

South Reading Surgery

Quality Report

257 Whitley Wood Road
Reading
Berkshire
RG2 8LE
Tel: 0118 931 3515
Website:

Date of inspection visit: 14 March 2018
Date of publication: 19/04/2018

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 responsive to people's needs?

Requires improvement



Are services well-led?

Good



Key findings

Contents

Key findings of this inspection

Letter from the Chief Inspector of General Practice	Page 2
The five questions we ask and what we found	4
The six population groups and what we found	5

Detailed findings from this inspection

Our inspection team	6
Background to South Reading Surgery	6
Why we carried out this inspection	6

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at South Reading Surgery on 13 September 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the September 2017 inspection can be found by selecting the 'all reports' link for South Reading Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 14 March 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 13 September 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- There was an appropriate system in place to respond to complaints and share learning arising from complaints.
- There was an effective system in place for keeping emergency equipment and medicines needed for medical emergencies. Both equipment and medicines were regularly checked.
- Staff received training appropriate to their roles.

- The practice had an action plan underway to improve access to the practice by telephone and to appointments. Whilst the actions identified were underway it was too early to evaluate whether they would be effective in improving access to the service.
- Staffing structures had been reviewed and recruitment campaigns launched to increase clinical staffing levels. Two part time practice nurses and a clinical pharmacist had been recruited.
- Staff were involved in the management of the practice via a weekly team meeting attended by team leaders and the partners.
- The practice had responded to an incident when water supply to part of the premises had been interrupted. A proposal to alter the business continuity plan had been recorded for agreement by the partners.

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

Importantly, the provider should:

- Monitor implementation of their action plan and evaluate whether actions taken to improve access are effective.

At our previous inspection on 13 September 2017, we rated the practice as requires improvement for providing responsive services because feedback from patients was

Summary of findings

poor in regard to accessing the practice by telephone and obtaining appointments. At this inspection we found that the practice had clear plans in place to address patient feedback. However, the plan had commenced and there

was further work to be undertaken. It was too early to evaluate if the plan would improve access. Consequently, the practice is still rated as requires improvement for providing responsive services.

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 responsive to people's needs?

The practice had taken action to improve the responsiveness of services.

However, the actions taken were still in progress and it was too early to evaluate whether the actions were sustainable.

Requires improvement



Are services well-led?

The practice had undertaken a range of actions that resulted in improvement to governance and management.

- The practice had completed actions to identify, assess and manage risk. Risks to patients had been reduced.
- Engagement with patients had been undertaken and there were systems in place to respond to patient feedback.

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 provider had taken the action included in their action plan and this population group is now rated good.

Good



People with long term conditions

The provider had taken the action included in their action plan and this population group is now rated good.

Good



Families, children and young people

The provider had taken the action included in their action plan and this population group is now rated good.

Good



Working age people (including those recently retired and students)

The provider had taken the action included in their action plan and this population group is now rated good.

Good



People whose circumstances may make them vulnerable

The provider had taken the action included in their action plan and this population group is now rated good.

Good



People experiencing poor mental health (including people with dementia)

The provider had taken the action included in their action plan and this population group is now rated good.

Good



South Reading Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was undertaken by a CQC Inspector.

Background to South Reading Surgery

South Reading Surgery is one of two locations managed by South Reading and Shinfield Group Medical Practice. Across both locations the number of patients registered has risen by approximately 1,660 since January 2017. There has been an increase of 1,200 patients at South Reading Surgery due to the closure of a nearby practice. This has required the Group Practice to review the staffing levels and facilities available to their patients.

South Reading Surgery has a different contract arrangement to Shinfield Health Centre shares policies and procedures and staff work across both sites. Patients registered at South Reading Surgery can be seen at Shinfield Health Centre if they prefer or if an earlier appointment is available.

South Reading Surgery is located within a converted two-storey house in a residential area of Reading. It is one of the practices within South Reading Clinical Commissioning Group and provides GP services to over 5,000 patients. According to data from the Office for National Statistics, Reading population demographics show a medium level of economic deprivation with pockets of low deprivation within the practice boundary. There is a higher percentage of unemployed patients compared to local and national averages. Ethnicity based on demographics collected in the 2011 census shows the population of Reading is predominantly White British with

13% of the practice population composed of patients with an Asian background and 10% from other non-white ethnic backgrounds.

