

# Chatham Street Surgery

## Quality Report

The Surgery  
121 Chatham Street  
Reading  
Berkshire  
RG1 7JE

Tel: 0118 9505121

Website: [www.chathamstreetsurgery.co.uk](http://www.chathamstreetsurgery.co.uk)

Date of inspection visit: 13 July 2017

Date of publication: 10/08/2017

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?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12

### Detailed findings from this inspection

Our inspection team	13
Background to Chatham Street Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Chatham Street Practice in August 2015 when the practice was rated as inadequate for providing safe and well led services and requires improvement for effective, caring and responsive services. Overall the practice was rated as inadequate and placed into special measures. The service was re-inspected on 5 April 2016 where we found the ratings had not changed and the practice remained in special measures. We carried out a further comprehensive inspection of the practice on 30 September 2016. The overall rating for the practice was requires improvement (safe, effective, caring and responsive) with provision of well-led services rated as inadequate. The practice remained in special measures and was issued with a warning notice for breach of good governance regulations. We returned to conduct a focused inspection on 9 February 2017. At that time the practice had made sufficient improvement to comply with regulations and fulfil the requirements of the warning notice. Both the comprehensive and focused reports of these inspections can be found by selecting the 'all reports' link for Chatham Street Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced comprehensive inspection carried out on 13 July 2017 to confirm that the practice had sustained the improvements and requirements in relation to the breaches of regulation that we identified in our previous inspection on 30 September 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice is now rated as good for the provision of safe, effective, responsive and well led services and requires improvement for providing caring services. The six population groups have also been re-rated as good following this inspection. Overall the practice is now rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.

# Summary of findings

- Results from the latest national GP patient survey and an ongoing practice patient satisfaction survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with, and those who completed CQC comment cards, said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had improved and upgraded facilities and was well equipped to treat patients and meet their needs.
- Outcomes for patients diagnosed with long term conditions had improved over the last three years.

- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- Ensure fire marshals are appropriately trained to carry out their role.
- Review the practice business continuity plan at appropriate intervals.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

**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?

Our last inspection in September 2016 identified concerns regarding:

- Maintaining appropriate cleaning standards, monitoring medical consumables and maintaining a safe environment

During the inspection on July 2017, we saw the concerns had been addressed by the practice taking appropriate action and is now rated as good for the provision of safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



### Are services effective?

Our last inspection in September 2016 identified concerns regarding:

- Promoting the benefits of screening programmes.
- Providing appropriate follow up for patients diagnosed with depression

During the inspection on July 2017, we saw the concerns had been addressed by the practice taking appropriate action and is now rated as good for the provision of effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Good



# Summary of findings

- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

## Are services caring?

Our last inspection in September 2016 identified concerns regarding supporting patients whose first language was not English to make decisions about their care and identifying carers. During the inspection in July 2017, we saw these concerns had been addressed by the practice.

However, patient satisfaction scores remained inconsistent with some areas remaining below local and national averages. The practice is rated as requires improvement for the provision of caring services.

- Data from the national GP patient survey showed patient satisfaction scores had improved although some areas remained below local and national averages.
- The practice had undertaken their own patient satisfaction survey, 225 patients responded and demonstrated high satisfaction, although the questions asked were not always comparable to the GP national survey and could not be directly compared.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

**Requires improvement**



## Are services responsive to people's needs?

The practice remains rated good for provision of responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, leaflets in languages other than English were available and early morning appointments were offered for patients that worked.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.

**Good**



# Summary of findings

- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from five examples we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

Our last inspection in September 2016 identified concerns regarding identifying, assessing and mitigating risk and ensuring consistency of governance.

During the inspection on July 2017, we saw the concerns had been addressed by the practice taking appropriate action and is now rated as good for the provision of well led services.

