Dr Kanchan Arora (Great Hollands Practice)

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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Kanchan Arora (also known locally as Great Hollands Practice), on 1 June 2016. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for provision of safe, effective and well-led services. It was good for providing caring and responsive services. The concerns which led to these ratings apply to all population groups using the practice.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The majority of information about safety was recorded, monitored and reviewed.
- Risks to patients and staff were assessed and well managed in some areas, with the exception of those relating to safeguarding children and adults training, cleaning standards, staffing levels, management of blank prescriptions and Disclosure and Barring Scheme (DBS) checks or risk assessment for all staff undertaking chaperoning duties..
- Data showed patient outcomes were mostly above average compared to the national average. However, the practice was required to improve outcomes for patients on the learning disabilities register and patients experiencing poor mental health.
- Audits were undertaken but the practice was struggling to carry out repeat clinical audit cycles and there was limited evidence that findings were used by the practice to improve services.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. However, some staff had not completed mandatory training relevant to their role.
- Results from the national GP patient survey showed that the majority of patients said they were treated with compassion, dignity and respect, and they were

Summary of findings

involved in their care and decisions about their treatment when compared to the local and national averages. All patients we spoke with on the day of inspection confirmed this.
- Information about services and how to complain were available and easy to understand.
- Patients we spoke to on the day of inspection informed us they were able to make an appointment with a named GP, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, a hearing induction loop was not available and there was limited multi-language information available in the waiting area.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure to carry out Disclosure and Barring Scheme (DBS) check or risk assessment for all staff undertaking chaperoning duties.
- Review the management and security of blank prescription forms, to ensure this is in accordance with national guidance.
- Ensure all staff have undertaken training including safeguarding children and adults, basic life support, health and safety, equality and diversity, fire safety and infection control.
- Review and establish a programme of systematic clinical audits against defined criteria (with re-audit to demonstrate change and effective monitoring) and share learning to improve patient outcomes.
- Review and improve the systems in place to effectively monitor care plans for patients on the learning disabilities register and patients experiencing poor mental health.
- Further review, assess and monitor the governance arrangements in place to ensure the delivery of safe and effective services. For example, monitoring of cleaning standards and the staffing levels to ensure the smooth running of the practice and keep patients safe.

In addition the provider should:

- Ensure to develop a system to follow up patients on two weeks referral procedure for hospital appointments.
- Review the process of identifying carers to enable them to access the support available via the practice and external agencies.
- Ensure a hearing induction loop is provided at the reception.
- Ensure all staff are aware of the whistleblowing policy and translation service, and information about translation services is displayed in the premises.
- Ensure information posters and leaflets are available in multi-languages.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it must make improvements.

- Although some risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example, management of prescription forms and pads, staffing levels and monitoring of cleaning standards.
- There was a lead for safeguarding adults and child protection. However, some clinical and non-clinical staff had not received safeguarding adults and children training.
- There was an infection control protocol in place, infection control audits were undertaken but appropriate standards of cleanliness and hygiene were not always followed. For example, we noted that disposable curtains had not been not changed since May 2012 and some dust was found in clinical and non-clinical areas. Some clinical and non-clinical staff had not completed infection control training relevant to their role.
- The practice had not undertaken a risk assessment or carried out a Disclosure and Barring Scheme (DBS) check for an administration staff undertaking chaperoning duties to ensure risks were managed appropriately.
- There was an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services as there are areas where it must make improvements.

- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, some staff had not completed mandatory training relevant to their role including infection control, safeguarding adult and children, basic life support, equality and diversity, health and safety and fire safety.

