

Herschel Medical Centre

Quality Report

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Date of inspection visit: 23 November 2016

Date of publication: 13/01/2017

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

Ratings

| | | |
|--|------|---|
| Overall rating for this service | Good |  |
| Are services safe? | Good |  |
| Are services effective? | Good |  |
| Are services caring? | Good |  |
| Are services responsive to people's needs? | Good |  |
| Are services well-led? | Good |  |

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Herschel Medical Centre on 23 November 2016. We carried out this inspection to check that the practice was meeting the regulations and to consider whether sufficient improvements had been made.

Our previous inspection in May 2016 found breaches of regulations relating to the safe, effective and responsive delivery of services. There were also concerns and regulatory breaches relating to the governance and leadership of the practice, specifically in the well led domain. The overall rating of the practice in May 2016 was requires improvement. Specifically, the practice was rated require improvement for provision of safe, effective, responsive and well-led services in May 2016. It was good for providing caring service. Following the inspection, we received an action plan which set out what actions the practice would take to achieve compliance.

At the inspection in November 2016, we found the practice had made improvements since our last

inspection in May 2016. Overall the practice is rated as good. Specifically, we found the practice good for providing safe, effective, caring, responsive and well led services.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Data showed the practice had demonstrated improvements in patient's outcomes. Audits had been carried out and we saw evidence that audits were driving improvement in patient outcomes.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The patients we spoke with on the day of inspection informed us they had noticed improvements in the availability of appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Continue to review and improve the waiting time it takes to get through to the practice by telephone.
- Review and monitor the system in place to continue encouraging the uptake for the bowel screening programme.

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 good for providing safe services.

- Following our previous inspection in May 2016 the practice had made improvements in areas relating to the national patient safety and medicines alerts, staffing levels and staff had received relevant role specific training in safeguarding adults and infection control. The practice had reviewed the processes already in place to check medicines in GPs home visit bags to ensure medicines were within their expiry dates.
- At the inspection in November 2016, there was an effective system in place for reporting and recording significant events
- Lessons were learnt from significant events and staff we spoke with informed us that significant events were discussed during the practice team meetings. We saw evidence that lessons were communicated widely to support improvement including sharing with other local practices.
- 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Fridge temperatures were recorded daily.
- There was an infection control protocol in place and infection control audits were undertaken regularly.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Following our previous inspection in May 2016 the practice had made significant improvements in areas relating to the medicine reviews for patients with long term conditions and all staff had received role specific training. Data showed patients' outcomes had improved for patients with hypertension, diabetes, learning disabilities and patients experiencing poor mental health.
- At the inspection in November 2016, we noted during the current Quality and Outcomes Framework (QOF) year 2016-17,

Good



Summary of findings

the practice had demonstrated improvements in patient's outcomes. For example, the practice had achieved 24 (92%) of the total number of 26 points available, for hypertension related indicators during current QOF year.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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.
- The practice's uptake of the bowel screening programme was above the local average and below the national average. The practice had taken steps to encourage the uptake. However, recent data was not available to assess the improvement.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Following our previous inspection in May 2016 provision of caring services was rated good.
- At the inspection in November 2016, data showed that patient outcomes were comparable to the CCG average and the national average. For example, 87% of patients said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- When we inspected the practice in May 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.

Good



Summary of findings

- At the inspection in November 2016, we found the practice had made improvements in areas relating to access to the service. However, the practice was required to review and improve the waiting time it takes to get through to the practice by telephone.
- The patients we spoke with on the day of inspection informed us they had noticed improvements in the availability of appointments.
- 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, two clinical pharmacists were employed to carry out medicines reviews for patients with complex needs and patients with long term conditions, which had reduced workload on GPs and improved patients outcomes.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- Following our previous inspection in May 2016 the practice had made improvements in governance and monitoring of safety alerts, staffing levels and medicine reviews for patients with long term conditions.
- At the inspection in November 2016, we found the practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a good governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff, which it acted on. The patient participation group was active. However, the practice had not collected patients' feedback through internal surveys.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- 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.
- There was a register to effectively support patients requiring end of life care.
- There were good working relationships with external services such as district nurses.
- The premises were accessible to those with limited mobility. The practice provided a low level desk at the front reception.

