

South Reading 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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Good 

Are services caring?

Requires improvement 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Inadequate 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at South Reading Surgery on 11 January 2017. Specifically, we have rated the practice as inadequate for the provision of safe and well led services and requires improvement for the provision of caring and responsive services. The practice was rated good for providing effective services. The concerns which led to these ratings apply to all population groups using the practice. Overall the practice is rated as inadequate.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, electrical wiring and fire risk assessments identified high risk actions which had not been carried out in a timely way. In addition, the practice had not

undertaken health and safety risk assessments, including legionella. Some aspects of the legislation regarding the control of substances hazardous to health (COSHH) were not being met.

- Monitoring arrangements for the administration of medicines had failed to identify that the appropriate legal requirements were not being followed when the health care assistant administered vaccinations.
- Provision of emergency medicines had not been reviewed and the process in place for checking emergency equipment was inconsistent with some out of date equipment found.
- Individuals in lead roles had not received training to enable them to carry out their work.
- The fridge temperature logs were completed inconsistently. Some identified cold chain breaches had no documented actions.
- Not all recruitment checks for new members of staff had been undertaken prior to their employment.
- Complaints were dealt with inconsistently and documentation did not accurately reflect actions taken or outcomes for learning.

Summary of findings

- Information about services and how to complain was not on display and there was no feedback box available to offer patients the opportunity to complain anonymously.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- The practice had limited leadership capacity and informal governance arrangements.
- Practice policies and protocols were kept under review but updates were not always shared with staff.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, we found many staff had undertaken large amounts of e-learning in a short space of time, which meant staff were unable to retain the information from the training.

There were, however, areas of good practice:

- Patients registered at the practice could also be seen at another nearby practice, managed by the same organisation, if this was more convenient for them.
- Patients said they could obtain urgent appointments on the same day and received continuity of care. The practice had reviewed appointment systems and was introducing a revised more flexible appointment system within two weeks of this inspection.
- There was an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice had appropriate facilities and was well equipped to treat patients and meet their needs, despite the constraints of the premises.

The areas where the provider must make improvements are:

- Ensure systems to assess, monitor, manage and mitigate risks to the health and safety of service users are implemented. This includes the assessment and monitoring of infection control, medicines management and recruitment checks.
- Implement formal governance arrangements including systems for assessing and monitoring risks, including health and safety, electrical and fire safety, legionella and COSHH.

- Ensure the views of patients expressed in the national patient satisfaction survey are considered in order to improve the delivery of care and treatment.

The areas where the provider should make improvements are:

- Ensure arrangements are in place for patients diagnosed with a learning disability to receive an annual health check.
- Ensure updates in practice policies and protocols are shared with staff in a timely manner.
- Ensure learning from complaints is clearly identified and shared consistently with staff of all grades and disciplines.
- Ensure staff receive suitable training for lead roles.
- Review the identification of carers and improve support.
- Improve patient awareness of access to translation and bereavement services and consider installing a hearing loop.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 inadequate for providing safe services and improvements must be made.

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, an electrical wiring assessment in May 2014 had identified unsatisfactory and unsafe installation. However, the practice had not undertaken any actions to carry out repair work or considered the implications of unsafe wiring. In addition, a fire risk assessment in November 2016 had highlighted a high risk requiring immediate action. The practice had received a quote for the work but no date had been set for it to be undertaken.
- The process for administering vaccines by the healthcare assistant, under patient specific directions, had not been appropriately authorised and was not in line with legislation.
- Provision of emergency medicines had not been reviewed and the process in place for checking emergency equipment was inconsistent, with some out of date equipment found.
- The lead nurse had not received training to enable them to carry out their work as the infection control lead and the fridge temperature logs were completed inconsistently. Some cold chain breaches showed no documented action.
- Recruitment checks for some staff had not been undertaken prior to their employment

There were however, some areas of good practice:

- There was an effective system in place for reporting and recording significant events.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Inadequate



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Good



Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff's understanding of and competence in applying the legal framework for consent was inconsistent. Particularly in the areas of assessing mental capacity and consent from patients under 16 years of age.
- The practice performance was below average in the national screening programmes for both bowel and breast cancer screening. However, it was above average for the national cervical cancer screening programme.
- There were 59 patients diagnosed with a learning disability. A total of 29 had received a physical health check in the last year and the practice had not made arrangements for these health checks to be undertaken.

Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

- The practice did not have an action plan to address the below average feedback from patients in regard to certain aspects of providing care and treatment.
- Data from the national GP patient survey showed patients rated the practice below others for some aspects of care. For example, 77% of patients said the GP was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- Information for patients about the services was available but not everybody would be able to understand or access it. For example, there were no information leaflets available in south Asian languages despite there being a large number of patients registered from this area.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Most patients said they were treated with compassion, dignity and respect.

Requires improvement



Are services responsive to people's needs?

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

Requires improvement



Summary of findings

- 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. For example, the practice worked with local commissioners to secure the contract for services delivered from South Reading Surgery until 2020.
- Information about how to complain was available via the practice website and patient information leaflet. Evidence showed the practice responded quickly to issues raised. The practice was unable to demonstrate that learning from complaints was shared consistently with staff.
- Patients said they were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However, accessing appointments by telephone often proved difficult. For example, 61% of patients found it easy to get through to the surgery by phone compared to the CCG and national averages of 73%.
- The practice had good facilities and was adequately equipped to treat patients and meet their needs.

Are services well-led?

The practice is rated as inadequate for being well-led and improvements must be made.

- Clinical governance processes were operated ineffectively. Health and safety risk assessments had not been undertaken. A fire risk assessment and electrical wiring assessment had identified high risk actions that had not been completed or scheduled to be completed in a timely way.
- The practice had not identified issues with emergency medicine availability and inconsistency with monitoring emergency equipment and fridge temperatures.
- The practice approach in responding to patient feedback was inconsistent. They responded to feedback regarding access to the service but did not have a plan to respond to below average feedback relating to care and treatment.
- There was a documented leadership structure and most staff felt supported by management. Staff said this had improved since the appointment of a new practice manager. However, it was noted that the organisational management team was located at the surgery at Shinfield who did not often attend the South Reading Surgery site. Clinical staff worked across both sites regularly.

Inadequate



Summary of findings

- The practice had a number of policies and procedures to govern activity. These had been reviewed but changes in policy were not yet embedded in the day to day operation of the practice.
- All staff had received inductions but not all staff had received regular performance reviews or attended staff meetings and events.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

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 inadequate for the care of older people. The provider was rated as inadequate for safety and for well-led and requires improvement for caring and responsive services. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- 83% of patients with hypertension (high blood pressure) had achieved a target blood pressure reading in the preceding 12 months compared to the clinical commissioning group (CCG) average of 82% and national average of 83%.
- The practice told us home visits were available but patient feedback on the day suggested some patients had difficulty accessing these.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of people with long-term conditions. The provider was rated as inadequate for safety and for well-led and requires improvement for caring and responsive services. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 70% of patients with diabetes had a blood glucose test result of 64mmol or less in the preceding 12 months compared to the CCG average of 72% and national average of 78%.
- 93% of patients with chronic obstructive pulmonary disease (COPD – a lung condition) had received a review and assessment of breathlessness compared to the CCG average of 92% and national average of 90%.
- Longer appointments were available when needed.

Inadequate



Summary of findings

- All these patients had a named GP and a structured annual review to check 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

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for safety and for well-led and requires improvement for caring and responsive services. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- 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. Immunisation rates were comparable to national target indicators for all standard childhood immunisations, with the exception of pneumococcal conjugate booster for children aged 2 which was below the national target of 90%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 83% of women aged 25 to 64 years had a cervical screening test performed in the preceding five years compared to the CCG average of 78% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Inadequate



Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The provider was rated as inadequate for safety and for well-led and requires improvement for caring and responsive services. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- 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.

Inadequate



Summary of findings

- 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.
- There was a mixed uptake for health checks and health screening. For example, 49% of patients aged 60 to 69 had been screened for bowel cancer in the preceding 30 months compared to the CCG average of 49% and national average of 58%.

People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for safety and for well-led and requires improvement for caring and responsive services. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. There were 59 patients diagnosed with a learning disability. A total of 29 had received a physical health check in the last year and the practice had not made arrangements for the remaining health checks to be undertaken.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.