Summary of findings

- The practice was required to review and improve the systems in place to effectively monitor care plans for patients with learning disabilities and patients experiencing poor mental health.
- For example, care plans were not completed for any patient on the learning disabilities register and patients experiencing poor mental health.
- Audits were undertaken but the practice was struggling to carry out repeat clinical audit cycles and there was limited evidence that findings were used by the practice to improve services. The practice did not have a rolling programme of audits to ensure continuous monitoring.
- The practice did not have a robust system to follow up patients on two weeks referral procedure for hospital appointments.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly above average for the local Clinical Commissioning Group (CCG) and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patient outcomes were mixed compared to others in locality for several aspects of care.
- Results from the national GP patient survey we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. However, we saw limited multi-language information was available in the waiting area.
- We noted the practice offered a translation service but staff we spoke with was not aware of this service and information about translation services was not displayed in the reception or waiting area informing patients this service was available.
- We noted staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

Summary of findings

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had applied for funding from the CCG to reintroduce the extended hours appointments on Saturdays, which were stopped in March 2016 owing to lack of funding.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, a hearing induction loop was not available.
- Patients we spoke to on the day of inspection informed us they were able to make an appointment with a named GP, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patient's needs.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for well-led services as there are areas where it must make improvements.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a governance framework which supported the delivery of the strategy and good quality care. However, monitoring of specific areas required improvement, such as mandatory training, cleaning standards, staffing levels and tracking of blank prescriptions.
- The practice had not carried out regular repeated audits and did not undertake a Disclosure and Barring Scheme (DBS) checks or risk assessment for an administration staff undertaking chaperoning duties.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- The practice was aware of and complied with the requirements of the Duty of Candour. GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group.

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

Requires improvement

The practice is rated as requires improvement for the care of older patients. The provider was rated as requires improvement for safe, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The premises were accessible to those with limited mobility.
- There was a register to manage end of life care.
- There were good working relationships with external services such as district nurses.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of patients with long-term conditions. The provider was rated as requires improvement for safe, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were clinical leads for chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a named GP and a structured annual review to check that their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young patients. The provider was rated as requires improvement for safe, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances.
- Immunisation rates were comparable to the CCG average for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 90%, which was higher when compared to the national average of 74%.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement 

The practice is rated as requires improvement for the care of working-age patients (including those recently retired and students). The provider was rated as requires improvement for safe, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- For example, the practice offered extended hours appointments four evenings a week (Monday to Thursday) from 6.30pm to 7pm.
- The practice was proactive in offering online services and telephone consultations.
- Health promotion advice was offered but limited multi-language information was available in the waiting area.

People whose circumstances may make them vulnerable

Requires improvement 

The practice is rated as requires improvement for the care of patients whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- It offered annual health checks for patients with learning disabilities. Health checks were completed for 12 out of 13 patients on the learning disability register. Care plans were not completed for any patient on the learning disability register.
- Longer appointments were offered to patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. However, some clinical and non-clinical staff had not received safeguarding adults and children training.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of patients experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Performance for dementia face to face review was above the CCG and national average. The practice had achieved 88% of the total number of points available, compared to 83% locally and 84% nationally.
- It offered annual health checks for patients experiencing poor mental health. Health checks were completed for 11 out of 18 patients experiencing poor mental health. Care plans were not completed for any patient experiencing poor mental health.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.

Summary of findings

- Systems were in place to follow up patients who had attended accident and emergency, when experiencing mental health difficulties.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed that patient outcomes were mixed compared to the local and the national averages. There were 109 responses and a response rate of 32%.

- 88% of patients find it easy to get through to this practice by phone compared with a CCG average of 72% and a national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.
- 83% of patients described the overall experience of their GP practice as good compared with a CCG average of 82% and a national average of 85%.
- 67% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average of 74% and a national average of 78%.

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

The practice had been awarded a certificate of excellence in 2015 by the healthcare review website 'iWantGreatCare' on the basis of positive feedback from the patients.

Areas for improvement

Action the service MUST take to improve

- Ensure to carry out Disclosure and Barring Scheme (DBS) check or risk assessment for all staff undertaking chaperoning duties.
- Review the management and security of blank prescription forms, to ensure this is in accordance with national guidance.
- Ensure all staff have undertaken training including safeguarding children and adults, basic life support, health and safety, equality and diversity, fire safety and infection control.
- Review and establish a programme of systematic clinical audits against defined criteria (with re-audit to demonstrate change and effective monitoring) and share learning to improve patient outcomes.
- Review and improve the systems in place to effectively monitor care plans for patients on the learning disabilities register and patients experiencing poor mental health.
- Further review, assess and monitor the governance arrangements in place to ensure the delivery of safe and effective services. For example, monitoring of cleaning standards and the staffing levels to ensure the smooth running of the practice and keep patients safe.

