

The Finchampstead Surgery

Quality Report

474 Finchampstead Road
Finchampstead
Wokingham
Berkshire
RG40 3RG
Tel: 0118 9732678
Website: www.finchampsteadsurgery.nhs.uk

Date of inspection visit: We have not revisited The Finchampstead Surgery as part of this review because they were able to demonstrate that they were meeting the standards without the need for a visit.

Date of publication: 12/12/2016

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 well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

During our comprehensive inspection of The Finchampstead Surgery in February 2016 we found a range of concerns. These resulted in the practice being rated as requires improvement for the provision of safe, effective and well led services.

Specifically we found the practice:

- Did not have appropriate systems in place to ensure the security of prescriptions.
- Had not completed actions identified in their fire risk assessment.
- Had not assured themselves that all staff had received relevant immunisations to keep patients and staff safe.
- Had nationally reported outcomes for patients with long term conditions that were below average. Patients with these conditions may not have been receiving the reviews of their treatment to ensure their care was maintained.
- Did not keep all policies and procedures relevant to the management and safety of the practice reviewed and up-to-date.

The practice sent us an action plan setting out how the changes they were making to address the issues that led to our concerns.

We carried out a desktop review commencing on 19 October 2016 to ensure these changes had been implemented and that the service was meeting regulations. The ratings for the practice have been updated to reflect our findings. We found the practice had made improvements in effective provision of services since our last inspection on 16 February 2016 and they were meeting the requirements of the regulations in breach.

Specifically the practice had:

- Introduced stricter controls in monitoring prescriptions and enhanced the security of rooms where blank prescriptions were held.
- Completed the actions identified in their fire risk assessment.
- Ensured that staff had received the relevant immunisations to reduce the risk of infection to both patients and other staff.

Summary of findings

- Improved their systems to complete reviews of the care of patients with long term conditions. The practice provided unverified data for the first six months of the recording period in 2016/17. This showed improved outcomes for these patients.
- Had updated all policies and procedures in accordance with the practice review programme.

We have updated the ratings for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective and well led services.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Improvements had been made in accordance with the action plan the practice had put in place.

- The practice ensured that staff received appropriate immunisations to keep patients and colleagues safe. The immunisation status of GPs and nurses was recorded and kept up to date.
- The practice had improved their processes and systems to keep prescriptions safely stored and secure.
- Actions required to enhance fire safety had been taken in accordance with the findings of the practice's fire risk assessment. Fire drills were taking place and the outcomes of such drills recorded.

Good



Are services effective?

When we inspected the practice in February 2016, outcome data for patients with long term conditions showed below average performance. The practice had made significant improvement in achieving reviews of treatment and improved outcomes for this group. It is now rated as good for providing effective service.

Examples of improved performance included:

- 96% of patients diagnosed with a stroke were achieving target blood pressure in the first 6 months of this year's recording period compared to 69% in 2015/16 (a 27% improvement).
- 88% of patients diagnosed with diabetes had already received a foot examination compared to 85% in the whole of the previous year.
- 90% of patients diagnosed with diabetes had achieved target cholesterol levels in the last six months compared to 74% in the previous year.

Good



Are services well-led?

When we inspected the practice in February 2016 we found governance systems were operated inconsistently. The practice had made improvements as set out in their action plan and is rated as good for being well-led.

Good



Summary of findings

- Policies and procedures relevant to the management of the practice were being reviewed in accordance with the practice review timetable. This ensured policies were relevant to the operation of the practice by being kept up-to-date. The dates of the reviews were being recorded.
- The arrangements to identify, assess and manage risks were being operated appropriately. For example, prescriptions were being stored safely and securely.
- The systems in place to ensure patients with long term conditions received appropriate health checks and improved outcomes had been reviewed. Data showed significant improvement in uptake of reviews and outcomes for this group in the first six months of the recording period in 2016/17.

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

When we inspected the practice in February 2016 we judged the practice required improvement for provision of safe, effective and well led services. This affected all population groups. The practice had made significant improvements. These have led to a new rating of good for this population group.

- Improvements in operating safe systems were demonstrated. Fire risks were managed, staff immunisations were being monitored and prescriptions were held safely.
- Policies and protocols were being kept under review and the reviews were being recorded. This ensured policies were relevant to delivery of services to patients.

From our previous inspection we also found the practice:

- Was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Offered proactive, personalised care to meet the needs of the older people in its population.

Good



People with long term conditions

When we inspected the practice in February 2016 we judged the practice required improvement for provision of safe, effective and well led services. This affected all population groups. The practice had made significant improvements. These have led to a new rating of good for this population group.

- Improvements in operating safe systems were demonstrated. Fire risks were managed, staff immunisations were being monitored and prescriptions were held securely.
- Policies and protocols were being kept under review and the reviews were being recorded. This ensured policies were relevant to delivery of services to patients.

