

The Village Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services effective?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Our previous comprehensive inspection in February 2016 found breaches of regulations relating to the effective, responsive and well-led delivery of services.

Following the February 2016 inspection The Village Medical Centre was requires improvement for the provision of effective, responsive and well-led services. The practice was rated good for providing safe and caring services. Consequently we rated all population groups as requires improvement.

This inspection in October 2016 was undertaken to ensure improvements had been implemented and that the service was meeting regulations. For this reason we have only rated the location for the key questions to which these relate. This report should be read in conjunction with the full inspection report of 24 February 2016.

During the October 2016 inspection, we found the practice had made some improvements since our last inspection. We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective and caring services. However, the practice is required to make further

improvements and remains rated as requires improvement in the responsive and well-led domains. Consequently we have rated all population groups as requires improvement.

Specifically we found:

- The practice had taken steps to improve the appointments booking system. However, 73% patients we spoke with on the day of inspection informed us they had not seen any significant improvement in the last six months and they had to wait a long time to get through to the practice by telephone.
- The practice had not taken all actions in a timely manner and it was therefore too early to assess the impact of improvements planned, for example, installation of new telephone system.
- The practice had not routinely monitored telephone calls data, carry out an internal survey or an audit since the previous Care Quality Commission (CQC) inspection in February 2016 to find out whether patients were satisfied with their access to care and treatment.
- The practice had tried to engage with inactive patient participation group (PPG). However, they were not fully successful and required to review their approach to promote patient participation in PPG.
- All clinical and non-clinical staff had received training relevant to their role.

Summary of findings

- The practice had updated their registration with CQC.
- During the current Quality and Outcomes Framework (QOF) year 2016-17, the practice had demonstrated improvements in patient's outcomes for patients with diabetes and patients experiencing poor mental health.
- The practice had taken steps to promote the benefits of national screening programme and demonstrated improvement in patient outcomes for cervical screening.

The areas where the provider must make improvements are:

- Review and monitor the appointments booking system and the waiting time it takes to get through to the practice by telephone.
- Ensure feedback from patients through the PPG is sought and acted upon.

In addition the practice should:

- Ensure extended hours appointments details are advertised on the practice website.
- Review the process of identifying carers to enable them to access the support available via the practice and external agencies.

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 effective?

The practice had taken appropriate action and is now rated good for the provision of effective services.

Good



- When we inspected the practice in February 2016 we found concerns relevant to staff training, uptake of the national screening programme was low and patient outcomes were below average for patients with diabetes and patients experiencing poor mental health.
- At the October 2016 inspection, we found all clinical and non-clinical staff had completed training relevant to their role.
- During the current Quality and Outcomes Framework (QOF) year 2016-17, the practice had demonstrated improvements in patient's outcomes for patients with diabetes and patients experiencing poor mental health.
- The practice had taken steps to promote the benefits of cervical, bowel and breast screening. For example, we saw the practice's uptake for the cervical screening programme had increased from 76% to 82% since previous Care Quality Commission inspection in February 2016.

Are services responsive to people's needs?

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

Requires improvement



- When we inspected the practice in February 2016, patients said they found it difficult to make an appointment with a named GP and had to wait a long time to get through to the practice by telephone. We found the practice had not always included escalation information within the practices responses to complaints, limited health promotion information available in other languages and extended hours and online appointment details were not advertised on the practice website or displayed in the premises.
- At the October 2016 inspection we found the practice had taken steps to improve the appointment booking system. However, the practice had not taken actions in a timely manner and it was therefore too early to assess the impact of improvements planned, for example, installation of new telephone system.
- The patients we spoke with on the day of inspection informed us they still had to wait a long time to get through to the practice by telephone and 73% patients we spoke with said they had not seen any improvement in the last six months.
- The practice had included all necessary information of the complainant's right to escalate the complaint to the Parliamentary and Health Service Ombudsman if dissatisfied with the response.

Summary of findings

- Information for patients about the services was available in a variety of languages.
- Extended hours appointments and online appointments details were displayed in the premises. However, extended hours appointments details were not advertised on the practice website.

Are services well-led?

The practice is rated as requires improvement for providing well-led services.

