Tilehurst Surgery Partnership

Quality Report

Tylers Place
Tilehurst
Reading
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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?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

At our previous inspection in November 2014 the practice had an overall rating as 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? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups were 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 Tilehurst Surgery in Reading, Berkshire on 7th March 2018. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether Tilehurst Surgery was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

At this inspection we found:

- The practice had clear 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 fully engaged with programmes developed in the local area to support patients' health and wellbeing in a number of different ways.
- 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. The practice was above average for its satisfaction scores on consultations with GPs and nurses in a number of areas.
- Patients found the appointment system easy to use and reported that they were able to access urgent care when they needed it.

Summary of findings

- Services were tailored to meet the needs of individual people and delivered in a way that ensured flexibility and choice. For example, the practice worked collaboratively with other external organisations and charities.
- There was a strong focus on mentoring, continuous learning and improvement at all levels of the organisation.
- We received positive feedback from external stakeholders and patients who access GP services from the practice.
- Succession planning within the practice for forthcoming retirements was well structured and co-ordinated.

We saw one area of outstanding practice:

Safeguarding adults and children: the practice had developed a focused and streamlined system, with a dedicated administrator, to process all child protection (and domestic violence and vulnerable adult) reports in a timely and consistent way. This was demonstrated by an audit carried out by the West Berkshire Child Safeguarding Lead which showed the practice's report response rate was 93% compared with the local Clinical Commissioning Group (CCG) average of 45%.

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

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	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

Tilehurst Surgery Partnership

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 adviser, a practice nurse specialist adviser and a second CQC inspector in a supporting role.

Background to Tilehurst Surgery Partnership

Tilehurst Surgery Partnership is located in an urban area of Berkshire. It holds a primary medical services (PMS) contract to provide primary medical services to approximately 14,580 registered patients.

The practice serves a population which has a similar age profile to the local clinical commissioning group average and is slightly more affluent than the national average.

Care and treatment is delivered by six GP partners and three salaried GPs: seven female and two male. The practice is a training practice, and a Registrar is in post. The practice employs a team of four Nurses, four health care assistants and a clinical pharmacist. GPs and nurses are supported by the Partnership (Practice) Manager and Deputy Practice Manager and a team of reception and administration staff; a total 44 staff. Cover for holidays and other periods of absence is provided by regular locum GPs.

The practice is open between 8.00am to 6.30pm Monday to Friday. Pre-booked appointments are available from 8.30am to 6.00pm Monday to Friday and patients with an urgent need to see a GP can be seen up until 6.30pm. Extended surgery hours, staffed by GPs and nurses are offered between 7.30am to 8.00am two to four mornings per week, between 6.30pm and 8.00pm one evening per week and on Saturday mornings twice a month.

The main entrance to the practice, whilst being physically accessible to patients with a disability or those with prams and pushchairs, did not have automated access. However, we saw plans to install automatic doors as part of a new building scheme to significantly increase the capacity of the surgery premises. All consulting and treatment rooms are located on the ground floor.

The practice has opted out of providing out-of-hours services to its own patients. There are arrangements for patients to access care from an out-of-hours provider, via NHS 111.

We carried out an announced comprehensive inspection at Tilehurst Surgery on 7 March 2018 as part of our inspection programme.

All services are provided from: Tilehurst Surgery, Tyler Place, Tilehurst, Reading, Berkshire, RG30 6BW. Information about the practice can be found on their website at www.tilehurstsurgery.co.uk

The practice has been inspected before in November 2014 when it was found to be good for the delivery of safe, effective, caring, responsive and well led services, giving rise to an overall rating of good.

Good

Are services safe?

Our findings

We rated the practice 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 regularly 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. 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. For example, staff 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 ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

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 had received appropriate training and knew how to identify and manage patients with severe infections, for example, there was a sepsis toolkit and posters on display throughout the surgery. Sepsis is a rare but serious complication of an infection. Without quick treatment,sepsiscan lead to multiple organ failure and death.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines (including medical gases, emergency medicines, emergency equipment and vaccines) minimised risks. The service kept prescription stationery securely and monitored its use.
- We saw evidence that staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Processes were in place for checking medicines and staff kept accurate records of medicines.