- 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.
- The practice had a business plan that had been shared with staff. However, the business plan did not include reference to dealing with a pandemic.
- Working with the clinical commissioning group and other health agencies was developing.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

Good



# Summary of findings

- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- Carers of older patients were identified and offered advice and support. They were also offered an annual health check and a flu immunisation.

### People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice achieved 87% of the indicators for care of patients diagnosed with diabetes. This was better than the clinical commissioning group (CCG) average of 77% and similar to the national average of 88%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.



# Summary of findings

- A programme of offering health reviews at home for this group of patients had started.

## Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were below national average for standard childhood immunisations for those aged two. However, the practice business plan included targeting an improvement in immunisation rates and non-attenders for immunisations were followed up.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



## Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and telephone consultations were offered.
- 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.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good



# Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

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

- 88% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. Home visits for patients with long term mental health problems were offered to carry out their health reviews.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 100% of patients receiving lithium therapy had received appropriate tests to monitor their condition in the last four months. This was better than the CCG average of 92% and national average of 90%. The practice had not excluded any patients in this group from monitoring.
- Unverified data from the practice for 2016/17 showed they had achieved 83% of the indicators for carrying out reviews for patients diagnosed with depression. This was comparable to the 2015/16 CCG average of 82% and national average of 83%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Good



# Summary of findings

- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2017 and were from a survey period covering January to March 2017. The results showed the practice was performing in line with local and national averages. A total of 362 survey forms were distributed and 99 were returned. This represented 1.5% of the practice's patient list.

- 67% of patients described the overall experience of this GP practice as good compared with the CCG average of 81% and the national average of 85%.
- 64% of patients described their experience of making an appointment as good compared with the CCG average of 79% and the national average of 73%.
- 56% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%.

The practice recognised there were areas where they could improve further in response to patient feedback. The results had only been published three working days before the inspection but the practice sent us an action plan following the inspection. The actions outlined included;

- Carrying out a targeted patient survey of patients that visit the practice nurses.
- Reviewing reasons for over running clinics and acting upon the results
- Promoting the availability of double appointments to avoid overrun of clinics
- Holding coffee mornings open to all patients to encourage immediate verbal feedback on issues patients would like to see improvement.

The practice made patient satisfaction survey forms available to their patients. They conducted an ongoing survey of patient satisfaction. From April 2016 to March 2017 a total of 225 patients had taken the practice survey (In the previous year, 2015/16, a total of 224 patients took the practice survey). This equated to 3.4% of the registered patient population. The results showed:

- 98% were satisfied with the practice opening hours
- 90% would recommend the practice to others
- 75% were able to get an appointment at their preferred time and date.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards all of which contained positive comments about the standard of care received. There were six comment cards where patients also added some personal concerns they encountered with the service but there was no consistent theme to these concerns. Patients said they had noticed an improvement in accessing services and that staff were kind and helpful.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The most recent responses to the friends and family recommendation test were from June 2017 when 41 patients took part. Of these patients 22 were likely to recommend the practice and four would not recommend it to others. The remaining 15 did not commit to an answer.

# Chatham Street Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Comprised a CQC Lead Inspector and a GP specialist adviser.

## Background to Chatham Street Surgery

Chatham Street Surgery is located in a purpose built health centre and is situated in the heart of Reading town centre. There are approximately 6,600 registered patients.

Chatham Street Surgery is one of 20 practices within South Reading Clinical Commissioning Group (CCG). (A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services).

The practice has a mixed patient population. Patients registered at the practice are from a number of different ethnic backgrounds with no specific background being prominent due to the variety of cultures in Reading. There are a large proportion of the patients who speak English as a second language. The practice also provides care to asylum seekers, homeless people and refugees. People living in more deprived areas tend to have greater need for health services. The practice has a transient patient population; patients are often outside of the country for long periods. This has an impact on screening and recall programmes. In agreement with the CCG the practice ceased registering new patients in May 2016 and did not open to new patient registrations until February 2017.

