

Nettlebed Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at Nettlebed Surgery on 17 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However, there was not a process for documenting that action plans had been carried out.
- Risks to patients were not always assessed and well managed in relation to staff training, storage of clinical waste, medicines management, and legionella.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff delivered effective care and treatment.
- The practice indicated that 41% of patients aged 15 to 25 years had been screened for chlamydia in the past 12 months and 59% of people over 60 years have had bowel cancer screening. This was in line with CCG averages (59%) and national averages (58%) for bowel cancer screening.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice provided excellent support and information for carers and raised awareness of sources of carer support available.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The practice provided excellent support and information for carers and raised awareness of sources

Summary of findings

of carer support available. A Carer Awareness day was held at the practice annually. Scores on the National GP patient survey 2015 and 2016 were strongly positive and consistently higher than local and national averages and reflected high levels of patient satisfaction with care.

The areas where the provider must make improvements are:

- Ensure that sharps are disposed of in the correct colour coded bags and bins.
- Develop a comprehensive risk assessment and plan for the process of dispensing and delivering medicines to locations other than the practice for patient collection.

- Carry out a legionella risk assessment and plan.
- Ensure that all staff have carried out appropriate training in infection control, and equality and diversity and that all training is recorded.

The areas where the provider should make improvement are:

- Implement a process for documenting that action plans for significant events have been carried out.

Professor Steve Field

CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events. However, there was not a process for documenting that action plans had been carried out.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- Risks to patients who used services were not always assessed and the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- There were not always arrangements to ensure that sharps were disposed of in the correct colour coded bins.
- Systems relating to the management of medicines were not always appropriate. There was no risk assessment or plan for delivering medicines to other locations for collection by patients.
- Appropriate recruitment checks took place, but relevant interview documentation was not always retained on staff files.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits demonstrated quality improvement.
- Staff delivered effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Staff had access to external and internal training. However, not all staff had received formal training in areas such as infection control and equality and diversity. The practice had taken some measures to ensure staff were knowledgeable about these areas, such as providing in-house training on aspects of infection control and providing staff with access to relevant safeguarding policies.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey 2015 and 2016 showed patients rated the practice higher than others for almost all aspects of care.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- The practice provided excellent information and support for carers.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff 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.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, providing information for carers and displaying opening hours more clearly.
- Patients could access appointments and services in a way and at a time that suits them. They could receive same day appointments and also advice by telephone and email.
- The results from the national GP patient survey 2015 and 2016 showed patients' satisfaction with access to appointments was higher than local and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, these arrangements were not always effective for areas such as training, legionella, medicines, and disposal of clinical waste.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on improvement at all levels.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- 59% of patients over 60 years had bowel cancer screening.
- Health checks were provided to older people.
- The entrance, waiting area, and treatment and consultation rooms were accessible for people who may have mobility difficulties.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 92% which was below the CCG average of 94% but higher than the national average of 89%.
- Patients with pre-diabetes were seen annually. There was also information in the waiting area for patients with pre-diabetes. The practice had held a meeting to discuss the increase in patients with diabetes and to develop strategies to support these patients.
- Longer appointments and home visits were available when needed.
- 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.
- There were leaflets in the waiting area providing information about a range of conditions including cancer and diabetes.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



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 people who had a high number of A&E attendances.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 100% (CCG average 6% to 97%) and five year olds from 94% to 100% (CCG average 92% to 98%).
- Children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 85%, which was high compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. There was a children's area in the waiting room and baby changing facilities.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered appointments early in the morning and in the late afternoon / early evening to meet the needs of employed patients unable to attend during working hours.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Annual health checks had been completed for five of the six patients at the practice on the register for people with learning disabilities at the time of the inspection.
- The practice offered longer appointments for patients with a learning disability if needed.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 100% of patients with mental health difficulties have had a care plan and alcohol screen in the past 12 months which is better than the national averages of 88% and 90% respectively.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Staff had a good understanding of how to support patients with mental health needs and dementia.
- The waiting area contained information about a range of sources of support for people, including those with dementia and people experiencing mental health difficulties.
- An audit was conducted in collaboration with the Clinical Commissioning Group (CCG) to identify any missed diagnosis of dementia and to ensure diagnoses were correctly recorded.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing significantly better than local and national averages.