- When we inspected the practice in February 2016, we found governance monitoring of specific areas required improvement, such as, staff training, an inactive patient participation group, appointment booking system, and the waiting time it takes to get through to the practice by telephone. We found the practice's uptake of national screening programmes was below average compared to the national average and provider's details on the Care Quality Commission (CQC) registration certificate were not accurate.
- At the October 2016 inspection, we found the practice had made some improvements. However, they were required to make further improvements. For example,
- The practice had taken some steps to improve the appointment booking system. However, the practice had not completed all issues in a timely manner and did not take steps to monitor telephone calls data.
- The practice had tried to engage with patient participation group (PPG) but their efforts were not fully successful. The practice was required to review their approach to encourage patients to join and attend PPG in order to collect constructive feedback.
- The practice had not collected patients and staff feedback through internal surveys.
- We found the practice had taken steps to promote the benefits of national screening programme and improve patient outcomes for patients with diabetes and patients experiencing poor mental health.
- The practice had updated provider's details on CQC registration certificate and all staff had undertaken training relevant to their role.

Requires improvement



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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The premises were accessible to those with limited mobility. However, the front door was not automated.
- There was a register to manage end of life care and unplanned admissions.
- There were good working relationships with external services such as district nurses.

Requires improvement



People with long term conditions

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

- We found that the practice level of exception reporting for all long term conditions was low. (Exception reporting is the removal of patients from performance calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- There were clinical leads for chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a named GP and a structured annual review to check that their health and medicines needs were being met.

Requires improvement



Summary of findings

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

- The practice's uptake for the cervical screening programme had increased from 76% to 82% since previous Care Quality Commission inspection visit in February 2016.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances.
- Immunisation rates were comparable for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified. For example, the practice offered extended hours appointments (Monday to Friday from 6.30pm to 7.30pm, and every Saturday and Sunday from 9am to 11am) at Bharani Medical Centre (funded by Prime Minister's Access Fund) as part of cluster arrangements with other local practices.
- 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.

Requires improvement



Summary of findings

- However, the number of patients registered to use online services was very low. For example, 1.42% (191) patients were registered to use online services.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- It offered annual health checks for patients with learning disabilities. Health checks were completed for 26 patients out of 39 patients on the learning disability register. Care plans were completed for 100% patients on the learning disability register.
- Longer appointments were offered to patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

- Performance for dementia face to face review was comparable to the CCG and national average. The practice had achieved 83% of the total number of points available, compared to 85% locally and 84% nationally in 2014-15.

Requires improvement



Summary of findings

- When we inspected the practice in February 2016 we found 76% of patients experiencing poor mental health were involved in developing their care plan in last 12 months. During current year we saw 72% of patients experiencing poor mental health were involved in developing their care plan.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- Systems were in place to follow up patients who had attended accident and emergency, when experiencing mental health difficulties.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

The Village Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

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. This inspection took place on 24 February 2016 and we published a report setting out our judgements. These judgements identified two breaches of regulations. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We carried out a follow up focussed inspection on 26 October 2016 to follow up and assess whether the necessary changes had been made, following our inspection in February 2016. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made. We found the practice had made some improvements since our last inspection. However, the practice is required to make further improvements.

This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall quality of the service, review the breaches identified and update the ratings provided under the Care Act 2014.

How we carried out this inspection

Before visiting on 26 October 2016 the practice confirmed they had taken the actions detailed in their action plan.

Prior to the inspection we contacted the Slough Clinical Commissioning Group, NHS England area team and the local Healthwatch to seek their feedback about the service provided by The Village Medical Centre. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced focused visit on 26 October 2016.

During our visit we undertook observations of the environment. We met with the Care Quality Commission Registered Manager, a practice nurse and administration staff. We spoke with 20 patients and reviewed 34 comment cards where patients and members of the public shared their views and experiences of the service.

This report should be read in conjunction with the full inspection report of CQC visit on 24 February 2016.

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected the practice in February 2016 we found most staff had not completed some training including infection control, health and safety, equality and diversity awareness and fire safety. The practice's uptake of the national screening programme for cervical, bowel and breast cancer screening were below national average. Data from 2014-15 Quality and Outcomes Framework (QOF) showed patient outcomes for diabetes and mental health related indicators were below average for the local Clinical Commissioning Group (CCG) and the national average.

Management, monitoring and improving outcomes for people

At the inspection on 26 October 2016, we noted the practice had implemented diabetes management plan and demonstrated some improvements in diabetic patient's outcomes. The practice informed us they had invited all diabetic patients for an annual check-up. The practice was offering GP led specialist diabetic clinics. When we inspected the practice in February 2016 the practice was offering diabetic clinics twice a month. During the October 2016 inspection we saw the practice had increased the number of diabetic clinics and was now offering weekly diabetic clinics.

The practice informed us their diabetes management plan had been working well and they were expecting improved patient outcomes in 2016-17 Quality and Outcomes Framework (QOF) data. QOF is a system intended to improve the quality of general practice and reward good practice. For example, during the current QOF year 2016-17, we saw evidence that 519 (84%) out of 628 patients with diabetes, on the register, had a blood pressure reading (measured between 01/04/2016 and 24/10/2016) within a target range (140/80 mmHg or less).