Good



People with long term conditions

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

- 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 the practice carried out a structured annual review to check that their health and medicines needs were being met.
- Data showed the practice had demonstrated improvements in patient's outcomes. For example, the practice had undertaken 88% (on average) structured annual medicine reviews for patients with long term conditions (e.g. Diabetes, asthma, chronic obstructive pulmonary disease, chronic heart disease and dementia), which was 57% when we inspected the practice in May 2016.
- The practice had recruited two new clinical pharmacists to carry out medicines reviews for complex cases patients with long term conditions.
- 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.

Good



Summary of findings

Families, children and young people

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

- 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.
- The practice's uptake for the cervical screening programme was 83%, which was above the national average of 82%.
- The practice offered Saturday morning clinics for women who found it difficult to attend for their cervical screening test during week days.
- 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.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours appointments Monday to Friday from 7.30am to 8am at the premises. In addition, the practice offered extended hours appointments every Saturday and Sunday from (9am to 1pm) at Bharani Medical Centre (funded by Prime Minister's Access Fund).
- 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.
- We noted the practice offered telephone consultations.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered annual health checks for patients with learning disabilities. Data from 2016-17 showed health checks were completed for 51 patients out of 67 patients on the learning disability register. Care plans were completed for 52 patients out of 67 patients on the learning disability register.
- 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.

People experiencing poor mental health (including people with dementia)

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

- Data from 2015-16 showed, performance for dementia face to face reviews was comparable to the CCG and national average. The practice had achieved 84% of the total number of points available, compared to 85% locally and 84% nationally.
- Patients experiencing poor mental health were involved in developing their care plan and health checks.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 July 2016 showed the practice was performing mostly better than the local and below the national averages. Two hundred and ninety-nine survey forms were distributed and 124 were returned (a response rate of 41%). This represented 0.95% of the practice's patient list.

- 81% of patients described the overall experience of this GP practice as good compared with a CCG average of 73% and a national average of 85%.
- 71% 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%.
- 52% 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%.
- 78% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Twenty four of the 29 patient CQC comment cards we received were positive about the service experienced. Five of the 29 patient CQC comment cards we received were negative and raised concerns about the long waiting time to get through to the practice by telephone and the waiting time in the waiting area after their appointment time. We spoke with 22 patients and a patient participation group (PPG) member during the inspection. Patients we spoke with were positive about the care and treatment offered by the GPs and nurses at the practice, which met their needs. They said staff treated them with dignity and their privacy was respected. They also said they always had enough time to discuss their medical concerns. However, patients' feedback highlighted some concerns about the long waiting time to get through to the practice by telephone during peak hours. We saw the NHS friends and family test (FFT) results for last eight months and 80% patients were likely or extremely likely recommending this practice.

Herschel 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 a GP specialist advisor and a CQC Assistant Inspector.

Background to Herschel Medical Centre

Herschel Medical Centre is situated in Slough. The practice is located in a purpose built premises. The practice is accessible for patients and visitors who have difficulty managing steps. All patient services are offered on the ground floor. The practice comprises of 26 consulting rooms, two treatment rooms, a patient waiting area, reception area, administrative and management offices and a meeting room.

The premises had undergone extension work and the provider has built additional four consulting rooms and a waiting area. The practice informed us that new areas would be operational from February 2017.

The practice has core opening hours from 8am to 6.30pm Monday to Friday. The practice has a range of different types of appointments for patients every weekday from 8am to 5:30pm including open access appointments with a duty GP. Extended hours appointments are available every morning from 7.30am to 8am. In addition, the practice has offered extended hours appointments every Saturday and Sunday from 9am to 1pm at Bharani Medical Centre (funded by Prime Minister's Access Fund) as a collective of local practices.

The practice had a patient population of approximately 13,100 registered patients including 43% South Asian and a significant Polish patient population. The number of patients aged between 15 to 24 years and aged above 50 years old are lower than the national average and there are a higher number of patients aged between 0 to 9 years old and aged between 25 to 44 years old compared to national average.