- 100% found it easy to get through to this surgery by phone compared to a CCG average of 84% and a national average of 73%.
- 100% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 89% and a national average of 85%.
- 98% described the overall experience of their GP surgery as good compared to a CCG average of 88% and a national average of 85%.
- 97% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 82% and a national average of 78%.

Results of the July 2015 national GP patient survey also showed that the practice was performing significantly better than local and national averages. This demonstrated consistently high levels of patient satisfaction with the practice across time.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were all very positive about the standard of care received. Patients reported that staff were professional, helpful, caring, and knowledgeable. Patients stated that they felt listened to and that they were provided with enough time during consultations. Patients reported that it was easy to access appointments when needed, medical treatment was explained clearly, and fast referrals to other services were made.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring. Results from the friends and family test were also positive.

Nettlebed Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Nettlebed Surgery

Nettlebed Surgery is situated in Nettlebed near Henley-on-Thames. The practice resides in a purpose built building. There is access for patients and visitors who have difficulty using steps. All patient services are offered on the ground and first floors. The practice comprises of three consulting rooms, two treatment rooms, one patient waiting area, administrative and management offices, and a meeting room.

The practice has approximately 3726 registered patients. The practice population of patients aged 45 years and above is higher than national averages and Clinical Commissioning Group (CCG) averages. There were a large number of patients registered at the practice from white British backgrounds.

There are two GP partners and one salaried GP at the practice. All GPs are female. The GPs work 18 sessions in total between them. The practice employs three female practice nurses who work a total of 12 sessions. Three dispensary staff work at the practice. The practice manager is supported by a team of administrative and reception staff.

Services are provided via a Personal Medical Services (PMS) contract (PMS contracts are negotiated locally between GP representatives and the local office of NHS England). Services are provided from the following location:

Nettlebed Surgery
Wanbourne Lane,
Henley On Thames,
Oxfordshire
RG9 5AJ

The practice is open between 8am and 6.30pm Monday to Friday. Appointment times are 8.30am to 6.30pm on Monday, Tuesday, Thursday and Friday and between 10am and 6.30pm on Wednesdays.

When the practice is closed patients can access the NHS 111 service and Oxfordshire out of hours service.

Why we carried out this inspection

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

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

A previous inspection was carried out by CQC on 14 July 2014. No ratings were given at this time.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 February 2016. During our visit we:

- Spoke with two GPs, two nurses, one member of dispensary staff, the practice manager, two reception and administrative staff, and spoke with seven patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of 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 were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the computer.
- The practice carried out a thorough analysis of the significant events when they occurred, and also reviewed these at six monthly intervals. Action plans were carried out, but there was not a formal process for recording that these had been reviewed and completed.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient had become unwell in the waiting room and the practice reviewed this event and noted that it had been managed appropriately. As a result of the review of this event the practice provided reception staff with further advice about the actions they should take in such situations and reception staff were knowledgeable of what steps to take should such a situation reoccur. Staff reported that action plans following significant events were carried out. However, there were no records to show that action plans were reviewed to ensure their completion.

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

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- 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 were also flow charts displayed in the reception area to provide information about what to do and who to contact in the event of

safeguarding concerns. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and most had received training relevant to their role. One member of recently employed reception staff had not undertaken safeguarding training. They were aware of the location of the safeguarding policy and guidance and told us that they always worked with another longstanding member of reception staff who they could ask for advice. GPs were trained in Safeguarding children to level 3 and had undertaken training and updates for adult safeguarding. The practice provided a training record to show that nurses had undertaken safeguarding training.