Inadequate



People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for safety and for well-led and requires improvement for caring and responsive services. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

Inadequate



Summary of findings

- 97% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 89% and national average of 84%.
- 98% of patients with a diagnosed mental health condition had an agreed care plan in the preceding 12 months compared to the CCG average of 91% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- 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 were published in July 2016 and were taken from surveys conducted between July and September 2015 and January to March 2016. The results were for the two practices managed by the provider and could not be separated to identify specific responses for the South Reading Surgery. They showed the provider, overall, was performing below local and national averages. There were 319 survey forms distributed and 107 were returned. This represented 2% of the provider's total patient list.

- 61% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 73% and national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and national average of 85%.
- 76% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and national average of 85%.
- 68% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and 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 15 comment cards which were mostly positive about the standard of care received. Ten cards demonstrated satisfaction with the way patients were treated by staff and offered no concerns over their care. There was one overall negative comment about difficulty getting an emergency appointment and being offered a GP call as an alternative. Four cards offered a mixed view where the care and treatment was described as good overall, but expressed concerns over the appointment system, long delays in trying to get through to the practice by telephone and mis-labelled samples requiring re-testing.

We spoke with one patient during the inspection. This patient said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, they had experienced poor response to a request for a home visit despite mobility problems and other disabling conditions.

The latest friends and families test figures indicate that 11 out of 15 patients who responded would recommend the practice to someone new to the area.

Areas for improvement

Action the service **MUST** take to improve

- Ensure systems to assess, monitor, manage and mitigate risks to the health and safety of service users are implemented. This includes the assessment and monitoring of infection control and medicines management.
- Implement formal governance arrangements including systems for assessing and monitoring risks, including health and safety, electrical and fire safety, legionella and COSHH.

- Ensure the views of patients expressed in the national patient satisfaction survey are considered in order to improve the delivery of care and treatment.

Action the service **SHOULD** take to improve

- Ensure arrangements are in place for patients diagnosed with a learning disability to receive an annual health check.
- Ensure updates in practice policies and protocols are shared with staff in a timely manner.
- Ensure learning from complaints is clearly identified and shared consistently with staff of all grades and disciplines.
- Ensure staff receive suitable training for lead roles.

Summary of findings

- Review the identification of carers and improve support.
- Improve patient awareness of access to translation and bereavement services and consider installing a hearing loop.

South Reading 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 and a Practice Manager specialist advisor.

Background to South Reading Surgery

South Reading Surgery is one of two surgeries managed by South Reading and Shinfield Group Medical Practice. South Reading Surgery has a different contract arrangement to Shinfield Medical Centre but shares its policies and procedures and staff work across both sites. Patients registered at South Reading can be seen at Shinfield Medical Centre if they prefer or if an earlier appointment is available.

South Reading Surgery is located within a converted two-storey house in a residential area of Reading. It is one of the practices within South Reading Clinical Commissioning Group and provides GP services to over 5,000 patients. According to data from the Office for National Statistics, Reading population demographics show a medium level of economic deprivation with pockets of low deprivation within the practice boundary. There is a higher percentage of unemployed patients compared to local and national averages. Ethnicity based on demographics collected in the 2011 census shows the population of Reading is predominantly White British with 13% of the practice population composed of patients with an Asian background and 10% from other non-white ethnic backgrounds.

South Reading Surgery has a two-storey main building and a permanent portakabin behind it. The portakabin is only accessible from outside and has a ramp for disabled access. There is one consultation room and one treatment room on the ground floor of the main building and one consultation room and one treatment room in the portakabin. There are dedicated reception areas and toilet facilities available in both buildings. The practice also provides GP services to two local nursing homes, with approximately 120 patients being looked after by the practice.

There are two full time GP partners (both female) and three salaried GPs (one female, two male) offering a whole time equivalent (WTE) of 2.13 GPs. The nursing team consists of one full time practice nurse and a full time healthcare assistant (HCA) (both female). Both the nurse and HCA work across both practice sites with the nurse providing three days and HCA one day per week at South Reading Surgery. The day to day management of the practice is supported by a team of administration staff including an interim practice manager, assistant practice manager, two medical secretaries, an operational assistant, an administrator and ten receptionists.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 11.30am every morning and 3.50pm to 5.50pm daily. Extended hours appointments for face-to-face consultations are offered on Monday evenings from 6.30pm to 7.30pm and alternate Saturdays from 8.30am until 11.30am.