There are two GP partners, three salaried GPs, three locum GPs and a trainee GP at the practice. Six GPs are male and three female. The practice employs one locum nurse practitioner, two practice nurses, two clinical pharmacists and three health care assistants. The practice manager is supported by three patient services coordinators, a team of administrative and reception staff.

Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS). This is a training practice, doctor training to be qualified as a GP has access to a senior GP throughout the day for support. We received positive feedback from the trainee we spoke with.

Services are provided from following location:

45 Osborne Street

Slough

SL1 1TT

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

Detailed findings

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.

The practice was previously inspected on the 4 May 2016 and was rated as requires improvement in safe, effective, responsive and well-led domains and good in caring. The overall rating for the practice was requires improvement.

The practice was found to be in breach of three regulations of the Health and Care Social Act 2008. Requirement notices were set for the regulations relating to the safe care and treatment, staffing and good governance.

How we carried out this inspection

Prior to the inspection we contacted the Slough Clinical Commissioning Group (CCG), NHS England area team and local Healthwatch to seek their feedback about the service provided by Herschel 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 visit on 23 November 2016. During our visit we:

- Spoke with 12 staff (included three GPs, two practice nurses, a practice manager and six administration staff), 22 patients and a patient participation group (PPG) members who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

When we inspected the practice in May 2016, we observed that some safety issues were not consistently monitored in a way to keep patients safe. For example, the national patient safety and medicines alerts had not been systematically received and shared with the team. Processes were not effective to check medicines in GPs home visit bags. We found concerns relating to poor staffing levels and one of the registered managers was covering additional duties of a practice manager. We found most clinical and non-clinical staff had not received training in safeguarding adults or infection control.

Safe track record and learning

At the inspection in November 2016, we noted 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. Significant events were a standing item on the practice meeting agenda.
- We reviewed records of 11 significant events and incidents that had occurred during the last year. There was evidence that the practice had learned from significant events and communicated widely to support improvement. For example, we saw an analysis of a significant event regarding child protection medical examination protocol.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that the national patient safety and medicines alerts were systematically received and shared with the team.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. 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. 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 relevant to their role. For example, GPs were trained to Safeguarding Children level three, nurses were trained to Safeguarding Children level two and both GPs and nurses had completed adult safeguarding training.
- A notice (in English and Hindi languages) was displayed in the waiting room and consultation rooms, advising 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 checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

Are services safe?

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 clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We found the practice had reviewed the processes already in place to check medicines in GPs home visit bags to ensure medicines were within their expiry date and suitable for use.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the premises. The practice had up to date fire risk management protocol in place and carried out regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice

had a variety of other risk assessments and regular checks in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements. The practice had recruited new staff since previous CQC inspection visit including a practice manager, two clinical pharmacists, a health care assistant and a receptionist.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected the practice in May 2016, data showed patients outcomes were low for patients with hypertension, diabetes, learning disabilities and patients experiencing poor mental health. The practice had not undertaken medicine reviews routinely for patients with long term conditions. The practice's uptake of the national screening programme for bowel screening was below the national average. Staff had not received relevant role specific training including health and safety, equality and diversity awareness, fire safety and basic life support.

Effective needs assessment

At the inspection in November 2016, we noted 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.
- Data showed the practice used prescribing guidelines to ensure cost effective prescribing and was one of the lowest prescriber in the Slough Clinical Commissioning Group (CCG) and was on track to spend 13% less on their prescribing budget.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). In 2015-16, the practice had achieved 92% of the total number of points available, compared to 97% locally and 95% nationally, with 7% exception reporting. The level of exception reporting was below the CCG average (8%) and the national average (10%). Exception reporting is the percentage of patients who would normally be monitored

but had been exempted from the measures. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included.

Data from 2015-16 showed;

- Performance for mental health related indicators was lower than the CCG and better than the national average. The practice had achieved 94% of the total number of points available, compared to 98% locally and 93% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was lower than the CCG and national average. The practice had achieved 75% of the total number of points available, compared to 84% locally and 83% nationally.
- Performance for diabetes related indicators was lower than the CCG and national average. The practice had achieved 67% of the total number of points available, compared to 90% locally and 90% nationally.