Action the service SHOULD take to improve

- Ensure to develop a system to follow up patients on two weeks referral procedure for hospital appointments.
- Review the process of identifying carers to enable them to access the support available via the practice and external agencies.
- Ensure a hearing induction loop is provided at the reception.
- Ensure all staff are aware of the whistleblowing policy and translation service, and information about translation services is displayed in the premises.
- Ensure information posters and leaflets are available in multi-languages.

Dr Kanchan Arora (Great Hollands Practice)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Background to Dr Kanchan Arora (Great Hollands Practice)

Dr Kanchan Arora (also known locally as Great Hollands Practice) is situated in Bracknell. The practice is located in a purpose built premises and shared with another GP practice. Premises are accessible for patients and visitors who have difficulty managing steps. All patient services are offered on the ground floor. The practice comprises of two consulting rooms, two treatment rooms, a patient waiting area shared with other provider, reception area, administrative and management offices.

The practice has core opening hours from 8am to 6.30pm Monday to Friday. The practice has offered a range of scheduled appointments to patients every weekday from 9am to 6.20pm including open access appointments with a duty GP. Extended hours appointments are available four evenings a week (Monday to Thursday) from 6.30pm to 7pm.

The practice had a patient population of approximately 4,000 registered patients. The practice population of patients aged between 0 to 14 years and 25 to 49 years is higher than the national average and there are a lower number of patients aged above 50 years old compared to the national average. The practice serves a large ethnic population (22%), with diverse cultural beliefs and needs. The practice is located in a part of Bracknell with the highest levels of income deprivation in the area, including 23% children living in the poverty.

There is one principal GP and two locum GPs at the practice. Two GPs are male and one female. The practice employs a phlebotomist and a health care assistant. The practice manager is supported by a team of administrative and reception staff. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

The practice is facing difficulties in recruiting a new practice nurse and a new GP partner or a salaried GP. The practice has implemented a number of measures to mitigate the loss of the staff and the principal GP is covering additional duties of a practice nurse from last one year. The practice is using long term locum GPs to promote and maintain the continuity of care. The practice has recognised it is required to recruit a new practice nurse and actively trying since previous nurse left a year ago. The practice has informed us that the principal GP is working 11 hours every day from Monday to Friday to cover these additional responsibilities which has increased the workload.

Services are provided from following location:

Dr Kanchan Arora

Detailed findings

Great Hollands Square

Bracknell

RG12 8WY

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

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Prior to the inspection we contacted the Bracknell and Ascot Clinical Commissioning Group (CCG), NHS England area team and local Healthwatch to seek their feedback about the service provided by Dr Kanchan Arora. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced visit on 1 June 2016. During our visit we:

- Spoke with six staff and seven patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

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

- Older people.
- People with long-term conditions.
- Families, children and young people.
- Working age people (including those recently retired and students).
- People whose circumstances may make them vulnerable.
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. Significant events were a standing item on the practice meeting agenda.
- We reviewed records of three significant events and incidents that had occurred during the last year. There was evidence that the practice had learned from significant events and the changes to be implemented had been clearly planned. For example, following a significant event the practice had revised their cleaning monitoring protocol and advised all staff to keep reporting unsatisfactory cleaning issues to premises management.
- We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities but not all staff had received training relevant to their role. For example, two GPs (the principal GP and a long term locum GP), a phlebotomist (specially trained clinical staff who take blood samples from the patients) and two administration staff had not completed adult safeguarding training, and a long term locum GP, a phlebotomist and an administration staff had not completed children safeguarding training.
- A notice was displayed in the waiting room and consultation rooms, advising patients that staff would act as a chaperone, if required. All clinical and non-clinical staff who acted as a chaperone were trained for the role and had received a Disclosure and Barring Scheme (DBS) check or undertaken a risk assessment with the exception of a member of administration staff. (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). The practice had not undertaken a risk assessment or carried out a Disclosure and Barring Scheme (DBS) check for an administration staff who was undertaking chaperoning duties and acting as a complaints lead to ensure risks were managed appropriately.
- We observed the premises to be clean and tidy in most areas but appropriate standards of cleanliness and hygiene were not always followed. The practice was carrying out weekly cleaning checks. However, we noted that disposable curtains were not changed since May 2012 and some dust was found in clinical and non-clinical areas. The principal GP was infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place but two long term locum GPs, a phlebotomist and two administration staff had not completed infection control training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We checked medicines kept in the treatment rooms, medicine refrigerators and found they were stored safely and securely (including obtaining, prescribing, recording, handling, storing and security). Processes were in place to check medicines were within their

expiry date and suitable for use. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Regular medicine audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.