South Reading Surgery has a two-storey main building and a permanent portakabin behind it. The portakabin is only accessible from outside and has a ramp for disabled access. There is one consultation room and one treatment room on the ground floor of the main building and one

consultation room and one treatment room in the portakabin. There are reception areas in both buildings and toilet facilities are available in both buildings. The practice also provides GP services to three local nursing homes, with approximately 120 patients being looked after by the practice. Approval in principle had been obtained for the practice to move to purpose built premises in close proximity to the existing surgery building. The new development required further planning and approval before works could commence.

Most staff work at both South Reading Surgery and Shinfield Health Centre because both practices are managed by the same partnership. There are three female GPs (two are partners) and a mix of regular locum GPs. The GPs split their time between the practices and offer 15 sessions at South Reading Surgery. This is equivalent to approximately 1.8 whole time GPs. The practice nurse currently works the equivalent of three days at South Reading Surgery and there is a health care assistant (HCA) at the practice every day. The practice has appointed two part time practice nurses who are due to commence work by the end of March 2018. This will enable the practice to provide a practice nurse at South Reading Surgery every weekday. The practice employs a clinical pharmacist who works three days each week split between the practice sites. There is also a vacancy for an advanced nurse practitioner but the practice has not been able to fill this post despite advertising for candidates. The practice

Detailed findings

manager is supported in the day to day running of the practice by a team of 11 administration and reception staff. However, there are three of the posts currently vacant and recruitment to these posts has commenced.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 11.30am every morning and 3.50pm to 5.50pm. Extended hours appointments are offered on a Tuesday from 7.30am and up to 7pm. The practice is also open every Saturday morning from 8.30am to 11.30am offering book in advance appointments.

Services are provided from: South Reading Surgery, 257 Whitley Wood Road, Reading, Berkshire, RG2 8LE

Information about the practice can be obtained from their website at www.srssurgery.co.uk. Patients can also sign up to use the website to book appointments and request repeat prescriptions.

Why we carried out this inspection

We undertook a comprehensive inspection of South Reading Surgery on 13 September 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in September 2017 can be found by selecting the 'all reports' link for South Reading Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of South Reading Surgery on 14 March 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 13 September 2017, we rated the practice as requires improvement for providing responsive services as the practice did not have a plan in place to respond to feedback from patients in regard to accessing services. The learning from investigation of complaints was not always recorded clearly.

These arrangements had improved when we undertook a follow up inspection on 14 March 2018. However, the practice remains rated as requires improvement because the practice was unable to demonstrate that the actions identified to respond to patient feedback were embedded or resulting in improvement in patient opinion of timely access to the service.

Timely access to the service

During our previous inspection we found that patient feedback on accessing the service was below average and the practice did not have a system or plan to respond to this feedback. At this inspection we found:

- All staff in the practice were aware of the views of patients and were involved in actions to improve access to the service.
- The partners and senior managers had formulated an action plan to respond to feedback and improve access to the practice for appointments and via the telephone.
- The action plan to improve access had been shared with the practice team and gave rise to a practice 'to do' list that was reviewed at the practice weekly team meetings.
- The practice had recognised that the volume of telephone calls coming through one telephone number had restricted access to patients to a timely response to their calls. Previously calls for both practice sites had been channelled through one telephone line. Therefore a separate number had been installed at the Shinfield Health centre site to leave one number for patients calling South Reading Surgery. However, contact with the telephone system suppliers had not always resulted in the changes requested by the practice and records of

interactions with the telephone system provider we saw demonstrated this. We noted that the practice was meeting with the system supplier on 16 March 2018 to seek a resolution to the ongoing problems.