The practice population has a higher than national average patient group aged between 25-34, with a number of patients being working professionals. However, ten percent of the practice population has a working status of unemployed compared to the national average of 6.2%.

There are six GPs (five male and one female) at the practice comprising of three partners and two salaried GPs and a long term locum GP. One of the partners is full time and the other two are part time at the practice. The GP sessions held at the practice equate to 3.2 whole time GPs. The all-female nursing team consists of two nurse practitioners, a practice nurse and a health care assistant with a mix of skills and experience. The practice management function is shared with a practice from the Midlands and comprises a team of three. The management team are supported by nine administrative staff who undertake the day to day management and running of the practice. The practice has a Personal Medical Services (PMS) contract. (A PMS contract is a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

During the last four years the practice has undergone a significant amount of change. This has involved changes in partners and instability in leadership and management. The appointment of a third partner in early 2017 has stabilised both the clinical and management structure at the practice.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are offered from 8.30am to 12.40pm every morning and afternoon clinics commenced at 12pm with the last appointment at 5.30pm daily. Extended hours appointments are offered on a Monday and Thursday morning from 7am.

The practice has opted out of providing out of hours services to their patients. Out of hours services are

# Detailed findings

provided by Westcall. The out of hours service is accessed by calling NHS 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and in the practice information leaflet.

All services are provided from: 121 Chatham Street, Reading, Berkshire, RG1 7JE

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 13 July 2017. During our visit we:

- Spoke with three GPs, both nurse practitioners and three members of the administration and reception team. We met with the practice management team of three.
- Also spoke with four patients including two members of the patient participation group.

- Observed how patients were being cared for in the reception area.
- The GP advisor reviewed a sample of the personal care or treatment records of patients to confirm that care and treatment followed national guidelines.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living 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

At our previous comprehensive inspection on 30 September 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of:

- Maintaining appropriate cleaning standards.
- Maintaining medicines and medical consumables in a fit for use condition
- Maintaining a safe environment

All required improvement.

These arrangements had improved when we undertook a focused inspection in February 2017. At this inspection we found the improvements had been maintained.

The practice is now rated as good for providing safe services.

### Safe track record and learning

There was a system 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).
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident took place when a housebound patient did not receive their medicines from their local pharmacy after the GP had approved the patient's prescription. Whilst the error had been made by the

pharmacy the practice changed their procedures to include courtesy calls to housebound patients to ensure they were receiving the care and support they required. The practice also alerted the pharmacy and requested they investigate the incident.

- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection and child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS 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. There were cleaning schedules and monitoring systems in place.
- One of the nurse practitioners was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was



## Are services safe?

taken to address any improvements identified as a result. For example, all chairs in consulting and treatment rooms had been replaced with a type that had a wipe clean fabric.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being handed to patients and there was a reliable process to ensure this occurred. 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 to monitor their use.
- Two of the nurse practitioners had qualified as Independent Prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. 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 and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed two personnel files of staff who had been recruited since the last inspection 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 DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire

marshals within the practice. However, these staff had not received training for this role. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However, the plan did not include details on how the practice would respond to a pandemic or mass outbreak of infection. The practice confirmed following inspection that the business continuity plan had been reviewed and updated to include actions if there was an outbreak of an infectious disease.



# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous comprehensive inspection on 30 September 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of:

- Promoting the benefits of screening programmes.
- Providing appropriate follow up for patients diagnosed with depression

Both required improvement.

These arrangements had improved when we undertook a focused inspection in February 2017. At this inspection we found the improvements had been maintained.

The practice is now rated as good for providing effective services.

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were from 2015/16 when the practice achieved 94% of the total number of points available compared with the clinical commissioning group (CCG) average of 88% and national average of 95%.

