

Theale Medical Centre

Quality Report

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Theale

Reading

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

Ratings

Overall rating for this service

Good



Are services safe?

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 Theale Medical Centre on 15 & 24 March 2017. The overall rating for the practice was requires improvement. Specifically, the practice was found to be requires improvement for safe and well led services and good for providing effective, caring and responsive services. The full comprehensive report on the March 2017 inspection can be found by selecting the 'all reports' link for Theale Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 25 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in March 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key findings were as follows:

- The practice had reviewed and updated their governance processes to ensure risks were identified and resolutions implemented quickly and consistently. Active monitoring procedures were in place to mitigate risks.

- Practice staff told us communication between practice management and non-clinical staff had improved and they felt more supported and involved in decisions about how the practice was run.
- Staff had been made aware of up to date policies and procedures. Staff had appropriate knowledge demonstrating the practice policies were embedded.
- Governance arrangements for recruitment checks, staff training and dispensary processes had improved.
- The practice had reviewed the governance arrangements for dealing with verbal complaints. The complaints log demonstrated verbal complaints were dealt with in timely way and were regularly reviewed to ensure actions had been taken.
- An action plan for infection control audit outcomes had been documented to ensure actions had been completed.
- The practice had encouraged patients on the learning disability register to attend for health checks and had improved the number of patients receiving these.

At our follow up inspection the practice was rated as good for safe and well led services. The population groups have also been rated good. Overall the practice is now rated as good.

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?

At our previous inspection in March 2017 we rated the practice as requires improvement for providing safe services. The practice is now rated as good for providing safe services.

- A checklist had been developed to ensure all recruitment and background checks were requested in line with schedule three (a set of recruitment check requirements for health and social care providers) prior to commencing employment.
- Concerns over dispensary processes raised at the previous inspection had been actioned and well managed. Dispensary procedures had been reviewed and updated and all dispensary staff were aware of standard operating procedures.
- Infection control audit actions had been completed and documented in an action plan.

Good



Are services well-led?

At our previous inspection in March 2017 we rated the practice as requires improvement for providing safe services. The practice is now rated as good for providing well led services.

- The practice had reviewed and updated their governance processes to ensure risks were identified and resolutions implemented quickly and consistently. Active monitoring procedures were in place to mitigate risks.
- Practice staff told us communication between practice management and non-clinical staff had improved and they felt more supported and involved in decisions about how the practice was run.
- Staff had been made aware of up to date policies and procedures. Knowledge amongst staff demonstrated the practice policies were embedded.
- Governance arrangements for recruitment checks, staff training and dispensary processes had improved.
- The practice had reviewed the governance arrangements for dealing with verbal complaints. The complaints log demonstrated verbal complaints were dealt with in timely way and were regularly reviewed to ensure actions had been taken.

Good



Summary of findings

The six population groups and what we found

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

Older people

The provider had resolved the concerns for safety and well-led identified at our inspection on 15 & 24 March 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 15 & 24 March 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 15 & 24 March 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on 15 & 24 March 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 15 & 24 March 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



- The practice had encouraged patients on the learning disability register to attend for health checks and had improved the number of patients receiving these. The practice provided evidence they had already undertaken 69% of all health checks in patients with a learning disability (who were eligible) in 2017/18 compared to only 55% for the whole year 2016/17. In addition, the practice had identified a further 12% who had declined the offer of a health check and had engaged with them to offer additional support and advice.
- The practice had recognised they cared for some patients with a learning disability who were also under the care of other specialist doctors, such as a paediatric specialist doctor. They

Summary of findings

had reviewed the number of patients who had received a health check through specialist services and found the total for all learning disability health checks for the current year had risen to 71%.

- The remaining 17% of patients, not yet reviewed, had received letters outlining the benefits of a health check and GPs had alerts on the practice computer system to offer opportunistic screening.

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on 15 & 24 March 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Theale Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team was led by a CQC inspector. The team included a second CQC inspector.

Background to Theale Medical Centre

Theale Medical Centre provides primary care services to approximately 10,745 patients from a purpose built building in a semi-rural area of Reading. The premises are accessible for patients and visitors who have difficulty managing steps. All patient services are offered on the ground floor, with administration offices over both floors. The practice comprises nine consulting rooms, four treatment rooms, a patient waiting area, reception area, administrative and management offices and a meeting room. The practice also offers services from a branch surgery in Calcot.

The practice population of patients aged between 0 to 9 years and 40 to 64 years are higher than the national average and there are slightly lower number of patients aged above 80 years old compared to the national average. The practice serves a small ethnic population (8%), with the majority of patients being from a white British background. The practice is located in a part of Reading with low levels of income deprivation, although there are pockets of high deprivation within the practice boundary.

The practice has five GP partners (two male, three female), two salaried GPs (both female), four nurses (all female) and two phlebotomists (both female). There is a practice dispensary with five dispensers. Supporting the clinical team is a practice manager, a senior administrator, a

summariser, a read coder, two secretaries, a finance assistant, a reception team leader and six receptionists. A new receptionist was due to commence employment in November 2017. The practice currently have a vacancy for one GP and one full time receptionist.