When we inspected the practice in May 2016, the practice informed us that they had faced recruitment and capacity issues when the lead GP for diabetes had left the practice and a diabetes trained nurse reduced their weekly hours. There was no practice manager in post and one of the GP partners was covering additional duties of a practice manager which had impacted on both clinical capacity and patient outcomes. The practice understood the challenges in engaging with their practice population and recognised that they were required to improve the outcomes for patients with long term conditions.

At the inspection in November 2016, we found the practice had recruited two clinical pharmacists, a practice manager and a health care assistant. With the staffing and capacity issues stabilising, the GPs were able to focus on management of diabetes and the lower than average outcomes in some areas. The practice was focussed on further improving outcomes for patients with long term conditions in 2016-17. QOF data provided by the practice for year 2016-17 demonstrated improvement, such as;

- The practice had achieved 22 (86%) of the total number of 26 points available, for mental health related indicators during current QOF year.
- The practice had achieved 24 (92%) of the total number of 26 points available, for hypertension related indicators during current QOF year.

Are services effective?

(for example, treatment is effective)

- The practice had achieved 61 (71%) of the total number of 86 points available, for diabetes related indicators during current QOF year.

When we inspected the practice in May 2016, we found the practice had not undertaken medicine reviews routinely for patients with long term conditions. For example, we noted on average 57% structured annual reviews were undertaken for patients with long term conditions (e.g. Diabetes, asthma, chronic obstructive pulmonary disease, chronic heart disease and dementia).

At the inspection in November 2016, we noted that both new clinical pharmacists had taken the lead role in carrying out medicine reviews for patients with long term conditions. We found the practice had shown significant improvement and on average 88% structured annual reviews had been undertaken for patients with long term conditions (e.g. Diabetes, asthma, chronic obstructive pulmonary disease, chronic heart disease and dementia).

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved in improving care and treatment and patient outcomes.

- The practice had carried out number of repeated clinical audits cycles. We checked 10 clinical audits conducted in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve services. For example, we saw evidence of repeated audit cycle of patients with asthma (aged under 16 years old). Asthma was a respiratory condition that caused difficulty in breathing. The aim of the audit was to identify and review all patients with asthma (aged under 16 years old) who required annual asthma review. The audit from April 2016 identified that 81% patients with asthma attended the annual review. The practice had invited all patients for annual asthma reviews. We saw evidence that the follow up audit in November 2016 had demonstrated improvements in patient outcomes and 89% patients with asthma attended the annual review.

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.

- Staff told us they could access role-specific training and updates when required and that there was a programme of training. Nurses were also supported to undertake specific training to enable them to specialise in areas such as respiratory and diabetes care.
- 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 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, 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

Are services effective?

(for example, treatment is effective)

hospital. The practice had identified 213 patients who were deemed at risk of admissions and 92% of these patients had care plans been created to reduce the risk of these patients needing admission to hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

- At the inspection in November 2016, we noted the practice had taken steps to improve the patient outcomes and routinely completed care plans and health checks for patients with learning disabilities and patients experiencing poor mental health.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and wishing to stop smoking. Patients were signposted to the relevant external services where necessary such as local carer support group.
- The practice was offering opportunistic smoking cessation advice and patients were signposted to a local support group. For example, information from Public Health England showed 87% of patients (15+ years old) who were recorded as current smokers had been offered smoking cessation support and treatment in last 24 months. This was higher than the CCG average (86%) and to the national average (86%).

The practice's uptake for the cervical screening programme was 83%, which was higher than the CCG average of 79% and the national average of 82%. There was a policy to offer telephone and text message reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe 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 breast and bowel cancer screening. According to 2014-15 data, in total 76% of patients eligible had undertaken breast cancer screening, which was higher than the CCG average of 65% and the national average of 72%. In total 45% of patients eligible had undertaken bowel cancer screening, which was higher than the CCG average of 41% and below the national average of 58%.

The practice was aware of poor bowel screening results and explained that this was due to known documented challenges within the South Asian practice population and significant numbers of patients not willing to participate in the screening process. The practice had taken steps to promote the benefits of bowel screening in order to increase patient uptake. We saw various posters and leaflets in the waiting area in different languages and information on the practice website 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. However, recent data was not available to demonstrate the impact of steps taken to encourage the uptake.