Outcomes and the take up of annual health checks had improved for this group of patients including:

- 88% of patients diagnosed with diabetes had already received a foot examination compared to 85% in the whole of the previous year.
- 90% of patients diagnosed with diabetes had achieved target cholesterol levels in the last six months compared to 74% in the previous year.

Good



Summary of findings

- 90% of patients diagnosed with COPD (a type of lung disease) had their care reviewed in the first six months of 2016/17 which matched the 90% achieved in the full year 2015/16.

From our previous inspection we also found the practice:

- Nursing staff took lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Offered longer appointments and home visits to this group of patients when needed.

Families, children and young people

When we inspected the practice in February 2016 we judged the practice required improvement for provision of safe, effective and well led services. This affected all population groups. The practice had made significant improvements. These have led to a new rating of good for this population group.

- Improvements in operating safe systems were demonstrated. Fire risks were managed, staff immunisations were being monitored and prescriptions were held securely.
- Policies and protocols were being kept under review and the reviews were being recorded. This ensured policies were relevant to delivery of services to patients.
- 86% of eligible patients attended for cervical cancer screening in the last three years. This was better than both the clinical commissioning group (CCG) average of 84% and national average of 81%.

From our previous inspection we also found the practice:

- Had systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Treated children and young patients in an age-appropriate way.
- Offered appointments outside of school hours and the premises were suitable for children and babies.
- Worked positively with midwives and health visitors.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



When we inspected the practice in February 2016 we judged the practice required improvement for provision of safe, effective and well led services. This affected all population groups. The practice had made significant improvements. These have led to a new rating of good for this population group.

- Improvements in operating safe systems were demonstrated. Fire risks were managed, staff immunisations were being monitored and prescriptions were held securely.
- Policies and protocols were being kept under review and the reviews were being recorded. This ensured policies were relevant to delivery of services to patients

From our previous inspection we also found 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.
- Offered extended hours clinics and telephone consultations to benefit patients who found it difficult to attend during the working day.

People whose circumstances may make them vulnerable

Good



When we inspected the practice in February 2016 we judged the practice required improvement for provision of safe, effective and well led services. This affected all population groups. The practice had made significant improvements. These have led to a new rating of good for this population group.

- Improvements in operating safe systems were demonstrated. Fire risks were managed, staff immunisations were being monitored and prescriptions were held securely.
- Policies and protocols were being kept under review and the reviews were being recorded. This ensured policies were relevant to delivery of services to patients.

From our previous inspection we also found the practice:

- Identified patients with caring responsibilities and offered them support and advice. These patients were signposted to support groups and benefits advice.
- Held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Offered longer appointments for patients with a learning disability.

Summary of findings

- Regularly worked with other health care professionals in the case management of vulnerable patients.

People experiencing poor mental health (including people with dementia)

When we inspected the practice in February 2016 we judged the practice required improvement for provision of safe, effective and well led services. This affected all population groups. The practice had made significant improvements. These have led to a new rating of good for this population group.

- Improvements in operating safe systems were demonstrated. Fire risks were managed, staff immunisations were being monitored and prescriptions were held securely.
- Policies and protocols were being kept under review and the reviews were being recorded. This ensured policies were relevant to delivery of services to patients.

Outcomes and the take up of annual health checks had improved for this group of patients including:

- 91% of patients diagnosed with dementia had a face to face review of their care in the last six months which was an 18% improvement on the 73% achieved in 2015/16.

From our previous inspection we also found the practice:

- Regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Carried out advance care planning for patients with dementia.
- Told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Ensured staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

The Finchampstead Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This desktop review was undertaken by a CQC Inspector.

Why we carried out this inspection

We carried out a comprehensive inspection on 16 February 2016 and published a report setting out our judgements. We asked the provider to send a report of the changes they would make to comply with the regulation they were not

meeting. We undertook a follow up inspection in October 2016 to make sure the necessary changes had been made and found the provider is now meeting the fundamental standards included within this report.

This report should be read in conjunction with the full inspection report.

How we carried out this inspection

We reviewed information and evidence sent to us by the practice. We have not revisited The Finchampstead Surgery as part of this review because the practice was able to demonstrate they were meeting the regulations associated with the Health and Social Care Act 2008 without the need for an inspection

Are services safe?

Our findings

When we inspected The Finchampstead Surgery in February 2016 we found the practice did not always keep blank prescription forms safely. Consulting rooms were not locked when left unattended during the working day. Prescriptions could have been taken by unauthorised persons. Fire drills had not been carried out in accordance with the practice's fire risk assessment. We also found the practice had not taken all appropriate action to reduce the risk of infection. They had not checked that GPs and nurses had received relevant immunisations to protect patients and themselves from the spread of diseases and infections.