The practice have opted out of providing out of hours cover. This is provided by Westcall by calling the NHS 111 number.

All services are provided from:

South Reading Surgery, Whitley Wood Road, Reading, Berkshire, RG2 8LE

Detailed findings

Patients can also access services at:

Shinfield Medical Centre, School Green, Shinfield, Reading, Berkshire, RG2 9EH

The practice holds a Personal Medical Services (PMS) contract (a PMS contract is a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract). At the time of the inspection the practice was registered to an individual. However, the practice had been a partnership for three years and was incorrectly registered with the Care Quality Commission.

The practice has not been inspected before.

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, 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

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 11 January 2017. During our visit we:

- Spoke with a range of staff including four GPs, the practice nurse, the health care assistant and the interim practice manager. We also gained feedback from reception and administration staff and spoke with one patient 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 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice recorded an incident when a blood test result had not been reviewed and a potential problem (highlighted by the blood test) was missed. The practice reminded GPs to check all results carefully and discussed the incident at a clinical meeting to share learning.

Overview of safety systems and processes

The practice had a number of processes and practices in place but they were not managed or implemented well enough to keep patients safe and safeguarded from abuse:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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, although not all staff knew who this was. The GPs attended safeguarding meetings when possible and always provided reports

where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. The practice nurse and health care assistant were trained to level two in child safeguarding. All staff had completed training in safeguarding vulnerable adults.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Although the practice nurse had been in post since November 2016, they had only recently been appointed as the infection control clinical lead. They had not had the opportunity to liaise with the local infection prevention teams to keep up to date with best practice. At the time of inspection the infection control lead had not received any additional training to prepare them for their role. They were not yet suitably trained and skilled to offer advice and support to other staff in reducing risks of cross infection. Since inspection the practice has advised that relevant training for the infection control lead nurse was completed on 6 February 2017. There was an infection control protocol in place and staff had received on line training in basic infection control. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We reviewed the last audit that had been undertaken in September 2016 by an external infection control nurse. This identified 24 tasks to reduce risk of cross infection. The action plan we saw showed that 22 of the tasks had been completed or had actions being taken and were on target for completion (such as replacing chairs and carpets in consultation rooms). The two remaining outstanding actions related to providing infection control training for the lead nurse (a different nurse from the one currently employed) and inconsistencies with fridge temperature checking and recording.
- We looked at the fridge temperature recording logs and found gaps of up to three days on a number of occasions between October 2016 and January 2017. This showed the practice had not followed the infection

Are services safe?

control audit action plan of recording the temperatures daily. The practice did not have any other temperature recording mechanisms and were unable to determine if the vaccines contained within the fridges had been stored at the correct temperature during this time. In addition, there were five occasions between November 2016 and December 2016 where the temperature was recorded outside the safe parameters of between two degrees and eight degrees Celsius. Of these, only one cold chain breach had documented actions and escalations.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. There was a system in place to monitor the distribution and use of blank prescription forms and pads. These were securely stored awaiting distribution and there were systems in place to monitor their use. However, during our inspection we observed the GP consulting room and treatment room were occasionally left unattended and had been left unlocked. The prescription forms were left in the printers and could potentially be removed by unauthorised people.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. When we started the inspection we found that eight of these had not been appropriately signed and authorised by the nurse. This was corrected before we left the inspection.
- The health care assistant was trained to administer vaccines and medicines under a patient specific direction. However, they were administering these vaccines without appropriate authorisation from an approved prescriber. (Patient Specific Directions are written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed six personnel files and found the majority of appropriate recruitment checks had been undertaken

prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, we found two references were missing for one member of the clinical staff and the practice could not account for this gap.