Childhood immunisation rates for the vaccines given were comparable to the CCG averages. For example:

- Childhood immunisation rates for the vaccines given in 2015/16 to under two year olds ranged from 83% to 97%, these were comparable to the CCG averages which ranged from 86% to 95%.

Are services effective? (for example, treatment is effective)

- Childhood immunisation rates for vaccines given in 2015/16 to five year olds ranged from 80% to 92%, these were comparable to the CCG averages which ranged from 79% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

When we inspected the practice in May 2016 the practice was rated good in caring domain. Our inspection in November 2016 confirmed this rating.

Kindness, dignity, respect and compassion

At the inspection in November 2016, 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.

Twenty four of the 29 patient CQC comment cards we received were positive about the service experienced. Five of the 29 patient CQC comment cards we received were negative and raised concerns about the long waiting time to get through to the practice by telephone and the waiting time in the waiting area after their appointment time. Patients providing positive feedback said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required.

We also spoke with 22 patients and a 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. However, some patients raised concerns about the long waiting time to get through to the practice by telephone during peak hours.

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

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 95%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 91%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and national average of 85%.
- 87% of patients said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 78% and national average of 87%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and national average of 87%.

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.

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

- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 71% and national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 85%.
- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 90%.

Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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 redesigned their new patient questionnaire to identify new carers at the time of

registering with the practice. The practice register of patients who were carers had increased from 70 (0.55%) patients to 131 patients (1% of the practice patient population list size). Carers were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice website also offered additional services including counselling. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

When we inspected the practice in May 2016, patients said they were not satisfied with the appointments booking system, 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 noted weekday morning extended hours appointments were not displayed in the premises and not promoted on the practice website.

Responding to and meeting people's needs

At the inspection in November 2016, we found the practice had become more responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and systems were in place to address identified needs in the way services were delivered. Many services were provided from the practice including diabetic clinics, mother and baby clinics and a family planning clinic. The practice worked closely with health visitors to ensure that patients with babies and young families had good access to care and support. Services were planned and delivered to take into account the needs of different patient groups and to provide flexibility, choice and continuity of care. For example;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines.
- There were disabled facilities, a hearing induction loop and translation services available.
- The practice had installed a touch screen self check-in facility to reduce the queue at the reception desk.
- The practice website allowed registered patients to book online appointments and request repeat prescriptions.
- The practice offered advance consulting skills training course for nurses so they could identify and deal with female genital mutilation (FGM) concerns.
- The practice offered open access to patients who were frequent attenders to casualty and would likely to not turn up for their scheduled appointments.

- The practice offered Saturday morning clinics for women who found it difficult to attend for their cervical screening test during week days.
- An ex-registrar ran a pilot scheme and had offered group consultations to patients with diabetes. The practice was planning to develop this model in future to engage more patients with fewer resources.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. The practice was closed on bank and public holidays and patients were advised to call NHS111 for assistance during this time (this out of hours service was managed by East Berkshire out of hours). The practice offered a range of scheduled appointments for patients every weekday from 8am to 5.30pm including open access appointments with a duty GP throughout the day. In addition to pre-bookable appointments that could be booked up to two weeks in advance. Telephone consultations and urgent appointments were also available for patients that needed them. The practice offered extended hours appointments Monday to Friday from 7.30am to 8am at the premises. The practice offered phlebotomy services at the premises from 7.30am Monday to Friday. The practice also offered monthly Saturday clinics at the premises, primarily for patients who required cervical smears and were not able to attend during the week due to work or other commitments. In addition, the practice offered extended hours appointments every Saturday and Sunday from 9am to 1pm at Bharani Medical Centre (funded by Prime Minister's Access Fund).

At the inspection in November 2016, we noted extended hours appointments were displayed in the premises and advertised on the practice website, which was not displayed in the premises during previous CQC inspection in May 2016.

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

- 64% of patients described their experience of making an appointment as good compared to the CCG average of 58% and national average of 73%.
- 52% 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%.

Are services responsive to people's needs?

(for example, to feedback?)

- 44% 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%.
- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 76%.
- 78% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and national average of 85%.