Good

Are services safe?

- The practice had reviewed antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. We saw evidence that the practice involved patients in regular reviews of their medicines and had reviewed 91% of patients on four or more medicines and 73% of patients on less than four medicines.
- The practice made effective use of a risk stratification and electronic checking software system used to improve prescribing safety and efficiency.
- The practice carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.

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 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. For example, a breach of confidentiality occurred when an appointment text reminder was sent to a parent's phone instead of a 16 year old patient. The practice apologised to all concerned and changed its protocol to stop sending text reminders to patients aged under 16.
- The practice learned from external safety events and patient safety and medicine alerts. There was an effective system for receiving and acting on safety alerts and we saw that alerts were shared with relevant staff and then discussed at meetings.
- Learning and feedback was used to make improvements to the service. For example, a patient with chronic obstructive pulmonary disease (COPD) was found to be over-using emergency medication prescribed by the respiratory team. (COPD is a form of long term lung disease). The practice protocol and long term conditions template on the clinical computer system were changed to ensure this was regularly checked.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and good for providing effective services to 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.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- We saw no evidence of discrimination when making care and treatment decisions.
- Technology and equipment were used to improve treatment and to support patients' independence. For example, practice staff had received additional training and were using computer and software systems to help support the GPs in processing clinical administration tasks in a more timely manner.
- Staff assessed and managed patients' pain where appropriate.

We reviewed 2016/17 prescribing data from the local clinical commissioning group (CCG). We found the practice performance was better or comparable with the local and national averages. For example:

- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group was 0.39. This was better when compared to the CCG average (0.55) and national average (0.90). 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 0.99. This was comparable with the CCG average (0.94) and national average (0.98).
- Furthermore, the number of antibiotic items (Cephalosporins or Quinolones) prescribed was lower (8%) when compared with the CCG average (9%) and national average (9%). The practice demonstrated awareness to help prevent the development of current and future bacterial resistance. 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.

Older people:

- Patients aged over 75 were reviewed and identified as at risk by generating a frailty score (frailty can be considered as a long-term health condition characterised by loss of physical, emotional and cognitive resilience as a result of the accumulation of multiple health deficits), referred to other services as necessary 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.
- Home visits were offered to frail or housebound patients and flu vaccinations given by district nursing staff.

People with long-term conditions:

- The number of patients registered at Tilehurst Surgery with a long-standing health condition was 50%. This was comparable with the CCG average (51%) and national average (54%).
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. This included a project to co-ordinate the reviews for patients with co-morbidities into one single appointment. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

Good

Are services effective?

(for example, treatment is effective)

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Data for 2016/17 showed the practice was not an outlier for any long term conditions and was achieving patient care at least in line and in some indicators better, when compared with local and national averages. For example, overall performance for chronic obstructive pulmonary disease (COPD) related indicators showed the practice had achieved 100% of targets which was better when compared to the CCG average (95%) and the national average (96%).
- The practice held 'virtual clinics' (offering access to information and communication with health professionals and interaction with peers) with specialist consultants to help patients with poorly controlled diabetes. This helped improve the care of diabetic patients and the practice achieved 100% of targets in diabetes mellitus related indicators which was better when compared to the CCG average (92%) and the national average (91%).

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines were above the target percentage of 90% for all four of the sub-indicators for children aged up to two years.
- The practice held a specific immunisation clinic which maintained high uptake levels.
- The practice provided a nurse-led family planning clinic offering appointments outside of patient's normal working hours.

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

- The practice's uptake for cervical screening was 78%, which was higher when compared to the CCG average (73%) and national average (72%). Patients who did not attend for screening were followed up by the practice and a recall system was in place.
- 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.

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.
- There were 98 patients on the Learning Disabilities register and 62 (65%) of these patients had received an annual health check. The remaining 36 patients had been contacted inviting them to attend a health check.