- A notice in the waiting room advised patients that chaperones were available. We were told that only nurses acted as chaperones. All nurses had received a Disclosure and Barring Service check (DBS check). (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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead and received half day updates for infection control training from the Clinical Commissioning Group (CCG). The practice told us that they had experienced difficulty locating more in depth infection control training for the nurse, which would have been beneficial for her in the role of infection control lead. There was an infection control protocol in place. Staff had not all received up to date infection control training. However, we saw that infection control issues were discussed at the practice meeting and advice and training on areas such as how to put sharps boxes together was provided. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Waste was not always disposed of appropriately. There were no purple bins available to dispose of sharps used for cytotoxic and cytostatic medicines. The practice told us that they were not able to source these.
- There were arrangements for managing medicines, including emergency medicines and vaccines (including

Are services safe?

obtaining, prescribing, recording, handling, storing and security). The practice carried out medicines audits, with the support of the local pharmacy teams and guidance from the CCG, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank computer prescriptions were securely stored. There was a system in place for recording receipt of prescriptions when they were delivered to the practice, but no method of tracking blank computer prescriptions once they were removed from the cupboard. However, the practice told us that prescriptions were only printed in the dispensary.

- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Some PGDs for travel immunisations were out of date. Nurses told us that they had contacted the CCG before they had gone out of date to request new ones. While they were awaiting new PGDs the practice had produced Patient Specific Directions to enable non prescribers to administer travel vaccines when a doctor or nurse were on the premises.
- Suitable arrangements were in place for storing medicines. Dispensary medicines were stored securely and unauthorised people could not access them. Medicines were stored at the appropriate temperatures. Staff monitored the temperatures of the medicines refrigerators to make sure medicines were safe to use. Fridges were within the recommended temperatures. Maximum and minimum temperatures were recorded on a daily basis, and on the majority of days checks took place twice daily.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had standard operating procedures that set out how they were managed. Secure storage was available for controlled drugs and access to them was restricted. Dispensary staff told us that audits of the stock of controlled drugs were made annually. GPs and dispensary staff also told us that a person from NHS England would come as needed to ensure controlled drugs were managed appropriately and that this may take place approximately three times a year. Staff were aware of how to raise concerns around controlled drugs with the practice manager and GP. Details of the controlled drugs 'accountable officer' for the area were available for staff, in case any incident needed to be reported further. Arrangements were in place for the destruction of out of date controlled drugs.
- The practice was signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. Dispensary staff had received training for their role. Staff received annual appraisals. This helped to ensure they were working to the correct, safe standard and protected patients from the risk of medicines errors.
- The GPs checked and signed repeat prescriptions and prescriptions for controlled drugs before staff dispensed them. Acute prescriptions were signed on the day that they were dispensed. Dispensary staff told us that prescriptions that were sent to external pharmacies were signed first. The dispensing system in place included checks to make sure staff dispensed the correct medicines.
- There was a system in place to deliver dispensed medicines to patients in rural areas from collection points in a post office and a dentist. Medicines were also delivered to patients homes on rare occasions. This recognised the difficulties some patients experienced in collecting their medicines from the practice. The transport was arranged by patient volunteers and the practice told us that they were unsure of what checks were undertaken for vehicles and drivers. The practice told us that medicines were placed in a sealed carton and given to the driver to deliver to the appropriate locations. However, there was not a risk assessment or protocol to track medicines once they had left the practice and ensure that patients had received these. There was no agreed method for the post office or dentist to confirm the identity of the person collecting the medicines. There was no agreed system in place for the post office or dental staff to alert the practice if a patient or their representative did not collect their medicine. There was a risk that medicines could be left uncollected or collected by the wrong person and the GPs would not know that the patients had not received their prescribed medicine.
- We reviewed nine personnel files and found that appropriate recruitment checks had been undertaken prior to employment. However, not all files contained appropriate interview documentation.

Are services safe?

- We were told that all clinical staff had DBS checks and that non-clinical staff were not DBS checked. We saw evidence of this in the files checked and documentation provided.

Monitoring risks to patients

Risks to patients were not always 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 manager was the lead for health and safety and all staff were encouraged to report any health and safety concerns.
- The practice had an up to date fire risk assessment and fire alarms and extinguishers had been checked. The last fire drill was logged as having taken place in June 2015.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice 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.
- There was no legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice manager told us that they ran the taps at the practice on a weekly basis. Appropriate measures were not being taken to assess, monitor, and minimise the risk of legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that

enough staff were on duty. Staff told us that they provided cover for each other and increased their working hours to cover annual leave and sickness. Locums were not employed at the practice.