During the October 2016 inspection the practice had demonstrated improvements in patient's (experiencing poor mental health) outcomes and was expecting further improved patient outcomes in 2016-17 QOF data. The practice informed us they had invited all patients experiencing poor mental health for an annual review. For

example, during the current QOF year 2016-17 (between 01/04/2016 and 24/10/2016), we noted the care plans were completed for 71 (72%) patients out of 107 patients experiencing poor mental health.

Effective staffing

At the October 2016 inspection, we checked staff training records and noted that all clinical and non-clinical staff had undertaken training that included: infection control, health and safety, fire safety, and equality and diversity awareness. There was a dedicated member of staff responsible for monitoring and organised training requirements for all members of staff.

Supporting patients to live healthier lives

At the October 2016 inspection, we saw the practice had taken steps to promote the benefits of cervical, bowel and breast screening and influenza (flu) vaccination in order to increase patient uptake. We saw various posters in the waiting area encouraging patients to take part in the national screening programme. The practice informed us when they received information from the national screening team then they routinely sent letters to non-responders to encourage them to participate in the national screening scheme. We saw evidence that during this year the practice had sent reminder letters to 160 patients for bowel screening, 152 patients for breast screening and 210 patients for cervical screening.

We saw evidence that the practice's uptake for the cervical screening programme had increased from 76% to 82% since our previous inspection visit in February 2016. According to 2014-15 published results on Public Health England website the practice had the highest uptake of bowel screening with in Slough Clinical Commissioning Group (CCG).

The practice was signposting current smokers to on-site pharmacy for smoking cessation support and treatment.

The practice informed us they were offering Saturday morning flu clinics twice a month during this flu season. They practice informed us they had invited patients aged over 65 years old and patients in high risk groups for seasonal flu vaccination.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

When we inspected the practice in February 2016, patients said they found it difficult to make an appointment with a named GP and had to wait a long time to get through to the practice by telephone. The practice had not always included necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response. The practice had a high proportion of their population from a culture where English was not their first language, yet there were limited information posters and leaflets available in other languages. Extended hours appointments and online appointments details were not advertised on the practice website and displayed in the premises.

Access to the service

At the October 2016 inspection, the practice informed us they had taken steps to address the issues, for example;

- The practice had reviewed the appointment booking system and introduced pre-bookable (within 48 hours) telephone consultations with GPs. When we inspected the practice in February 2016, the practice was only offering same day telephone consultations.
- The practice had increased the number of reception staff during peak hours in the morning from four to eight (including both main and the branch premises).
- The practice was in the process of installing new telephone system. The practice informed us that new telephone system would be installed on 13 November 2016 which would help in reducing telephone waiting times.
- We noted extended hours appointments and online appointments details were displayed in the premises. However, extended hours appointments details were not advertised on the practice website.
- We saw information about the services was available in multi-languages.

We checked the online appointment records of four GPs and noticed that the next available appointments with named GPs were available within two to three weeks (for full time GPs) and within three to four weeks (for part time GPs). Urgent appointments with GPs or nurses were available the same day. Routine appointments with a duty GP was available within two weeks.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. Twenty nine of the 34 patient CQC comment cards we received were positive about the service experienced. Five of the 34 patient CQC comment cards we received were neutral and raised concerns about the long waiting time.

We spoke with 20 patients during the inspection. We found;

- 73% of patients we spoke with on the day of inspection informed us they had to wait long time to get through to the practice by telephone during peak hours in the morning and they had not seen any significant improvement in the last six months.
- 27% of patients we spoke with on the day informed us they had seen some improvements in the last six months.

Staff we spoke with informed us they had seen improvements due to increase in number of reception staff and introduction of pre-bookable telephone consultation appointments.

The national GP patient survey results published on 7 July 2016 showed mixed outcomes for the practice compared to local and the national averages. There was 295 survey forms distributed and 110 were returned (a response rate of 37%). This represented 0.82% of the practice's patient list. For example:

- 49% of patients said they could get through easily to the practice by phone compared to the CCG average of 50% and national average of 73%.
- 50% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 76%.
- 56% of patients described their experience of making an appointment as good compared to the CCG average of 58% and national average of 73%.
- 50% of patients said they always or almost always see or speak to their preferred GP compared to the CCG average of 42% and national average of 59%.
- 54% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 53% and national average of 65%.
- 73% of patients described the overall experience of their GP practice as good compared with a CCG average of 73% and a national average of 85%.

Are services responsive to people's needs?