Monitoring risks to patients

Risks to patients had not been assessed or well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified the practice health and safety representative. The practice had not carried out a variety health and safety risk assessments or evaluated the suitability of the premises for patient and staff safety (including legionella). The practice undertook a generic health and safety assessment the day after the inspection and identified actions for follow up. Whilst there had been no formal legionella risk assessment, the practice were sending water samples for testing and had recognised the risk was lowered due to no water tank storage on site. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). In addition, the requirements of the control of substances hazardous to health (COSHH) were not fully undertaken and data sheets were unavailable for cleaning staff.
- The practice had a fire risk assessment undertaken by a third party in November 2016. The results of the risk assessment was sent to the practice on 22 December 2016. The risk assessment had identified a high risk concern over a lack of a fire alarm system throughout the premises. The practice had received a quote for the work to be carried out in January 2017 but had not yet arranged for the system to be installed. We observed ceiling mounted smoke detectors were being used for fire detection and alerting, however, one had been removed from outside the waiting room on the ground floor of the main building. The fire risk action plan also identified a lack of full staff fire drills, although staff told us they had one in 2016. The practice was unable to show us any documentation to corroborate this. After the inspection, the practice arranged for a fire alarm system to be delivered and were waiting for installation.

Are services safe?

- We viewed an electrical wiring assessment, for the main building, carried out in May 2014 (the Health and Safety Executive recommends wiring for commercial premises are checked every five years for safety). The wiring was certified as unsafe and not fit for purpose, therefore creating a high risk that required prompt action. The practice were aware the outcome of this but had not undertaken any work to lower the risk. They told us two days after the inspection, they had booked for an electrician to attend.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- 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 enough staff were on duty. However, we noted the nurse and health care assistant often had fully booked clinics and had additional appointments added to these to cater for increased demand. Whilst this was beneficial to seeing patients on the day, it infringed on the time they could take to update patient records and maintain their administrative duties. The practice told us they were considering employing a nurse practitioner to increase the size of the nursing team and increase availability to meet patient's needs.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were some emergency medicines available in an accessible area of the practice. On the day of inspection the door to this area had been propped open and could be easily accessed by staff, patients or visitors.
- The practice had a defibrillator available on the premises and oxygen was available, although the children's mask was missing and the adult mask had passed its expiry date. This meant the oxygen may not be safely or effectively administered in an emergency.
- A first aid kit and online accident recording form were available.
- Emergency medicines were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date and stored securely. However, we found the practice had not reviewed the medicines required for a variety of emergency medical conditions. For example, there was no Chlorphenamine (an antihistamine) or hydrocortisone (a steroid) to deal with anaphylaxis (a severe, life threatening allergic reaction). In addition, the emergency drugs did not contain aspirin (for heart attacks), Benzylpenicillin (an antibiotic used for severe life threatening infections such as meningitis) or Diazepam (for epileptic seizures). We also noted there was no injectable analgesia (pain relief such as Diclofenac) for patients in severe pain.
- 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.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents, although these had not been reviewed and checking and stock rotation stock was inconsistent.

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 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 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 97% of the total number of points available. The overall exception rate was 13% which was above the CCG average of 9% and national average of 10%. For example, exceptions from the diabetes indicators was 19% which was above the CCG average of 11% and national average of 12%. However, no patients diagnosed with depression had been excepted from the depression indicators compared to the CCG average of 24% and national average of 22%. (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).

We reviewed the exception rates which showed significant variation from average. The GP advisor looked at a random sample of patient records and considered the exceptions to be appropriate given the significant number of frail elderly patients living in care homes who were unable to receive a review.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 85% which was above the CCG average of 78% but below the national average of 90%.
- Performance for mental health related indicators was 100% which was above both the CCG average of 87% and national average of 93%.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits undertaken in the last two years. Of these two were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a two cycle audit to ensure all patients diagnosed with diabetes and chronic kidney disease were offered a test to check that albumin (a protein found in the blood) was not discharging from the patient's kidneys. The test had been extended to include patients diagnosed with diabetes. National indicators only require the test for patients diagnosed with chronic kidney disease. The first audit identified that some patients diagnosed with diabetes were not being offered the test. Results were shared with GPs to ensure they encouraged patients to attend for the test and make arrangements for patients to be called for the test. The second audit showed that all patients received an invitation for the test. Data showed the practice had achieved 100% for the chronic kidney disease QOF indicator.