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 alert system in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- A risk assessment had taken place to determine what emergency equipment and medicine was needed at the practice and there was a good stock of emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children masks. 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 charitable trust and monies from this were used to purchase and maintain additional medical equipment. For example, funds had been used to purchase ECG electrodes and to maintain the ECG machine. Patients benefited from medical assessment and treatment using these devices.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with 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 peoples' needs. GPs attended mandatory courses hosted by the CCG where the latest NICE guidance was discussed.
- The practice monitored that these guidelines were followed through audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and 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). The most recent published results were 99% of the total number of points available, with 5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 to 2015 showed;

- Performance for diabetes related indicators was 92% which was below the CCG average of 94% but higher than the national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 87% which was better than the CCG average of 81% and national average of 80%.
- Performance for mental health related indicators was 100% which was better than the CCG average of 95% and national average of 93%.

There were high percentages of exception reporting for a number of individual clinical indicators relating to particular health conditions. One of the lead GPs reviewed these during the inspection and explained that this was

due the fact that the practice had a relatively small patient list and therefore small numbers of patient exceptions could appear as disproportionately large percentages in the data. They described the steps that had been taken to encourage patients to attend the surgery for treatment, such as sending letters and telephoning patients and providing patients with information about treatment options.

Clinical audits demonstrated quality improvement.

- There had been 14 clinical audits completed in the last two years. A number of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, peer review and research.
- Findings were used by the practice to improve services and findings were shared at clinical meetings. For example, following revised guidance from the European Medicines Agency, the practice conducted an audit of all patients prescribed a particular medicine. These patients were provided with letters explaining changes in recommendations for the medicines use. A re-audit was then later undertaken and as a consequence instruction labels were revised on one patients' medicine and refresher guidance was provided for GPs about prescribing advice for this medicine.
- An audit was conducted in collaboration with the Clinical Commissioning Group to determine whether there were any missed diagnosis of dementia. Steps were taken to amend records for two patients who were coded incorrectly on the computer system. A re-audit was then conducted in 2015 and no undiagnosed patients with dementia were found.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as fire safety, health and safety, complaints, and confidentiality. New staff also reported being able to observe and then work with other staff as part of their induction in order to gain an understanding of how the practice ran.
- The induction guidance provided by the practice stated that all staff should undertake training for safeguarding, information governance, and basic life support within

Are services effective?

(for example, treatment is effective)

six months of starting at the practice. The practice manager reported that staff had undertaken training in this timeframe when they had been employed for longer than six months. However, this was not evidenced in all the staff files checked.

- In the induction guidance there was no recommendation that staff should undertake training on infection control or equality and diversity as part of mandatory training. We were not able to see evidence that this training had been completed. However, reception staff described appropriate procedures for receiving samples.
- The practice could demonstrate how they ensured some role-specific training and updating for relevant staff such as for those reviewing patients with long-term conditions such as diabetes. For example one nurse updated her knowledge of diabetes by working regularly with a nurse specialist in diabetes and attending training courses. Staff administering vaccines and taking samples for the cervical screening programme had received specific training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff described being able to approach any of the clinical or managerial staff for guidance and advice. Staff had access to ongoing support during sessions and appraisals, and support for revalidating GPs.

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, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, such as when referring patients to other services. For example, GPs liaised with hospitals, out of hours services, and paramedics to provide information about patients where appropriate.
- The practice reported identifying and reviewing all patients who were at high risk of going to hospital. Electronic care plans were shared with out of hours services and ambulance services. However, GPs

reported that the computer system did not allow these records to be viewed electronically if patients receive ambulance services or hospital treatment in Reading. The GPs told us that they had raised this with the CCG.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' 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. GPs told us that they would make choose and book appointments with patients during consultations in order to avoid any delay or confusion.

We saw evidence that multi-disciplinary team meetings took place on a weekly basis and that care plans were routinely reviewed and updated. Gold Standards Framework meetings took place on a monthly basis and staff worked closely with hospice staff to discuss the needs of patients. Monthly meetings with mental health professionals also took place in order to discuss the needs of patients with emotional and psychological difficulties. Staff told us that referrals were also made to podiatry and tissue viability nurses.