The practice also supported a GP trainee who was on placement at the practice to fulfil their supervised practice hours whilst they completed their training to become a GP.

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

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am and 12pm every morning and 2.30pm to 5.50pm daily. Extended hours appointments are offered on two evenings per week (on a rotational basis) until 8pm and every alternate Saturday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them. The practice also offered online booking for appointments and repeat prescriptions.

Services are provided from the following two sites:

Theale Medical Centre, Englefield Road, Reading, West Berkshire, RG7 5AS

and

Calcot Surgery, 72a Royal Avenue, Calcot, Reading, RG31 4UR.

We visited Theale Medical Centre during this inspection. The practice has previously been inspected in March 2017, September 2015 and November 2014.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Theale Medical Centre on 15 & 24 March 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in March 2017 can be found by selecting the 'all reports' link for Theale Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Theale Medical Centre on 25 October 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

During our visit we:

- Spoke with a range of staff including three GPs, a practice nurse, the practice manager, the senior dispenser, the reception team leader, a senior administrator and a receptionist. We also received written feedback from two members of administration staff.
- Reviewed practice data relating to the care and treatment of patients.
- Looked at documentation relating to the day-to-day management of the practice.

Are services safe?

Our findings

At our previous inspection on 15 & 24 March 2017, we rated the practice as requires improvement for providing safe services as the arrangements relating to dispensary processes, infection control, prescription security and recruitment procedures were not meeting the regulations.

These arrangements had significantly improved when we undertook a follow up inspection on 25 October 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

- The practice had updated their infection control audit to include an action plan detailing timescales and who was responsible for action. We saw that all actions from the latest infection control audit had been completed and a new audit was due to be undertaken in November 2017.
- Cleaning schedules had been initiated and spot checks were regularly undertaken. The practice fed back any concerns to the cleaning company and ensured issues were resolved quickly.

Dispensary processes had been reviewed and updated. The lead GP for the dispensary and the lead dispenser had identified areas of concern from the previous inspection and had developed a strategy to ensure compliance.

- We looked at eight standard operating procedures (SOPs) and found they had been reviewed since the last inspection. All eight had been signed by the five current dispensing staff members to demonstrate they had read and understood the SOPs.
- Blank handwritten prescriptions were tracked and logged throughout the practice in line with legislation.
- The lead GP for the dispensary had held a meeting with the dispensary team to ensure they were aware of the correct process for adding or omitting medicines in a blister pack container (a multi-compartment compliance aid used to separate which medicines should be taken at different intervals. These are often supplied to elderly or infirm patients to ensure they are

receiving the correct dosage of medicines at the correct time of the day and correct day of the week). The dispensers had a system to identify which patients had medicines that were required to be kept out of the blister packs and to ensure these were given to the patient along with the compliance aid.

- A near miss log had been commenced after the last inspection, for dispensary staff to identify areas where an incident had been corrected before it affected a patient. For example, where the label on a patient's medicine was not the same, or was similar, to the name on the prescription. The log was reviewed regularly by the lead dispenser and overseen by the lead GP to ensure themes and trends were monitored and learning shared with staff.
- Confidential waste within the dispensary was handled and destroyed appropriately and all staff were aware of how to dispose of confidential waste. Any medicines containers with patient identifying information which was to be disposed of was placed into a designated tray in the dispensary for appropriate destruction by a designated individual.
- The lead GP had carried out dispensary audits to monitor and identify improvements to the quality of the service. Examples included monitoring of quantities of a liquid medicine used to treat child croup (an infection of the upper respiratory tract that results in a distinctive sounding cough and wheeze) and a compliance check for coils supplied and fitted at the practice.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). (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).

Are services well-led?

Good 

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

Our findings

At our previous inspection on 15 & 24 March 2017, we rated the practice as requires improvement for providing well-led services as the governance structure was applied inconsistently and staff felt they were not involved in practice decisions.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 25 October 2017. The practice is now rated as good for being well-led.

Vision and strategy

During our last inspection, staff were unclear about their responsibility in relation to practice strategy and communication from managers was poor. During this inspection, staff told us communication had significantly improved and they had received regular updates on practice strategy and vision. The practice felt they had a more settled team after a lot of disruptions and high staff turnover in the preceding 12-18 months. Staff told us there was a better staffing structure and everyone knew what their role was within the team.

Governance arrangements

The practice had reviewed their governance arrangements since the last inspection and made a number of changes;

- A staff recruitment checklist had been designed to ensure all background checks and documentation was in place prior to a new member of staff commencing employment. There was a designated person responsible for ensuring these checks had been undertaken and another member of the administration team was being trained in the recruitment process.
- The practice training log had been updated and maintained to reflect all staff training undertaken and highlight when refresher training was due. The practice had included Mental Capacity Act 2010 (MCA) training for all staff in the practice and we saw evidence of training certificates for all staff groups (clinical and non-clinical). Staff we spoke to were able to demonstrate knowledge of MCA suitable for their role.
- Staff awareness of practice policies had been improved and the practice had held staff meeting discussions to

ensure they were understood and embedded in practice. We spoke with six staff who could all demonstrate knowledge of practice policies and where to find them.