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

- The practice had increased the number of reception staff during peak hours in the morning from three to four.
- The practice informed us they had reviewed the appointment booking system and increased (20%) the number of appointments offered per week. For example, currently the practice was offering 58 GP sessions and 8 nurse practitioner sessions per week.
- The practice had increased the clinical capacity with the recruitment of two clinical pharmacists and a health care assistant.
- The practice informed us that extension work had been completed and four new consultation rooms and a new waiting area had been constructed.
- The partners of the practice had made significant investment to improving the telephone system in the practice. During the inspection, the practice confirmed they were in the process of making improvements. This included six additional telephone lines which were due to be installed in February 2017 to increase the capacity of incoming calls, which would help in reducing telephone waiting times.
- There was a dedicated member of staff who was responsible for entering the appointments on the electronic system. However, the practice was not collecting and monitoring telephone call data due to technical issues with the software.
- The practice was trying to encourage patients to register for online services. Improvement in this area would reduce the pressure on the telephone system.

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

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

The patients we spoke with on the day informed us they were able to get appointments when they needed them. Eleven out of 23 patients we spoke with said that they had noticed improvement in the availability of consultation appointments including named GP. However, some patients we spoke with on the day informed us they still had to wait long time to get through to the practice by telephone during peak hours.

At the inspection in November 2016, we found the practice had made improvements and increased the availability of appointments. However, it was too early to assess the impact of improvements planned, for example, installation of additional telephone lines.

We saw friends and family test (FFT) results for last eight months and 80% patients were likely or extremely likely recommending this practice.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice operated a triage system for urgent on the day appointments. Patients were offered an urgent appointment, telephone consultation or a home visit where appropriate. 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.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. The complaints procedure was available from reception, detailed in the patient leaflet and on the patient website. Staff we spoke with were aware of their role in supporting patients to raise concerns. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at 13 complaints received in the last 12 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 Ombudsman if dissatisfied with the response. The Ombudsman details were included in complaints policy, on the practice website and a practice leaflet.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, one complaint we reviewed highlighted dissatisfaction about an administration error. The practice investigated this complaint and learning was shared widely to support improvement. There was evidence that the practice had responded in a timely manner and complainant was satisfied with the outcome.

Are services well-led?

Good 

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

Our findings

When we inspected the practice in May 2016, we found governance and monitoring of specific areas required improvement. For example, role specific staff training, responding to safety alerts, staffing levels, appointment booking system and the waiting time to get through to the practice by telephone. Improvements were required to the systems in place to effectively monitor patients with hypertension, diabetes, learning disabilities and patients experiencing poor mental health, and medicine reviews for patients with long term conditions.

Vision and strategy

At the inspection in November 2016, we observed that the practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which included practice's vision, values and priorities. The practice statement of purpose included working in partnership with patients and staff to provide a high quality, safe and effective service. This also included involving patients in decision making about their treatment and care, and treat patients with courtesy and respect at all times to meet the specific needs of patients.
- The practice had a good strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff had received role specific training to enable them to carry out the duties they were employed to do.
- Practice specific policies were implemented and were available to all staff.
- Staff had a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- The practice recruited new staff and increased the capacity. This had demonstrated significant improvements in patient outcomes for patients with long term conditions.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. 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 and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

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

The practice had collected patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys including friends and family tests and complaints received. There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice management team. For example, the practice had added contents to advertisement on the TV screen in the waiting area following feedback from the PPG.
- The practice had not carried out their own patient satisfaction survey since the previous inspection in May 2016 to find out whether patients were satisfied with their access to care and treatment.

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. We saw that appraisals were completed in the last year for staff. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. For example, we saw nurses attended regular training sessions organised by CCG.
- We saw practice nurses were supported to attend further training in diabetes, asthma, family planning, sexual health, wound dressing and spirometry (a test that can help diagnose various lung conditions).
- We noted two new health care assistants were well supported to complete NVQ3 in Health and Social Care.
- The practice informed us that both new clinical pharmacists had signed up for the prescribing course and it was expected to be completed in summer 2017. This would enable them to prescribe a range of medicines for patients with long term conditions.