The practice exception rate from QOF indicators was 11% which was slightly above the CCG average exception rate of 9% and national average exception rate of 10%. (Exception reporting is the removal of patients from QOF calculations

where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice gave us unvalidated data for 2016/17 which showed the overall exception rate had dropped to 9%. This data also showed the practice had achieved 95% of the total points available. We were unable to compare this to local or national averages because the 2016/17 data would not be published until autumn.

Data from 2015/16 showed:

- Performance for patients diagnosed with diabetes achieving the target (140/80) for their blood pressure was 85% which was better than the CCG average of 77% and national average of 78%.
- Performance for having an agreed care plan in place for patients with long term mental health problems was 93%. This was better than the CCG and national average of 89%.
- Performance for undertaking an assessment of breathlessness of patients diagnosed with COPD (a type of lung disease) was 96%. This was better than the CCG average of 91% and national average of 90%.
- In 2014/15 and 2015/16 the practice had not achieved any of the indicators for undertaking reviews of patients diagnosed with depression and was an outlier for the QOF clinical targets for this group of patients. The last published data for 2015/16 also showed the practice had removed 32% of the patients diagnosed with depression from monitoring. We received data from the practice for the year 2016/17 which was yet to be validated and published. This showed the practice had achieved 83% of the indicators for carrying out reviews for patients diagnosed with depression. This was comparable to the 2015/16 CCG average of 82% and national average of 83%. The exception rate had also reduced to 21% which was similar to the national exception average of 22% published for 2015/16. The practice had improved outcomes for patients diagnosed with depression.

There was evidence of quality improvement including clinical audit:

- There had been eight clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice had completed three cycles of

# Are services effective?

## (for example, treatment is effective)

an audit that checked patients diagnosed with diabetes were attending for their appropriate tests and health checks. In May 2016, a total of 31% were not attending for all their tests. Following an education campaign with these patients the number failing to attend for their tests had fallen to 13% by the third audit in May 2017.

Information about patients' outcomes was used to make improvements such as identifying and recalling patients who had failed to attend for their shingles immunisations. This resulted in four more patients attending.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. One of the nurses had recently completed a nurse practitioner course that would enable them to see, treat and prescribe for patients presenting with minor illnesses. We also noted that two members of the administration and reception staff were close to completing medical administrator courses. The course enabled staff to have a better understanding of medical terminologies and undertake a wider range of duties to support patient 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 and nurses. All staff, who had been in post for over a year, had received an appraisal within the last 12 months. Newly appointed staff received an end of induction review after three months in post.

- 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.
- From the sample of two documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### 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.

# Are services effective?

## (for example, treatment is effective)

- 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 audit and discussion at clinical meetings.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The last published data available detailing the practice's uptake for the cervical screening programme was from 2015/16. This showed a 76% uptake of this programme which was comparable with the CCG average of 77% and below the national average of 81%. Since publication of this data the practice had reviewed the processes in place to encourage uptake of this screening programme. Leaflets were available in languages other than English (Urdu, Hindi and Polish). A more stringent system of following up non-attenders by telephone or in writing had been introduced. Written reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was

available. It was too early to evaluate whether the changes in systems would result in increased uptake of the screening. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG averages. For example, rates for the vaccines given to under two year olds was 88%. Whilst this did not meet the national target of 90% it was similar to practices in the local area that also had transient populations. The practice had a system to remind parents of the importance of childhood vaccinations and there was evidence that non-attenders were contacted and offered another appointment. The practice business plan included targeting an improvement in immunisation rates.

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

At our previous comprehensive inspection on 30 September 2016, we rated the practice as requires improvement for providing caring services as the arrangements in respect of supporting patients whose first language was not English to make decisions about their care and identifying carers were not adequate. These arrangements had improved when we undertook a focused inspection in February 2017. During this inspection we found the improvements had been maintained.

Patient satisfaction scores identified further improvements were still required. The practice is rated as requires improvement for providing caring services.

### Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. There were six comment cards where patients also added some personal concerns they encountered with the service but there was no consistent theme to these concerns. Patients said they had noticed an improvement in accessing services and that staff were kind and helpful.