- Records showed fridge temperature checks were carried out daily. There was a policy for ensuring that medicines were kept at the required temperatures, which also described the action to take in the event of a potential failure. Patient Specific Directions (PSDs) had been adopted by the practice to allow health care assistant (HCA) to administer medicines in line with legislation.
- All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms and pads were not handled in accordance with national guidance as these were not tracked through the practice and records were not maintained regularly. However, these were kept securely in locked cabinets within a locked room.
- The practice used to keep stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. The practice informed us they had destroyed controlled drugs a day before the inspection. However, we noted the practice was in the process of destroying blank prescription pads used to prescribe controlled drugs.
- Recruitment checks were carried out and the four staff files we reviewed showed that recruitment checks had been undertaken prior to employment with the exception of Disclosure and Barring Service (DBS) check for an administration staff. For example, proof of identification, references, qualifications and registration with the appropriate professional body.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had an up to date fire risk assessment in place and they were carrying out fire safety checks.
- All electrical and clinical equipment was checked to ensure it was safe. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (a bacterium which can contaminate water systems in buildings).
- Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate the actual staffing levels and skill mix. The practice had faced difficulties in recruiting a new practice nurse. The practice had implemented a number of measures to mitigate the loss of the staff and the principal GP was covering additional duties of a practice nurse from last one year.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Most staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult mask. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). In 2014-15, the practice had achieved 97% of the total number of points available, compared to 97% locally and 95% nationally, with 4% exception reporting. The level of exception reporting was below the CCG average (7%) and the national average (9%). Exception reporting is the percentage of patients who would normally be monitored but had been exempted from the measures. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included. In 2015-16, the practice had achieved 99% of the total number of points available.

Data from 2014-15 showed;

·Performance for diabetes related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 95% locally and 89% nationally.

- The percentage of patients with mental health related conditions who had a comprehensive agreed care plan documented in the record was better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 92% locally and 89% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average. The practice had achieved 91% of the total number of points available, compared to 83% locally and 84% nationally.

Repeated clinical audits were not always carried out and on the day of inspection the practice was not able to provide sufficient evidence to demonstrate that clinical audits were driving positive outcomes for patients.

- The practice had carried out a number of clinical audits. We reviewed seven clinical audits completed in the last two years.
- On the day of inspection we noted that the practice had not always carried out repeat clinical audit cycles which was making it difficult to identify improvement areas and monitor continuous progress effectively. There was limited evidence that findings were used by the practice to improve services.
- The practice did not have a rolling programme of audits to ensure continuous monitoring.
- The practice participated in applicable local audits, national benchmarking and accreditation.
- We saw evidence of minor surgeries audit cycle. The aim of the audit was to monitor the rate of success of minor surgeries performed on patients. The audits from 2014-15 and 2015-16 demonstrated high success rate with very low risk of infections of minor surgeries performed at the practice.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. However, there were significant gaps in training for a number of staff.

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

Requires improvement

Are services effective?