Overview of safety systems and processes

The practice had improved their processes and practices in place to keep patients safe. Evidence sent to us showed:

- When we inspected The Finchampstead Surgery in February 2016 consulting rooms were found unlocked with prescriptions held in printers. The arrangements for managing prescriptions had been updated. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The

practice had installed locks on all consulting room doors and reinforced the practice policy to ensure GPs and nurses locked rooms where prescriptions were held when they were not in use.

- When we reviewed personnel records in February 2016 we found the practice had not maintained records of staff's immunisation status. The practice sent us evidence that confirmed their recording of the immunisation status of all GPs and nursing staff.

Monitoring risks to patients

When we inspected the practice in February 2016 we found the practice was not completing fire evacuation drills in accordance with their fire risk assessment protocols. During this inspection we found actions associated with managing risks to patients were well managed

- The procedures in place for monitoring and managing risks to patient and staff safety had been improved. This was because the actions identified in the practice's fire risk assessment had been implemented. There were records of fire drills having taken place. These showed that a timely evacuation of the premises had been achieved. They also documented the actions the practice took to ensure all patients were evacuated.

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected the practice in February 2016 we found the outcomes for patients with long term conditions were below average. The data we reviewed at that time was for the year April 2014 to March 2015. Overall the practice achieved 85% of the indicators for reviewing the care of patients with a range of long term conditions. At that time the practice forecast similar achievement for 2015/16 (April 2015 to March 2016). The results showed that 84% of the indicators were then achieved.

The practice told us, in the form of an action plan, that they were targeting improvement in outcomes for patients with long term conditions. Their plan was supported by the use of a new data analysis service. This involved an additional computer programme that checked patient's records and highlighted those with a long term condition yet to receive a review or update of their treatment. In October 2016 the practice sent us an interim report of their achievement in the first six months of the 2016/17 programme. This unverified data showed a significant improvement upon the previous two years.

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 for 2015/16 when the practice achieved 84% of the total number of points available. Which was below the clinical commissioning group (CCG) average of 96% and national average of 95%. At that time the practice exception rate was 8% which was better than the national 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). This practice was an outlier for 13 out of 19 indicators.

Having reviewed their achievement, the practice embarked on an improvement plan to increase the levels of reviews and treatments for patients with long term conditions. In addition to the reminders that appeared in patient's records, the practice commenced using an additional data analysis tool that highlighted when reviews and treatments were required.

Results for the first half of 2016/17 showed improvement. For example:

- 96% of patients diagnosed with a stroke were achieving target blood pressure in the first 6 months of this year compared to 69% in 2015/16 (a 27% improvement).
- 88% of patients diagnosed with diabetes had already received a foot examination compared to 85% in the whole of the previous year.
- 90% of patients diagnosed with diabetes had achieved target cholesterol levels in the last six months compared to 74% in the previous year.
- 90% of patients diagnosed with COPD (a type of lung disease) had their care reviewed in the first six months of 2016/17 which matched the 90% achieved in the full year 2015/16.
- 91% of patients diagnosed with dementia had a face to face review of their care in the last six months which was an 18% improvement on the 73% achieved in 2015/16.

There was similar evidence of improved outcomes and achievement of annual reviews in other areas such as; Peripheral arterial disease and coronary heart disease. In these disease areas the practice was ahead of their performance in the previous year with six months remaining to reach all the indicators.

Data showed a significant improvement in supporting patients with long term conditions to achieve good outcomes and complete their treatment reviews.

Are services well-led?

Good 

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

Our findings

When we inspected The Finchampstead Surgery in February 2016 we found governance systems and processes were not operated consistently. The practice had failed to identify shortfalls in managing risks associated with prescription security, staff immunisations not being checked and recorded and actions arising from their fire risk assessment not being completed. We also found that the practice had identified their below average performance in achieving nationally recognised outcomes for patients with long term conditions. Whilst this had been identified action had not been taken to improve these outcomes in a timely manner. The last inspection also found that policies and procedures in place relevant to the management of the service were not always reviewed, or the review had not been recorded, in accordance with the practice's monitoring and review policy.

During this inspection we found the practice had made significant improvements.

Governance arrangements

The practice governance systems and processes were being operated consistently.

- Practice specific policies were kept up to date. Practice leaders were reviewing policies and procedures in line with the practice's review timetable. The reviews were being recorded.
- Leaders maintained an understanding of the performance of the practice in delivering outcomes for patients with long term conditions. There was a sharper focus on improving outcomes for patients with long term conditions and a clear plan for achieving the improvements identified.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were being operated appropriately. Actions arising from the practice's fire risk assessment had been taken. A record of staff immunisations was held and this showed staff had received the appropriate immunisations to keep patients and colleagues safe. Systems to keep prescriptions securely had been reviewed and were operated in accordance with practice policy.