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.
- Staff completed consent forms with patients where appropriate, such as for minor surgery.
- When providing care and treatment for children and young people, 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 recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

Are services effective?

(for example, treatment is effective)

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation, and emotional support. Patients were then signposted to the relevant service.
- Alcohol and smoking cessation advice, sexual health services, and support for people with mental health and emotional difficulties were available from local organisations.
- A range of health professionals were available to be seen privately at the practice. These were a couples therapist, psychotherapist, chiropractor, and physiotherapists.

The practice's uptake for the cervical screening programme was 85%, which was high compared to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available.

The practice also encouraged its patients to have screening appointments for chlamydia, bowel cancer, dementia, alcohol, body mass index, and smoking where appropriate. The practice indicated that 41% of patients aged 15 to 25 years had been screened for chlamydia in the past 12 months and 59% of people over 60 years have had bowel cancer screening. This was in line with CCG averages (59%) and national averages (58%) for bowel cancer screening.

Patients with pre-diabetes were seen annually and there was information available for patients with pre-diabetes. The practice had held a meeting to discuss the increase in patients with diabetes and to develop strategies to support these patients, such as identifying patients with a history of impaired glucose and inviting them to attend the practice.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 100% (CCG average 6% to 97%) and five year olds from 94% to 100% (CCG average 92% to 98%). Minutes of a practice meeting in November 2015 stated that children were being called into the surgery to try and increase vaccination rates.

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

The practice kept registers of patients with learning difficulties, dementia, and mental health difficulties. The practice also provide some information which they had compiled from patient records the day before the inspection. This showed that 100% of patients with mental health difficulties had care plans. In addition, five of six patients with a learning disability had an annual health check at the time of the inspection.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were very courteous and 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.
- The reception area was closed off from the waiting area to preserve confidentiality.
- Reception staff described appropriate measures taken to preserve confidentiality when patients arrived at the surgery, when using the telephone and computer, and with paper notes and prescriptions.

All of the 36 patient Care Quality Commission comment cards we received were extremely 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 spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey in 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. This indicated that the practice provided patients with extremely high levels of kindness, dignity, respect and compassion. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 95% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.

- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 99% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 97% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

In the 2015 national GP patient survey patient satisfaction scores were also above local and national averages showing consistently high standards of patient care.

Care planning and involvement in decisions about care and treatment

Patients told us 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 2016 national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were higher than local and national averages. For example:

- 97% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 94% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 95% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

The 2015 national GP patient survey showed that results were also consistently above local and national averages.

Staff told us that interpreter services were available for patients who did not have English as a first language, but that these were rarely needed due to the demographics of the patients at the practice.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. These were clearly displayed and organised and it was possible to easily find relevant information.

There was a private psychotherapist and a couples therapist based at the practice. Information regarding these services was displayed in the waiting area and on the practice website. We also saw information was available for patients about NHS services for emotional and psychological support, and bereavement.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2.8% of the practice list as carers (103 patients). The waiting area contained a dedicated area providing information for carers about the various avenues of support available to them. The practice website also contained information for

carers about sources of support. The practice hosted an annual Carer Awareness Day to provide carers with information and advice. GPs described directing patients to local services for young carers and adult carers. We saw from the annual Patient Participation Group surveys that there was a fluctuating increase in the percentage of patients who were aware of the support offered for carers provided by the practice. In 2012 36% of patients at the practice were aware of carer support services at the practice, in 2013 48% of patients were aware, in 2014 55% of patients were aware, and in 2015 47% were aware.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered Saturday flu clinics twice a year in response to feedback from the CCG. GPs attended monthly CCG meetings to discuss priorities. One GP was a member of the Local Medical Committee of the British Medical Association.

- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for patients at the practice. The GPs described extending their clinics each day until all patients who required a same day appointment were seen.
- GPs provided advice to patients by telephone and email where appropriate.
- Patients were offered longer appointments where these were needed.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and a hearing loop.
- Reception staff described assisting patients with visual difficulties access the practice.
- Appointments were available in ground floor rooms and there was also a lift at the practice to enable access for patients and staff who may find it difficult to use stairs.
- There was an electronic door and level entrance to the practice. There was a lowered area of the reception desk and sufficiently wide and unobstructed corridors to enable people with mobility difficulties to access the surgery.
- There were two raised chairs in the reception area for people with mobility difficulties.
- There were baby changing facilities and a separate area of the waiting room for young children.
- Staff told us that there were interpreter services available, but that these were not needed for current patients registered at the practice.