Information about patients' outcomes was used to make improvements such as: The practice had identified 0% exception reporting for cancer care indicators. The practice recognised they had incorrectly and inconsistently recorded these figures and had undertaken a cancer care audit to ensure their recording of exceptions was accurate.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured some role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice nurse and health care assistant had both recently completed enhanced training in care of patients diagnosed with diabetes. They were able to offer a wider range of health checks and reviews for this group.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, external training seminars and discussion at practice meetings.
- 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff, who had been in post for over a year, had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. The practice ensured that staff had access to and made use of e-learning training modules and in-house training. Completion of training was not always managed effectively. For example, staff had completed a wide range of training modules in one day and found it difficult to recall all the learning from these courses.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals 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, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- GPs understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, neither the practice nurse or health care assistant were not confident in undertaking assessments and told us they would seek support and discuss with the GPs. Training records showed that both had received relevant training in applying this legislation.
- When providing care and treatment for children and young patients, GPs 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 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. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 83% which was above the CCG average of 78% and similar 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

Are services effective?

(for example, treatment is effective)

was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening:

- 67% of females aged 50 to 70 had been screened for breast cancer in the preceding 36 months compared to the CCG average of 69% and national average of 72%.
- 49% of patients aged 60 to 69 had been screened for bowel cancer in the preceding 30 months compared to the CCG average of 49% and national average of 58%.

Data relating to childhood immunisation rates for the vaccinations given to children under two showed that the practice had achieved the 90% national target for three out of four vaccinations. The data for immunisation of five year olds receiving the two stage MMR booster showed the

practice had achieved above the 90% national standard in both. For example the stage one booster was taken up by 96% of children compared to the CCG average of 92% and national average of 94%.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

There were 59 patients registered at Shinfield Health Centre and South Reading Surgery diagnosed with a learning disability. Of these 29 (49%) had received a physical health check in the last year. The practice did not have arrangements in place to ensure these patients received their health check. Research showed that patients in this group are at higher risk of developing physical health problems.

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.

We received 15 patient Care Quality Commission comment cards. Ten cards were positive about care received and five offered a mixed view with both positive and negative comments. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. The five negative comments received related to access and one comment about a mislabelled sample.

We spoke with one member 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 not all patients felt they were treated with compassion, dignity and respect. The practice was below average for many of its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 81% and the 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 90% and the national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice did not demonstrate a response to the below average feedback and there was no evidence of an action plan to address this.

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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. The practice did not promote this service by displaying notices in the reception areas informing patients this service was available.
- Information leaflets were available on a variety of topics.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 81 patients as

carers (1% of the practice list). We noted that the carers register did not identify whether the carers preferred to be seen at South Reading Surgery or Shinfield Health Centre. GPs used the register to invite carers for an annual health check and for their flu vaccinations. They were also able to offer carers advice on local support groups and where to obtain advice about benefits available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call 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. However, there was no information on display to advise patients of bereavement services available locally.

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.

- The practice offered extended hours surgeries on Monday evenings and alternate Saturday mornings for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with complex needs or with a learning disability.
- We were told home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. However, one patient with disabilities causing mobility issues, told us they had been refused a home visit by the practice in recent months.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities and translation services available. The practice did not have a hearing loop available to assist patients that used hearing aids. Since the inspection the practice has told us they had ordered a portable hearing loop.
- The treatment rooms and consultation rooms were accessible without requiring stairs. However, the portakabin outside was difficult to access by wheelchair users due to the turning angle required to enter the door. We saw evidence of this on the day of inspection.
- One of the GPs led a local service based at the practice that offered specialist support and prescribing for patients requiring opiate substitutes.
- GPs undertook weekly visits to two large care homes in the local area.
- Talking therapies services were available to patients at the providers other practice.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am

every morning and 3.50pm to 5.50pm daily. Extended hours appointments were offered on Monday evenings from 6.30pm to 7.30pm and every alternate Saturday from 8.30am until 11.30am. Patients could also access the extended hours clinic at Shinfield Medical Centre on Thursday evenings until 7.20pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%.
- 61% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and national average of 73%.