(for example, treatment is effective)

- The following staff had not received up-to-date training relevant to their role: in safeguarding adults (the principal GP partner, a long term locum GP, a phlebotomist and two non-clinical staff), safeguarding children (a long term locum GP, a phlebotomist and a non-clinical staff), health and safety (all clinical and most non-clinical staff), equality and diversity (all clinical and most non-clinical staff), infection control (two long term locum GPs, a phlebotomist and three non-clinical staff), basic life support (a long term locum GP, a phlebotomist and two non-clinical staff) and fire safety (two long term locum GPs, a phlebotomist and three non-clinical staff) had not completed training. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- We saw evidence that multi-disciplinary team meetings took place on a monthly basis and meeting minutes documented thoroughly.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patient's needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. The practice had identified 70 patients who were deemed at risk of admissions and 98% of these patients had care plans been created to reduce the risk of these patients needing admission to hospital.
- The practice was maintaining records when patients were referred. However, we noted that the practice did not have a robust system to follow up patients on two weeks referral procedure for hospital appointments. The practice developed a monitoring log and send it to us two days after the inspection.
- The practice had carried out health checks for 12 out of 13 patients with learning disabilities. However, the practice had not completed care plans for any patient on the learning disability register.
- The practice had carried out health checks for 11 out of 18 patients experiencing poor mental health. However, the practice had not completed care plans for any patient experiencing poor mental health.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The provider informed us that verbal consent was taken from patients for routine examinations and minor procedures and recorded in electronic records. The provider informed us that written consent forms were completed for more complex procedures.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

Supporting patients to live healthier lives

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

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those wishing to stop smoking. Patients were signposted to the relevant external services where necessary such as local carer support group.
- The practice was offering smoking cessation advice and patients were signposted to a local support group. For example, information from Public Health England

Requires improvement

Are services effective?

(for example, treatment is effective)

(2014-15) showed 90% of patients (15+ years old) who were recorded as current smokers had been offered smoking cessation support and treatment in last 24 months. This was above the national average of 86%.

In 2014-15, the practice's uptake for the cervical screening programme was 84%, which was above to the national average of 82%. The practice provided us recent data which had shown significant improvement and the practice's uptake for the cervical screening programme was 90% in 2015-16. There was a policy to offer text message reminders for patients about appointments. In 2014-15, a total 54% of patients eligible had undertaken bowel cancer screening and 72% of patients eligible had been screened for breast cancer, compared to the national averages of 58% and 72% respectively.

Childhood immunisation rates for the vaccines given were above to the CCG average. For example:

- Childhood immunisation rates for the vaccines given in 2014/15 to under two year olds ranged from 88% to 100%, these were above to the CCG averages which ranged from 85% to 95%.
- Childhood immunisation rates for vaccines given in 2014/15 to five year olds ranged from 88% to 96%, these were above to the CCG averages which ranged from 87% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the four patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed mostly patients felt they were treated with compassion, dignity and respect. The practice results were comparable to the CCG average and the national average for most of its satisfaction scores. For example:

- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 91%.

The two PPG member and seven patients we spoke to on the day informed us that they were satisfied with both clinical and non-clinical staff at the practice.

We saw friends and family test (FFT) results for 12 months and 98% patients were likely or extremely likely recommending this practice.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 90%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 85%.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of 25 patients (0.63% of the practice patient population list size) who were carers and they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to

Good

Are services caring?

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

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. The practice was offering emergency walk-in appointments and telephone consultations every day.
- Patients were able to receive travel vaccines.
- There were disabled facilities and accessible toilet facilities were available for all patients attending the practice.
- There was sufficient space in corridors for patients with mobility scooters, wheelchairs and prams. This made movement around the practice easier and helped to maintain patients' independence. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. There was a baby changing facility.
- On the day of inspection staff we spoke with were not aware if a translation service was available and offered by the practice. However, two days after the inspection the practice informed us it had found translation services details in their records and translation services were available for patients who did not have English as a first language. We did not see notices in the reception areas informing patients this service was available.
- Notices in the patient waiting room told patients how to access a number of support groups and organisations. However, we saw limited multi-language information was available in the waiting area.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. The practice was closed on bank and public holidays and patients were advised to call NHS 111 for assistance during this time (this out of hours service was managed by East Berkshire out of hours). The practice offered range of scheduled appointments to patients every weekday from 9am to 6:20pm including open access appointments with a duty GP.

In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent walk-in appointments, telephone consultations and online appointments were also available for patients that needed them. The practice offered extended hours appointments four evenings a week (Monday to Thursday) from 6.30pm to 7pm. These clinics were particularly useful to patients with work commitments and staff told us they promoted these appointments for patients that worked or were unable to attend the practice during the working day. The practice had stopped offering extended hours appointments every second Saturday because CCG funding had been withdrawn in March 2016.