- The practice described processes to enable people with no fixed address to register at the surgery. Staff told us that there were not any patients with no fixed address currently registered.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 6.30pm on Monday, Tuesday, Thursday, and Friday, and 10am to 6.30pm on Wednesday. Appointments could be booked in advance or on the same day, and urgent appointments were available for people who needed them.

Information about practice opening hours and out of hours arrangements was displayed in the patient information leaflets located in reception and outside the practice.

Results from the 2016 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 92% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 100% patients said they could get through easily to the surgery by phone (CCG average 84%, national average 73%).
- 83% patients said they always or almost always see or speak to the GP they prefer (CCG average 67%, national average 59%).
- 100% patients said that the last appointment they got was convenient (CCG average 93%, national average 92%).
- 100% patients were able to get an appointment to see or speak to someone last time they tried (CCG average 89%, national average 85%).

Results from the 2015 national GP patient survey showed that patient's satisfaction with access to care and treatment was consistently above local and national averages.

Patients told us on the day of the inspection that they were able to get appointments when they needed them that they were seen promptly, and could get through to the practice on the telephone. GPs, nurses, reception staff, and patients told us that there were same day appointments available if needed and that clinics were extended until all patients needing same day appointments were seen. Good access to appointments was also reflected in feedback

Are services responsive to people's needs?

(for example, to feedback?)

from the comments cards. On the day of the inspection we saw that there were appointment slots available suggesting that there was capacity for patients to be seen promptly, even though one GP was on leave.

Listening and learning from concerns and complaints

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

- Its 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. There was information about how to make a complaint displayed in the patient waiting area, practice leaflet, and on the practice website.

- Practice staff were aware of the complaints policy and where to locate this. They described appropriate steps to assist patients to make a complaint if necessary.

We looked at two complaints received in the last 12 months and found that these were thoroughly investigated and responded to in a timely way. Apologies were made if necessary and any resulting changes in practice were explained to the patient if appropriate. Complaints were also reviewed annually and the results were presented to all staff at the practice meeting. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following one complaint customer service training was provided to reception staff.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The GPs and practice staff had discussed their plans for the surgery and were knowledgeable about the areas for consideration.
- The GP partners and practice manager met on a weekly basis to discuss the vision and strategy for the practice. However, there were no minutes for these meetings and no formally documented business plan.
- There was a patient charter displayed in the waiting area which outlined the values of the practice.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were regularly reviewed and implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- Risks were not always assessed and mitigating actions were not always implemented. Not all staff had received appropriate training, a legionella assessment had not been carried out, clinical waste was not always stored appropriately, and procedures relating to medicines were not always appropriate.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and provide high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and an 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 regular meetings took place. Weekly clinical meetings were held which were not minuted, but relevant clinical information was recorded in the patient notes. Reception staff meetings were held every three months, practice meetings with all staff were held every two months. The practice manager met with the senior partners every week, but minutes to these meetings were not taken.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted that a team away day had been held recently.
- Staff said they felt respected, valued and supported, particularly by the partners and management staff 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.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly and communicated online, carried out patient surveys and submitted

Are services well-led?

Good 

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

proposals for improvements to the practice management team. PPG members told us that the practice was in the process of recruiting new members and we saw information regarding this displayed in the waiting area. The PPG told us that the practice invited them to give feedback about the questions included in the patient survey. One area identified in the survey was for the practice to provide comprehensive information for carers and we saw that this had occurred in the form of information provision on the waiting area.

- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not

hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, one of the nurses was involved in a pilot scheme to help prevent hospital admissions for patients with COPD by identifying and supporting patients most at risk of exacerbation of symptoms.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with not ensuring that all staff were properly trained, not conducting a legionella assessment, improper management of medicines, and inappropriate storage of sharps.</p> <p>This was in breach of regulation 12(1)(2)(c)(d)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>