- Dispensary processes and procedures had been reviewed and updated. The lead GP and lead dispenser held a meeting every two weeks to discuss any issues and review significant events, near misses and complaints. They had reviewed the concerns raised at the previous inspection and worked with the dispensary team to ensure they were no longer in breach of regulation.
- Staff meetings had been optimised to ensure all staff were up to date with changes and had an open forum for discussion. Reviews of complaints were regularly discussed and learning outcomes shared.
- Documentation for staff meeting minutes had been improved and were available to all staff on a shared drive of the practice computer system. The practice told us they took a pro-active approach to updating staff unable to attend meetings and often sought a one-to-one with staff members to update them as well as having the minutes available.

Leadership and culture

Staff told us the culture of the practice had improved and felt practice management was more approachable and took time to listen to staff. The management team had instigated a number of changes to address the concerns raised at the last inspection. For example;

- Following the last inspection, the practice invited a member of “talking therapies” to a staff meeting. They facilitated a taster session of working together as a team, appreciating each other’s limits and understanding stresses in the workplace. We were told staff had engaged enthusiastically with the session and had expressed interest in further sessions. The talking therapies member had been invited back at the end of October 2017 to facilitate a two and a half hour session to all staff.
- The practice manager had moved their office from an isolated area of the practice to an office behind the reception area. This made them more visible to staff and enabled better communication. In addition, the reception manager had relocated to an open area of the reception back office which offered staff support and encouraged quick resolution for staff raising concerns.

Are services well-led?

Good 

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

Practice management told us they offered an open door policy to all staff and actively encouraged feedback. Staff we spoke with confirmed communication with management had improved and they felt confident in raising concerns or making suggestions.

- Positive patient feedback, thank you cards and accolades were shown to all staff in the practice. The practice had recently received a donation from a bereaved family and staff had been consulted on how the money could be used.
- A staff and patient suggestion box had been placed in the main waiting area. Staff suggestions had included a request for picnic tables to be provided so staff could enjoy their lunch outside in the summer months.
- Non-clinical staff had requested a staff uniform. This had been agreed by the practice and staff were fully involved in selecting suitable attire. Patient feedback included how much easier it was to identify a member of staff, particularly in reception. Staff told us the uniform had provided a sense of being part of a team. The nursing team had also requested new uniforms and were in the process of selecting these.
- The practice had instigated a staff newsletter in May 2017 following the last inspection. The newsletter offered details of patient feedback, staff suggestions for improvement, news of staff changes (new staff starting or staff leaving) and dates for practice meetings. The newsletter also contained details of staff social events and charity fundraising events staff had been involved in. Designated administration staff had taken responsibility for the content of the newsletter to ensure it was reflective of staff views and not purely from a management perspective.
- Morning and afternoon breaks had been initiated for reception and dispensary staff as it had been recognised working without a break did not promote efficiency. It also enabled staff to meet and hold informal discussions. The GP partners aimed to take their morning break at a similar time so staff could talk with them informally. However, staff felt communication and visibility of GPs could be improved further to strengthen the culture within the practice, alongside the actions already taken.

We spoke with five members of staff and received written feedback from two members of staff during this inspection. They told us the practice had addressed the staff concerns

over the culture of the practice identified at the previous inspection. All staff agreed morale had improved and they felt supported by management. Concerns and suggestions were listened to and acted upon (where appropriate) and they were given feedback on how the practice was performing.

Staff appraisal processes had been addressed to ensure they were an open forum for discussion and the development and learning needs of staff were identified. We saw positive examples of staff development;

- One of the nurses had undertaken a leadership workshop, supported by the practice manager and a GP partner.
- A member of the administration team was undertaking a primary care and health management course to develop their skills and knowledge of practice management. This had been suggested by and funded by the practice.
- One of the reception team was undertaking training to become a dispenser, supported by the lead GP and lead dispenser.

The practice had reviewed their complaints procedures in relation to handing verbal complaints. We saw evidence that all verbal complaints were responded to in writing within a suitable timeframe and were dealt with effectively. The management team had considered the implications of logging all patient feedback (including verbal and written complaints, feedback left on websites, patient concerns raised by email and informal discussions where issues had been raised) and were confident this was the best way to capture all negative views. All complaints were discussed at a monthly GP clinical meeting and a dedicated complaints review meeting was held every six months, where themes and trends were identified and learning actions agreed.

Staff were able to demonstrate they had been involved in discussions about learning outcomes arising from complaints and patient feedback. We were told the practice management team always responded to verbal complaints quickly and effectively and the number of verbal complaints had reduced significantly in the preceding few months. The practice manager also presented an overview of complaints to the patient participation group for further review and discussion.