- The practice plan recognised that recruitment of additional clinical and administration staff was a key to achieving better access to appointments and respond to patient telephone calls and face to face contacts. We noted that two part time practice nurses, a healthcare assistant and a clinical pharmacist had been appointed. The practice nurses were due to commence work within two weeks of this inspection.
- The practice had clearly documented plans to recruit further staff. Advertising had taken place for a further salaried GP, an advanced nurse practitioner and administration/reception staff. A detailed study of the administration workforce had identified a shortfall of 93 hours of reception/admin staffing.
- The action plan to respond to patient feedback included timescales for recruitment with a target of completing recruitment to both administrative and clinical staff vacancies by August 2018. The practice had a plan to run a patient survey in summer 2018. By that time the practice would have resolved the telephone access issues and recruited new staff to fill the vacancies identified in the new staffing structure.
- Whilst actions were underway to deliver the practice action plan to improve access to services it was too early to evaluate whether the actions were sustainable.

Listening and learning from concerns and complaints

The practice had a system in place to respond to complaints.

- We reviewed the practice complaints file and found that complaints were dealt with in an open and honest manner and responded to in detail. The five complaints we reviewed in detail had all been responded to in a timely way.
- The practice had instigated a weekly senior staff team meeting. Complaints received were reviewed at these meetings. The minutes we saw showed that the learning from complaints was shared clearly and enabled team leaders to take this learning to their staff teams.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 13 September 2017, we rated the practice as requires improvement for providing well-led services as clinical governance systems had failed to identify systems to identify, assess and manage risk being operated effectively and patient feedback was not being sought and acted upon consistently.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 14 March 2018. The practice is now rated as good for being well-led.

Governance arrangements

Governance arrangements had been reviewed and strengthened to improve oversight of management of risks.

- A review of how emergency medicines were kept had been undertaken. We found that the medicines held to deal with a medical emergency complied with best practice guidelines. They were kept in an orderly manner and were available to staff during the working day in the reception area. When the practice was closed they were securely stored in a locked medicine cupboard. Monitoring of emergency medicines was undertaken and recorded to ensure they were in date and fit for use.
- The practice pharmacist had introduced a monthly check, which was recorded, of the documentation used to enable nurses to legally administer medicines with the advance authorisation of GPs. (These documents are called Patient Group Directions (PGDs)). The monthly check included verifying that the PGDs remained current and that any new PGDs had been appropriately authorised and signed.
- The practice had reviewed their system for keeping blank prescriptions safe. The system had been extended to include all prescriptions held at the practice and a clear log was kept up to date and overseen by the practice pharmacist.
- One of the GP partners had reviewed the system for recording action arising from referrals made for suspected cancer diagnoses requiring no more than a

two week wait. The date the patient was seen following referral had been added to the referral log. If the patient was not seen within two weeks there was a process to contact the hospital and patient to follow up and ensure the appointment took place. The GPs also used the referral log to audit the specialties to which the referrals were made.

- The practice had reviewed their business continuity plan following an incident that took place two weeks prior to inspection. The water supply to part of the building had been interrupted. The practice nurse reviewed the arrangements for hand washing in these circumstances and had revised the plan to take account of this. The report and recommended alteration to the practice business continuity plan had been tabled for review by partners at the senior management team meeting to be held in the week commencing 19 March 2018.

Engagement with patients, the public, staff and external partners

The practice had undertaken a review of their patient feedback systems and run a patient survey to which 61 patients had responded. The results of the survey showed similar feedback to that reported in the national GP patient survey published in July 2017. Patients continued to report poor telephone access to the practice and difficulty accessing appointments. The practice had undertaken a systematic review of the challenges faced in providing access to services and devised a detailed action plan in response. Therefore, there were systems in place to respond to patient feedback. In addition the practice had:

- Reformed and reinvigorated their patient participation group (PPG). New members had joined the group since the inspection in September 2017.
- The PPG had met in January 2018 and set a quarterly meeting schedule. The minutes of the January 2018 meeting showed that the PPG were involved in reviewing previous patient feedback and in agreeing the action plan established by the practice.
- Discussions with two members of the PPG identified that the PPG were working with the practice to survey patient opinion once the majority of the action plan had been completed and had set aside time to support the practice in undertaking a patient satisfaction survey in summer 2018.