The practice was aware of the below average feedback. They had undertaken a review of their appointment system. This had resulted in a reorganisation of the appointment system that was scheduled for implementation in the week commencing 30 January 2017. We saw that the revised appointment schedule was set up on the practice computer system in readiness for the launch date. We noted that the new schedule had been refined to include the provision of 24 and 48 hour in advance appointments to give a wider choice of appointment options. The updated appointment system had not been implemented and the practice could not demonstrate that this would improve patient feedback in regard to accessing appointments.

We also saw that the practice had obtained prices for the installation of a new telephone system which would receive more calls and advise patients of their place in the call queue. We were told that further assessment of options was required before the practice would be able to upgrade their telephone system.

People told us on the day of the inspection that they were able to get appointments when they needed them but accessing the practice by telephone in the morning was very difficult.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and

Are services responsive to people's needs?

(for example, to feedback?)

- the urgency of the need for medical attention.

Staff logged requests for home visits and these were passed to the GPs on duty to assess. The GPs telephoned the patient to obtain further clinical information to assess the urgency of the visit or give treatment advice over the telephone. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a 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.

- The practice made information about how to raise a complaint available on both the patient website and in the patient information leaflet. However, details of the complaints procedure were not displayed in the waiting room or at the reception.

We looked at eight complaints received in the last 12 months and found these had been dealt with in a timely, open and honest manner. However, the communication channels for sharing learning from complaints was operated inconsistently. If staff were not present at the quarterly review of complaints the practice did not have a system to communicate the learning to them. Managers in the practice could not be reassured that incidents would not recur because of this. The practice demonstrated that they undertook a review of trends in complaints and action was taken to as a result to improve the quality of care. For example, the practice responded to complaints regarding access to appointments by reviewing the appointment system and setting up a more flexible pattern of appointments which was due for implementation in the last week of January 2017.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice was unable to demonstrate a clear vision to deliver good quality care and promote positive outcomes for patients.

- Staff were aware of the practice's vision and values and demonstrated behaviours that supported this.
- The practice was aware of the challenges it faced in the locality and was working closely with a neighbouring practice with a view to merging in 2017.
- There was recognition that completion of new housing developments close to the practice would give rise to an increase in the practice registered population. Extension plans for the practice and funding were in place.

Governance arrangements

The delivery of high quality care was not demonstrated by the leadership or governance arrangements in place at the time of the inspection. The systems to identify, record and manage risks were implemented inconsistently and were ineffective.

- Arrangements for identifying, recording and managing risks were ineffective; Risk assessments relating to health and safety were inconsistently documented and high risk actions were incomplete or had been ignored.
- The management of medicines was not effective; governance arrangements had not recognised patient group directions and patient specific directions were not in line with legislation and emergency medicines and equipment was overdue a review. They had also failed to identify issues with the cold chain and lack of suitable training for the infection control lead.
- Practice policies had been updated and were available to staff but some staff had not had the opportunity to familiarise themselves with the updates. For example, some staff were unclear about the practice's whistleblowing policy but knew where it was to be found. The practice has told us since the inspection that a system of sharing five policies a month with staff has been instituted to embed understanding of operational processes across the practice team.

- The staff training provided did not ensure effective learning and the provider had not assessed staff understanding following learning opportunities.
- Systems to monitor the quality of services provided did not ensure the same level of service was received by all patients. There was no access to a hearing loop and no information available to inform patients about translation services or bereavement care provided by the practice.
- Arrangements had not been put in place to ensure vulnerable patients were suitably supported such as health checks for patients with a learning disability and a low number of identified carers.
- Learning from complaints was not always clear and was inconsistently shared. For example, nursing staff were not included in the learning cascade process.
- A programme of clinical audits was used to make quality improvements. However, on the day of inspection we were not shown evidence of a future programme of quality improvement.

However, the governance structure did ensure that:

- There was a staffing structure and staff were aware of their own roles and responsibilities.

Leadership and culture

Leaders did not have the necessary experience, knowledge, capacity or capability to lead effectively. On the day of the inspection we noted that the lead GP lacked understanding of their responsibilities in relation to the compliance against fundamental standards. This included not being aware of ensuring their registration details were up to date. A partnership had been in place since 2013 and the provider still remained registered as an individual with CQC on the date of inspection.