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

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was higher when compared to the CCG average (79%) and the national average (78%).
- 89% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was higher when compared to both the local CCG average (76%) and the national average (79%).
- 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 was higher when compared to the local CCG and national averages (practice 86%; CCG average 81%; national average 81%); and the percentage of patients experiencing poor mental health who have a record of blood pressure was higher when compared to the local CCG and national averages (practice 85%; CCG average 84%; national average 82%).

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local (mental health) and national (healthy eating) improvement initiatives.

The practice used information about care and treatment to make improvements. For example we saw completed practice audits for the treatment of urinary tract infections (UTI) and the effectiveness of the clinical pharmacist on patient safety.

The most recent published Quality Outcome Framework (QOF) results were 99.0% of the total number of points

Good

Are services effective?

(for example, treatment is effective)

available compared with the CCG average of 96% and national average of 95%. The overall exception reporting rate (10%) was comparable when compared with the CCG average of 8% and the national average of 10%. (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.)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as safeguarding, emergency situations and long term conditions.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Staff told us they were encouraged and given opportunities to develop. We saw a variety of training certificates which demonstrated training had been completed.
- The practice ensured that all staff worked within their scope of practice and had access to ongoing clinical support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for health care assistants included the requirements of the Care Certificate (the Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life). The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The practice made effective use of multi-disciplinary roles and had recruited a clinical pharmacist to optimise medication and promote safe prescribing through the use of a computerised monitoring system. We saw an audit had been carried out by the clinical pharmacist which showed a reduction in prescribing errors.

Co-ordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- 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 that were shared with relevant agencies.
- 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 empowering patients, and supporting them to manage their own health and maximise their independence.

- 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.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- 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.

Data from the 2016/17 Public Health England screening service indicated success in patients attending national screening programmes. For example:

Good

Are services effective?

(for example, treatment is effective)

- 79% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was higher when compared to the CCG average (76%) and the national average (70%).
- 62% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was higher when compared to the CCG average (62%) and the national average (54%).

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

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. They displayed an understanding and non-judgmental attitude to all patients.
- Written and verbal feedback commented that the practice gave 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.
- Staff told us that if families had experienced bereavement, the practice sent them a letter of condolence and we saw that information giving advice on how to find and access support services was available in the waiting room.
- We received 32 patient Care Quality Commission comment cards of which 30 were positive and two gave mixed feedback. One of these had problems with the registration and administration systems whilst the other had had a problem with a private prescription. The nine patients we spoke with were positive about the service experienced.
- Of the 342 responses the practice had received from the Friends and Family test in January 2018, 327 (96%) said they were extremely likely or likely to recommend the practice. We saw 40 feedback comments from patients of which 38 were positive.
- We received a written summary from the Chair of the Patient Participation Group (PPG) and spoke to a member of the PPG. Both gave very positive feedback and commented that that they felt valued and included in the development of the practice and that the practice staff are caring and helpful.
- We also received positive feedback from external stakeholders who accessed GP services from the practice. For example, two nearby care homes providing accommodation and nursing care to elderly residents, some with dementia, commented that the visiting GP was respectful, supportive and caring. Regular reviews of care plans and medicines were conducted by the GPs and annual health checks and seasonal influenza vaccinations were carried out. The managers of both care homes commented that regular communication meetings were held with the practice and that access to services, for both urgent and routine matters, was well managed by the practice.
- There were arrangements in place to respond to those with specific health care needs such as end of life care and those who had mental health needs. For example, the practice had developed a care plan proforma to ensure that information about patients receiving end of life care was entered on to clinical computer systems and shared between the practice and the community nurse team.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The survey sent out 255 forms and 116 were returned. This represented about 0.8% of the practice population. The practice was above both the local clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses and the helpfulness of receptionists. For example:

- 88% of patients who responded said the GP gave them enough time compared with the CCG average (85%) and national average (86%).
- 93% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average (87%) and national average (86%).
- 96% of patients who responded said the nurse was good at listening to them compared with the CCG average (91%) and national average (91%).
- 96% of patients who responded said the nurse gave them enough time compared with the CCG average (93%) and national average (92%).
- 97% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average (92%) and national average (91%).
- 90% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average (88%) and national average (87%).