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

- 61% of patients said they always or almost always see or speak to the GP their preferred GP compared to the CCG average of 59% and national average of 59%.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and national average of 73%.
- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.

The two PPG members and seven patients we spoke with on the day informed us they were satisfied with appointment booking system and were able to get appointments when they needed them.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We checked the online appointment records of two GPs and noticed that the next appointments with named GPs were available within two to three weeks. Urgent appointments with GPs or nurses were available the same day.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The complaints procedure was available from reception, detailed in the patient leaflet and on the patient website. Staff we spoke with were aware of their role in supporting patients to raise concerns. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

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

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

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

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

- The practice had a mission statement which included practice's vision, values and priorities. This included providing a high quality and focussed health care service which should exceed patient's expectations.
- The practice had a robust business plan which reflected the vision and objectives and was regularly monitored.
- The practice was forward thinking and had recognised in their business plan that they were required to work on succession planning because the principal GP was planning to retire in next four to five years.
- The practice informed us that they had faced difficulties in recruiting a new practice nurse and a new GP partner or a salaried GP. The practice had implemented a number of measures to mitigate the loss of the staff and the principal GP was covering additional duties of a practice nurse from the last one year. The practice was using long term locum GPs to promote and maintain the continuity of care. We noted that the principal GP was working 11 hours every day from Monday to Friday to cover these additional responsibilities which had increased the workload and impacted on the governance monitoring.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. However, governance monitoring of specific areas required improvement, for example:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, some staff had not received mandatory training relevant to their role to enable them to carry out the duties they were employed to do.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, monitoring of specific areas such as cleaning standards, staffing levels and management of blank prescriptions pads and forms were not always managed appropriately.
- The practice had not undertaken a risk assessment or a Disclosure and Barring Scheme (DBS) check for all staff undertaking chaperoning duties to ensure risks were managed appropriately.
- The practice had not always completed care plans for patients with learning disabilities and patients experiencing poor mental health.
- Audits were undertaken but the practice was struggling to carry out repeat clinical audit cycles and there was limited evidence that findings were used by the practice to improve services. The practice did not have a rolling programme of audits to ensure continuous monitoring.
- Practice specific policies were implemented and were available to all staff. However, not all staff were aware of whistleblowing policy.
- Staff had a comprehensive understanding of the performance of the practice.

Leadership and culture

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

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

When there were significant safety incidents:

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

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

- Staff told us that the practice held regular team meetings.

Are services well-led?

Requires improvement

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

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- We found some good examples of continuous learning within the practice. For example, we saw a health care assistant was supported to complete foundation degree course.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys including friends and family tests and complaints received. There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice management team. For example, the practice had supported PPG to produce a newsletter to improve the accessibility of information to patients, the practice was bidding to secure a funding in consultation with PPG to install a blood pressure monitoring machine at the premises and a geographical telephone number had been replaced with new telephone number following feedback from the PPG.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. We saw that appraisals were completed in the last year for staff. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** We found the registered provider did not have effective governance, assurance and auditing processes to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. For example, monitoring of specific areas required improvement, such as: monitoring of cleaning standards and the management of blank prescription forms. Review and establish a programme of systematic clinical audits against defined criteria (with re-audit to demonstrate change and effective monitoring)and share learning to improve patient outcomes. Review and improve the systems in place to effectively monitor care plans for patients on the learning disabilities register and patients experiencing poor mental health. Regulation 17(1)(2)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** We found the registered person did not operate effective systems to ensure sufficient staffing levels and staff received appropriate training relevant to their role. Review and improve the staffing levels to ensure the smooth running of the practice and keep patients safe.

This section is primarily information for the provider

Requirement notices

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

Regulation 18(1)(2)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** We found the registered person did not have robust recruitment procedures including undertaking appropriate pre-employment checks to ensure persons employed for the purposes of carrying out regulated activity are of good character. The practice had not undertaken a risk assessment or carried out a Disclosure and Barring Scheme (DBS) check for an administration staff who was undertaking chaperoning duties Regulation 19(1)(a)