers the records of vulnerable patients were 'flagged' to identify their vulnerable circumstances and alert staff that additional support may be needed by these patients.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice offered longer appointments and annual health checks for patients with a learning disability.

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

- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Staff had been trained to recognise the needs of patients with severe mental health problems and in how to respond to these.

Timely access to the service

Patients were able to access appointments for receipt of care and treatment from the practice within an acceptable timescale for their needs. However, gaining access to the practice by telephone to make arrangements to receive care was difficult.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mixed when compared to local and national averages in some areas. This was supported by observations on the day of inspection and completed comment cards. A total of 248 surveys were sent out and 108 were returned. This represented approximately 1% of the practice population.

- 68% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 71% and the national average of 70%.
- 50% of patients who responded said they could get through easily to the practice by phone; CCG average - 71%; national average - 71%.
- 79% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG average - 86%; national average - 84%.
- 75% of patients who responded said their last appointment was convenient; CCG average - 83%; national average - 81%.

- 67% of patients who responded described their experience of making an appointment as good; CCG average - 73%; national average - 73%.
- 66% of patients who responded said they don't normally have to wait too long to be seen; CCG average - 61%; national average - 58%.

The practice demonstrated that they were both aware of and responding to the feedback from the survey. We reviewed a targeted survey the practice was undertaking with their patients to ascertain patient opinion on how to tackle the telephone access issues. The survey asked multiple questions including do patients want a queue position announcement when they telephone the practice. There were over 50 responses to the survey which would not close for another month. The practice had not analysed the responses but would do so once the survey was closed.

We also noted that the practice was actively promoting online access which would allow more patients to book appointments and order their prescriptions electronically to reduce the number of incoming phone calls.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice had received four complaints in the last year and we reviewed all four. We found that they were satisfactorily handled in a timely way. However, responses to complaints did not detail the process for patients to escalate their complaint if they were not satisfied with the practice response.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, the practice received a complaint about identifying patients by their name when they are called to see the GP or nurse. The practice offered patients the opportunity to remain unidentified by alerting reception staff to their preference not to be called by name.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice as requires improvement for providing a well-led service because some governance systems were not always operated effectively.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges within the Maidenhead area and those arising from the above average numbers of older patients in the registered population. They amended services where possible to support the range of registered patients
- They understood the challenges and were addressing them. For example, the partners were leading the implementation of the new electronic patient record system having identified the previous system was not providing sufficiently robust information to support the high quality care clinicians provided.
- Staff told us that leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. For example, an additional GP partner had been approved to join the practice in February 2018.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting plans to achieve priorities. For example, the recently commissioned electronic patient record system enabled improvement in national data submissions regarding patients with long term conditions. It also provided greater functionality for recalling patients requiring regular health checks.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population and enable collaborative working. Although recording outcomes from collaborative meetings required improvement.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. We noted that staff turnover was low and two staff had worked at the practice for over 20 years.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents, complaints and the findings from CQC inspections. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. For example, a significant event had been reported which involved the local hospital. The practice raised the event with the hospital to enable them to review their procedures. The patient involved received a full explanation of the event and was involved in revising their care and treatment.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff, who had been in post for over 12 months, received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff, including administration and reception staff, were considered valued members of the practice team. They were given protected time to attend courses and seminars for professional development and evaluation of their work.
- There was a focus on the safety and well-being of all staff.

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Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. However, these were not always operated effectively.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies and procedures intended to ensure safety. There was also a set of policies relevant to the management of the service. However, these policies were not being reviewed in accordance with the practice schedule. We noted that review and update of operational policies had commenced but not been completed. The safeguarding policies and procedures had been updated in 2017. However, we reviewed six policies in detail that had not been reviewed in the last year. We also found that policies in one of the two folders that held operation procedures had not been reviewed.

Managing risks, issues and performance

The processes for managing risks, issues and performance were operated inconsistently. Leaders had not identified or taken action on risks and process failures that were identified during the inspection.

- There were processes in place to identify, understand, monitor and address current and future risks including risks to patient safety but these were not always operated effectively.
- The system for managing MHRA alerts was not operated effectively. There was no oversight of completing action when an alert was relevant to the practice. We discussed this with the practice and they took immediate action to implement a system to record the outcomes of action taken in response to safety alerts. This was formally confirmed within two days of the inspection taking place.

- The practice did not demonstrate awareness of The Electricity at Work Regulations that required a risk assessment of the electrical systems to determine their safety.
- Processes to manage medicines safely had not identified that nurses had been administering five vaccines without appropriate written authorisation to do so.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place for major incidents.
- The practice implemented service developments, such as changing their electronic records system, and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The information used to monitor performance and the delivery of quality care had not in the past always been accurate and useful. The practice had identified this and changed their patient information system in August 2017 to address the shortfalls. We found improvements were already taking place. For example, information about patient treatment could be shared with other healthcare providers via electronic links in a timely manner. Recall systems to invite patients with a learning disability for annual health checks had been established. This showed the practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, feedback from local care homes was encouraged and collaborative audit with care homes had taken place.
- The patient participation group was active and involved in discussions and proposals about improving performance of services.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example, by introducing dermatoscopy at the practice to provide patients with skin lesions an early diagnosis.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out during protected learning time to review individual and team objectives, processes and performance.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <ul style="list-style-type: none">• The registered person had systems or processes in place that operated ineffectively in that they failed to consistently enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. For example, the registered person had not identified that authorisation of approval for nurses to administer medicines had not been completed in all cases .• The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to maintain up to date records as are necessary to be kept in relation to the management of the regulated activity or activities. In particular: Operational policies and procedures were not being reviewed in accordance with the timetable the practice had established. The practice could not be assured that policies and procedures that had not been reviewed remained relevant to the management of the regulated activities. <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>