We spoke with four patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 77% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 86%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 86%.
- 79% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 92%.
- 81% of patients said the nurse gave them enough time compared with the CCG average of 88% and the national average of 91%.
- 94% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national average of 97%.
- 75% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 89%.

The practice had not had time to consider the recently published feedback when we carried out the inspection. The feedback from the practice patient satisfaction survey did not reflect the data from the national survey. This survey which ran until March 2017 overlapped the time period of the national survey. Responses were received from 225 patients (3.4% of the practice registered patients). The results showed:

- 98% rated the GPs overall performance as good or very good.
- 94% rated the nurses overall performance as good or very good.
- 90% would recommend the practice to others.

## Are services caring?

The practice also sent us an action plan in response to the national survey following the inspection. The plan included further work on:

- Reviewing reasons for over running clinics and acting upon the results.
- Promoting the availability of double appointments to avoid overrun of clinics.

The practice hoped this would give patients more time with the GPs and nurses to improve their view on receiving sufficient care and attention during consultation and treatment.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded inconsistently to questions about their involvement in planning and making decisions about their care and treatment. Many responses were in line with CCG averages but the feedback was below the national average. For example:

- 70% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 81% and the national average of 89%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 82%.
- 83% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% national average of 85%.

The feedback from the national survey was not reflected in the results of the practice satisfaction survey of 225 patients. These patients were asked if they were satisfied that they were involved in decisions about their health care and 95% were satisfied.

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in three different languages (Urdu, Nepalese and Polish). We noted that information on the benefits of the national cancer screening programmes were available in these languages.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

### 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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 219 patients as carers (3% of the practice list). Carers were given a carers information pack and offered an annual health check and flu immunisation. Clinicians were able to offer advice on various avenues of support available to carers and this was backed up with written information.

Staff told us that if families had experienced 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

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on Monday and Thursday mornings from 7am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and clinicians offered home visits to these patients if they preferred not to attend the practice.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- 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 available on the NHS. They referred patients to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Patients who found it difficult to manage stairs were seen in the consulting and treatment rooms on the ground floor.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice had increased the availability of GPs and nurses by expanding the workforce. A further consulting room had been created from a converted office to enable the GPs to provide more appointments.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were offered from 8.30am to 12.40pm every morning and afternoon clinics commenced at 2.30pm with the last appointment at 5.50pm daily. Extended hours appointments were offered on a Monday

and Thursday morning from 7am. 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. We reviewed the appointment availability and found that routine appointments were available on the third working day following the inspection. Patients we spoke with and those that completed comment cards reported prompt access to pre-bookable appointments.

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

- 72% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 65% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 71%.
- 80% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 85%.
- 79% of patients said their last appointment was convenient compared with the CCG average of 78% and the national average of 81%.
- 64% of patients described their experience of making an appointment as good compared with the CCG average of 79% and the national average of 73%.
- 40% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 53% and the national average of 58%.

The practice had increased GP and nurse availability earlier in 2017 to provide more time for clinicians to spend with patients. They had also commenced working with a clinical pharmacist who was able to undertake medicine reviews with patients and free up more time for the GPs and nurses to spend in consultations with patients.

The results of the practice survey of 225 did not reflect the feedback from the national survey. The results showed that:

- 98% of patients were satisfied with the practice opening hours (compared to 84% in 2015/16).
- 75% were able to obtain an appointment for a preferred time and date (compared to 54% in 2015/16).

# Are services responsive to people's needs?

(for example, to feedback?)

- 99% said they could get through to the practice easily by telephone (compared to 53% in 2015/16).
- 83% were satisfied with the wait to see a GP or nurse (compared to 66% in 2015/16).