(for example, to feedback?)

- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 80% and a national average of 85%.
- 64% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average of 64% and a national average of 78%.

The patients we spoke with on the day and comment cards we received were in line with national survey results findings that patients had to wait long time to get through to the practice by telephone and 73% patients we spoke with on the day of inspection informed us they had not seen any significant improvement in the last six months.

- We had not seen sufficient evidence that the practice was encouraging patients to register for online services. For example, 1.41% (191) patients were registered to use online services. Improvement in this area would reduce the pressure on the telephone system.
- The practice was not collecting and monitoring telephone calls data. There was no one responsible to monitor and review the appointment booking system on a daily basis.
- The patients we spoke with informed us there was no telephone message system or an automated message to inform the patients about out of hours service arrangements when the practice was closed.

- The practice had not carried out an internal survey or an audit since previous CQC inspection in February 2016 to find out whether patients were satisfied with their access to care and treatment or not.

At the October 2016 inspection, we found the practice had made some improvements. However, the practice had not completed all issues in a timely manner and it was too early to assess the impact of improvements planned, for example, installation of new telephone system. We observed that there was further improvement required to monitor and review the appointment booking system and waiting time to get through to the practice by telephone.

We saw friends and family test (FFT) results for last six months and 90% patients were likely or extremely likely recommending this practice.

Listening and learning from concerns and complaints

We looked at three complaint received in the last six months and found that all written complaints had been addressed in a timely manner. When an apology was required, this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the manager or one of the GPs. We saw the practice had included necessary information of the complainant's right to escalate the complaint to the Parliamentary and Health Service Ombudsman (PHSO) if dissatisfied with the response. PHSO details were included in complaints policy, on the practice website and a practice leaflet.

Are services well-led?

Requires improvement 

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

Our findings

When we inspected the practice in February 2016, we found there was a lack of good governance and monitoring of specific areas which required improvement. For example, staff training, an inactive patient participation group, appointment booking system, the waiting time it takes to get through to the practice by telephone and the practices uptake of national screening programmes was below average compared to the national average. We found provider's details on Care Quality Commission (CQC) registration certificate were not up-to-date.

Governance arrangements

At the October 2016 inspection, we found the practice had made some improvements. However, they were required to make further improvements. For example,

- The practice had not completed all issues in a timely manner and it was therefore too early to assess the impact of improvements planned, for example, installation of new telephone system.
- The practice had not routinely monitored telephone calls data and carried out an audit since the previous Care Quality Commission (CQC) inspection in February 2016 to assess and demonstrate improvement in the quality of service.
- All clinical and non-clinical staff had undertaken training relevant to their role. However, the staff we spoke with on the day of inspection was not able to find the training matrix, which was managed by the IT manager who was on leave on the day of inspection. The practice had sent the training matrix few days after the inspection.
- The practice had taken steps to improve patient outcomes for patients with diabetes and patients experiencing poor mental health.
- The practice had taken steps to promote the benefits of national screening programme in order to increase patient uptake.

- The practice had updated provider's details on CQC registration certificate.
- The practice had redesigned new patient questionnaire to identify new carers at the time of new registrations. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice register of patients who were carers had increased from 84 (0.61%) patients to 113 patients (0.84% of the practice patient population list size).

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

The practice had not proactively collected patients' feedback and fully engaged patients in the delivery of the service.

- The practice had not carried out an internal survey since the previous Care Quality Commission (CQC) inspection in February 2016 to find out whether patients were satisfied with their access to care and treatment.
- The practice had taken some steps to improve the appointment booking system. However, 73% patients we spoke with on the day of inspection informed us they had not seen any improvement in the last six months and they had to wait long time to get through to the practice by telephone.
- We saw a patient participation group (PPG) team meeting minutes (of meeting held on 4 May 2016) which demonstrated that the practice had made attempt to engage with inactive PPG. There was evidence that the practice had collected some feedback through PPG. However, no PPG member had attended recent PPG meeting on 17 October 2016.
- We observed that the steps practice had taken were not fully successful in engaging with PPG and required to review their approach to encourage patients to join and attend patient participation group (PPG) in order to collect constructive feedback.

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 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>We found the registered person did not take all actions in a timely manner and did not have effective governance and auditing processes to assess, monitor and improve the quality of service provided in carrying out the regulated activities. For example,</p> <p>We found the registered person did not review and monitor the appointment booking system and the waiting time it takes to get through to the practice by telephone to ensure patients needs were met and reflecting their preferences.</p> <p>Ensure feedback from patients through a patient participation group (PPG) is sought and acted upon.</p> <p>Regulation 17(1)(2)</p>