Involvement in decisions about care and treatment

Good

Are services caring?

Staff helped patients be involved in decisions about their care and were 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):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Patients told us through comment cards, that 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.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.The work with carers was supported by the local Berkshire Carers Hub who regularly attended the practice with an information stand and attended flu clinics to assist carers.
- A hearing loop (a device to help people with hearing difficulties) was available at reception for patients.

The practice proactively identified patients who were carers and had appointed a Patient Services Coordinator with the aim of improving the practice's links with community and voluntary organisations. Carers were identified at registration and through information leaflets and posters in the waiting room. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 608 patients as carers, this equated to approximately 4% of the practice list. We saw 38 carers had received a health check.

Results from the national GP patient survey showed patients satisfaction to questions about their involvement in planning and making decisions about their care and treatment were above the local CCG and national averages:

- 93% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average (87%) and national average (86%).
- 85% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average (82%) and national average (82%).
- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG average (90%) and national average (90%).
- 91% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average (84%) and 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.

Good

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 was open between 8.00am to 6.30pm Monday to Friday. Pre-booked appointments were available from 8.30am to 6.00pm Monday to Friday and patients with an urgent need to see a GP could be seen up until 6.30pm.

- Extended hours, staffed by GPs and nurses were offered between 7.30am to 8.00am two to four mornings per week, between 6.30pm and 8.00pm one evening per week and on Saturday mornings twice a month.
- The provider engaged with commissioners to secure improvements to services where these were identified. For example the practice had offered winter resilience appointments with the funding given to local areas by NHS England to help cope with the additional patient demand over winter.
- Patients had access to online services such as booking appointments and requesting repeat prescriptions. The practice proactively encouraged patients to register for online services and had achieved a take up of 27% of the practice list, the highest in the CCG. As a result the practice had been showcased by NHS England to encourage other practices how best to promote online services.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services currently being delivered and we saw plans to significantly increase the capacity of the building, with the addition of extra consulting rooms, a larger waiting room and administration areas, to help cope with an increasing patient list.
- The practice made reasonable adjustments when patients found it hard to access services. For example, double appointments (20 minutes) were available for patients with communication difficulties or requiring a translation service.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice utilised care pathways appropriate for patients with specific needs, for example those at the end of their life, and babies and young children.

Older people:

- All patients had a named GP and home visits were available for patients who required them.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice supported residents of two local care homes caring for elderly patients and those with dementia.
- The practice worked with voluntary groups and other local care agencies such as Age UK to provide social prescribing services (a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector). For example, a joint venture between the practice and a local Voluntary Action group was developed to engage and benefit the local community by offering activities such as craft mornings and fortnightly walking groups.

People with long-term conditions:

- The practice was fully aware of the challenges with the local health economy.
- Patients with long-term conditions had a structured annual review to check their health and treatment 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.
- Appointments and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local multi-disciplinary teams to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary and reception staff highlighted any child under two years old attending for an urgent appointment to the clinical staff.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Flexible appointment times were offered before and after school times to suit parents with school age children.
- The patient services coordinator had established close links with local schools and, in conjunction with the Patient Participation Group had organised a health themed poster competition for children.

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 in the evening, early morning and Saturday mornings offered appointments with GPs and nurses.
- Early morning and late evening appointments were set aside for patients who commuted to and from work.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice website was clear and simple to use. The website also allowed registered patients to book online appointments and request repeat prescriptions.