The practice had a system to assess:

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

The calls from patients requesting a home visit were logged in a record book and entered on the patient's record. The log was passed to the practice nursing team to assess and make recommendations to the GPs on whether a home visit was appropriate or other action was required to support the patient. In the few cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. It was displayed on a notice board, in a leaflet available at the reception desk. Also information was on the practice website. Staff we spoke with were aware of how to support a patient wishing to make a complaint. There was also a complaints form available for patients who chose not to make a verbal complaint or compose a letter or e-mail.

We looked at the four complaints received in the last 12 months and found that they had been dealt with in a timely way. Each had been investigated and the patient received a detailed response. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint had been received when a patient did not wish to attend an appointment with a nurse practitioner. The role of the nurse practitioner was explained to the complainant. Staff were briefed to explain the remit of nurse practitioners and to offer an alternative appointment with a GP if the patient continued to decline a nurse practitioner appointment. Staff we spoke with confirmed the learning they received from this complaint.

# 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 comprehensive inspection on 30 September 2016, we rated the practice as inadequate for providing well led services as the arrangements in respect of identifying assessing and mitigating risk and operating effective governance systems were not adequate.

These arrangements had improved when we undertook a focused inspection in February 2017. At this inspection we found the improvements had been maintained.

The practice is now rated as good for providing well led services.

### Vision and strategy

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

- The practice had a mission statement which staff knew and understood.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, the GPs had individual lead roles. One GP led on audit, another on clinical governance and another was lead for clinical commissioning group (CCG) work within the practice. One of the nurses was the lead for infection prevention control.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice clinical meetings were held every week and the minutes we reviewed showed that governance issues were standing agenda items. For example there was a weekly update on significant events, complaints and CCG initiatives. This gave the GP partners and clinical team the opportunity

to maintain close scrutiny of the practice performance. The administration and reception team met once every two months. Staff told us, and meeting minutes confirmed that the performance of the practice and events of note were discussed at these meetings.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, an annual update of the practice environmental risk assessment was undertaken. Actions such as upgrading treatment rooms was taken in response to the risk assessment. A weekly check on cleaning standards and tidiness was undertaken.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners, and managers, were approachable and always took the time to listen to all members of staff. They also told us that they had noticed a significant improvement in both communications and the support they received from management in the past year since a new management team became involved in the practice.

The provider was aware of and had systems 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. From the sample of three documented examples we reviewed we found that the practice had systems 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 and staff felt supported by management.



# Are services well-led?

Good 

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

- The practice held and recorded a range of multi-disciplinary meetings including meetings with district nurses to monitor vulnerable patients. GPs, when required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings. Minutes of meetings confirmed this.
- 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. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, by both the partners and management in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the practice installed new internal signs to direct patients to consulting and treatment rooms. In addition a focus on customer care training was introduced in response to PPG proposals. We noted that the PPG had commenced work on forming special interest groups. For example, a group consisting of patients diagnosed with diabetes.
- the NHS Friends and Family test, complaints and compliments received

- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff instigated the addition of referral passwords to patient records to enable them to assist patients who were finding it difficult to arrange their hospital appointments. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was an emerging focus on continuous learning and improvement at all levels within the practice. The practice team had commenced engagement with South Reading Clinical Commissioning Group (CCG) in late 2016 and was taking part in CCG audits and projects.

- Expansion of skills and expertise was encouraged. One of the nurses had been supported to take a course to support patients attending with minor illnesses.
- The practice had commenced working with a clinical pharmacist to expand the range of services available to patients. The clinical pharmacist would be able to carry out medicine reviews with patients.
- The practice was taking part in the local health inequalities pilot project to make the most efficient use of available resources to improve life expectancy, reduced health inequalities and improve the health and wellbeing across the life course.
- Audit work on the national diabetes prevention programme with an aim of reducing the incidence of diabetes amongst the practice population was included in the practice business plan.
- Testing for tuberculosis (TB) had been commenced to supplement the national TB screening programme. This was relevant to the local population who may have missed TB screening at an early age.