There had been many organisational changes in the previous three years which had impacted on capability and capacity to manage effectively; a GP had joined as a partner in 2013 and the practice had recruited two different practice managers in this time. The current interim practice manager had only been in post on a temporary basis for three months. The practice had also had difficulties recruiting a permanent practice nurse and had relied on locum nurses for most of 2016. This had led to inconsistencies in leadership and organisational structure.

Are services well-led?

Inadequate 

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

Improvements with the addition of new staff and the interim Practice Manager were expected but too early to assess on inspection. The lack of effective leadership and management had led to the poor and weakened governance systems.

It was noted that the organisational management team was located at the provider's other surgery in Shinfield. We were told a manager was available at South Reading for three days per week. The GP partners worked across both sites regularly and staff told us the partners were approachable and took the time to listen to all members of staff.

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal or written apology.
- The practice kept written records of verbal interactions as well as written correspondence, although these were inconsistently managed.
- Staff told us the practice held regular team meetings. Although the nursing team did not meet as a group and were limited to attending practice wide team meetings that were held once a quarter.
- Most 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 and supported in doing so. The accountabilities and responsibilities were not always clear. One member of the team told us they had been given responsibility that was out of their remit of expertise, which led to them feeling blamed for any issues that occurred. However, they confirmed the situation had improved in recent weeks with the recruitment of new members to the practice team and their level of responsibility reduced.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Many staff felt involved in discussions about how to run and develop the practice, and the partners encouraged 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 sought patients' feedback and engaged patients in the delivery of the service. However, poor feedback was not always considered and actions were not always taken to make improvements.

- The practice was unable to demonstrate they had discussed or reviewed results from patient surveys and had not identified any action plan to address the poor feedback received, such as telephone access.
- The practice did not encourage patients to make complaints when they were unhappy with the service received. Complaints information was not on display in patient waiting rooms and the learning from any complaints received was not shared with all staff.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had met regularly in the past and undertook patient surveys. Due to resignations and retirements the group had not met for the last two years. The practice was able to demonstrate that they had taken action to re-establish the group. The one remaining member told us they had worked with the practice on these initiatives and was aware that a group of patients had agreed to form a 'virtual' group via electronic communications. We noted that the remaining PPG member was active in seeking further members. There were examples of the practice responding to feedback from the previous PPG and other patients. These included; installation of a notice to advise patients when the next routine appointment was available and adding information about cancer support groups to the information screen.
- The practice had gathered feedback from staff 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. The practice had adjusted the way services were provided based on staff feedback. For example, a 'post-box' had been installed inside the practice for patients to post their repeat prescription requests. This avoided patients having to wait to hand their repeat prescriptions to the reception staff. Staff told us they felt involved and engaged to improve how the practice was run and that their engagement had improved with the appointment of the new interim practice manager.

Are services well-led?

Inadequate 

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

Continuous improvement

There was a focus on learning and improvement at all levels within the practice. The practice team was forward thinking. For example they had promoted the benefits of using the electronic prescribing service. This resulted in the

highest take up by patients in the area. Discussions regarding a merger with another local practice were at an advanced stage. The merger of the partnership would give patients a wider choice of GPs and locations at which they could be seen for their appointments.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure systems and processes were in place to assess, monitor and improve the quality and safety of the service.</p> <ul style="list-style-type: none">• They had failed to act on urgent actions highlighted in an electrical wiring assessment and failed to respond in a timely manner to recommendations from a fire risk assessment.• They had not carried out relevant health and safety risk assessments or considered the suitability of the premises.• They did not hold safety data sheets for dangerous chemicals in accordance with COSHH regulations.• Low patient survey scores were not recognised or action taken to make improvements to the service provided. <p>This was in breach of Regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) 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:</p> <ul style="list-style-type: none">• Compliance with legal requirements relating to health care assistants administering vaccines without specific direction from an approved prescriber.• Not undertaking a review of emergency medicines and not ensuring emergency equipment was being monitored.• Not monitoring that fridge temperature recording was being actioned daily and cold chain breaches were being escalated accordingly. <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>