People whose circumstances make them vulnerable:

- The practice offered longer appointments for vulnerable patients.
- The practice attempted to contact vulnerable patients who did not attend (dna) their appointment.
- The practice held registers of patients living in vulnerable circumstances including those with a learning disability.
- The practice clinical computer system was used to alert staff to patients living in vulnerable circumstances.
- The practice supported residents of six local homes caring for patients with learning difficulties.
- The patient registration form included questions about caring responsibility and sensory impairment, to inform the practice of any additional care or support needs.
- The practice took a lead role along with Reading Voluntary Action in forming a local group called Tilehurst Together. This group provided advice and support to people in the local community that required assistance.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- A member of staff had been appointed as a dementia champion and the practice was working towards becoming fully dementia friendly.
- The practice offered longer appointments for patients experiencing poor mental health.
- Patients could access counselling services through the Berkshire wide talking therapies service. Details of this were available to patients in the patient leaflet and in reception.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- 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.
- Signs in the waiting room informed patients to contact reception if they were waiting for more than 20 minutes for their appointment to begin.
- The appointment system was easy to use. During the inspection we saw GP, nurse and phlebotomist appointments were still available on the day of the inspection and the rest of the week.
- Referrals and transfers to other services were undertaken in a timely way.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable with local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 86% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 72% of patients who responded said they could get through easily to the practice by phone compared with the CCG average (74%) and national average (71%).

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 90% of patients who responded said they were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average (86%) and national average (84%).
- 87% of patients who responded said their last appointment was convenient compared to the CCG average (82%) and national average (81%).
- 75% of patients who responded described their experience of making an appointment as good compared with the CCG average (74%) and national average (73%).
- 65% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average (62%) and national average (58%).

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 easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance.
- Ten complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely manner.
- The service 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, a patient had complained about the disparity in advice given by the practice over the telephone and in writing following a blood test. The complaint was discussed with the GP concerned and used as a learning event during a practice meeting.

Are services well-led?

Good

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership, openness and transparency

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

- There was a leadership structure in place.
- 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 and were addressing them.
- 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 succession planning for the future leadership of the practice.
- Staff told us the practice held regular team meetings.

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 business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- Leaders and managers acted on behaviour and performance which was inconsistent with the vision and values.
- 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.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They told us they were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints and previous Care Quality Commission inspection reports. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- 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 received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. For example health and safety and manual handling training was mandatory for all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- 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

Are services well-led?

Good

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

- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance was regularly discussed at senior management level and shared with staff.
- Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of patient safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practise to improve quality and this influenced the clinical audit strategy.
- The practice had plans in place and had trained staff for any major incidents which may occur.
- The practice implemented service developments where appropriate and made efficiency changes with input from clinicians to measure and understand the 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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. For example, a risk assessment system was used to alert and inform the practice of any medication issues.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice encouraged and valued feedback and 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. We spoke with two nearby care homes providing accommodation and nursing care (including dementia care) to elderly residents. They told us they had a good working relationship with the GPs and felt they were listened to. Suggestions and feedback were taken and acted upon by the practice to help shape services and culture.
- There was an active patient participation group (PPG).
- The service was transparent, collaborative and open with stakeholders about performance.
- We saw evidence of the most recent staff survey and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The practice takes an active role within the North and West Reading Clinical Commissioning Group (CCG) and North West Reading Alliance Ltd, for example one of partners works with the midwifery service.

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 a new appointment system was introduced following patient feedback and to help the practice cope with the demands from an increasing patient population.
- Practice leaders had oversight of incidents and complaints.

Are services well-led?

Good

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

- The practice was active and worked collaboratively with the CCG and other local external health organisations.The practice met with South Central Ambulance Service (SCAS) to discuss piloting a project to use paramedics from SCAS to undertake home visits. However, the practice had recruited a paramedic, who was scheduled to join the practice in April 2018.
- Staff knew about improvement methods and had the skills to use them.
- 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 to review individual and team objectives, processes and performance.
- The practice had gathered feedback from patients through the PPG and through surveys and complaints received. We received written feedback from the chairperson of the PPG and spoke to a second member who told us they met regularly with the practice and fed back patient views to the practice.
- There was a strong culture of innovation evidenced by the appointment of a Patient Services Coordinator with the aim of improving the practice's links with community and voluntary organisations.

We saw plans to significantly increase the capacity and facilities of the building, with the addition of extra consulting rooms, a larger waiting room and administration areas, to help cope with an increasing patient list.