Burnham Health Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Burnham Health Centre, Minniecroft Road, Burnham, SL1 7DE on 5 November 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for provision of safe, effective and responsive services. It was good for providing caring and well-led services. The concerns which led to these ratings apply to all population groups using the practice.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The majority of information about safety was recorded, monitored and reviewed.
- Risks to patients and staff were assessed and well managed in some areas, with the exception of those relating to recruitment checks and safeguarding adult training.
- We found that completed clinical audits cycles were driving positive outcomes for patients.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Most staff had the skills, knowledge and experience to deliver effective care and treatment. However, some staff had not received annual appraisals and completed mandatory training.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain were available and easy to understand.

Summary of findings

- Patients said they found it difficult to make an appointment with a named GP and had to wait a long time to get through to the surgery by telephone each morning. Urgent and online appointments were available the same day.
- The practice had excellent facilities and was well equipped to treat patients and meet their needs.
- Anti-coagulation clinic (An anti-coagulant is a medicine that stops blood from clotting) was offered onsite, meaning 350 patients who required this service did not have to travel to local hospitals.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure all necessary recruitment checks are in place including systems for assessing and monitoring risks.
- Ensure all staff have received annual appraisals and undertaken all mandatory training.
- Further review the appointments booking system and the waiting time it takes to get through to the practice by telephone. Improve the availability of non-urgent appointments with a named GP.
- Ensure two new partners are added to the practice's CQC registration.

In addition the provider should:

- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Update procedures for checking medicines in GPs home visit bags.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it must make improvements.

- There was an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients and staff were assessed and well managed in some areas, with the exception of those relating to recruitment checks and safeguarding adult training.
- Processes were not in place to check medicines in GPs home visit bags to ensure medicines were within their expiry date and suitable for use.
- There was a lead for safeguarding adults and child protection.

Are services effective?

Requires improvement

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

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed need and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Most staff had the skills, knowledge and experience to deliver effective care and treatment. However, some staff had not received annual appraisals and completed mandatory training including health and safety, equality and diversity awareness and infection control.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice at or above average than others in the locality for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Requires improvement 

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

- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, with urgent appointments available the same day.
- We found that patients were not satisfied with the appointments booking system and the waiting time it takes to get through to the practice by telephone. However, the practice recognised the increasing demand and was in the process of implementing and reviewing changes. The practice was auditing telephone answering data and recognised that they were required to monitor and improve the waiting time it takes to access the practice by phone.
- The practice had excellent facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. For example, the practice was providing a service to patients with drug and alcohol problems.
- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice provided in-house anti-coagulation clinic (An anti-coagulant is a medicine that stops blood from clotting) to 350 patients and reducing the need to travel to local hospitals.

Are services well-led?

Good 

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

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, there was no formal written business plan in place.
- There was a good governance framework. However, it was not always supporting the delivery of the strategy and good quality care. The number of concerns we identified during the inspection reflected this.
- Mandatory training for some clinical and non-clinical staff and annual appraisals for some administration staff were not always managed appropriately.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group.

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

Requires improvement

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of patients aged 65 or over who received a seasonal flu vaccination was lower (70%) than the national average (73%).
- The premises were accessible to those with limited mobility.
- There was a register to manage end of life care and unplanned admissions.
- There were good working relationships with external services such as district nurses and carers support group.
- The practice offered chiropodist (toe nail clipping) services through external organisation.
- The practice was working closely with Burnham Health Promotion Trust and encouraging older patients to take part in community activities.

People with long term conditions

Requires improvement

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

- There were clinical leads for chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice was providing diabetic eye screening, breath well clinics, physiotherapy, ultrasound and wound care clinics at the premises.
- Longer appointments and home visits were available when needed.

Summary of findings

- All patients with long term conditions had a named GP and a structured annual review to check that their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 81%, which was higher than the national average of 77%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- The practice was providing youth counselling and sexual health clinics.

Working age people (including those recently retired and students)

Requires improvement

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice was offering early morning walk-in appointments at 7:45am for working-age patients.

Summary of findings

- 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.
- Extended hours appointments were available two mornings from 7am to 8am and one evening from 6pm to 8:30pm during weekdays. The practice was offering additional extended appointments one Saturday every month from 7:45am to 11:45am.

People whose circumstances may make them vulnerable

Requires improvement

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered annual health checks for patients with learning disabilities. Health checks were completed for 11 patients out of 46 patients on the learning disability register. However, the practice GPs were regularly visiting care homes and promoting health passports for patients with learning disability.
- Longer appointments were offered to patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice was providing a drop-in service for patients with drug and alcohol problems.

People experiencing poor mental health (including people with dementia)

Requires improvement

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

Summary of findings

- 73% of patients experiencing poor mental health were involved in developing their care plan in last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- Systems were in place to follow up patients who had attended accident and emergency, when experiencing mental health difficulties.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed mixed outcomes for the practice compared to local and the national averages. There were 122 responses and a response rate of 36%.

- 97% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 77% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65%.
- 64% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 67% and a national average of 60%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 67% describe their experience of making an appointment as good compared with a CCG average of 75% and a national average of 73%.
- 57% find it easy to get through to this surgery by phone compared with a CCG average of 75% and a national average of 73%.
- 85% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were positive about the standard of care received. We spoke with 19 patients during the inspection. Patients we spoke with and comments we received were very positive about the care and treatment offered by the GPs and nurses at the practice, which met their needs. They said staff treated them with dignity and their privacy was respected. They also said they always had enough time to discuss their medical concerns.

The patients we spoke with on the day and comment cards we received were in line with national survey results findings that patients were not satisfied with the appointments booking system and had to wait long time to get through to the practice by phone.

The practice recognised that there was more work to do to monitor and review appointments booking system and waiting time to get through to the practice by phone. The practice had also introduced an online appointment system and 25% of urgent GP appointments were available every morning at 7:30am (30 minutes before the practice opening times).

Areas for improvement

Action the service MUST take to improve

- Ensure all necessary recruitment checks are in place including systems for assessing and monitoring risks.
- Ensure all staff have received annual appraisals and undertaken all mandatory training.
- Further review the appointments booking system and the waiting time it takes to get through to the practice by telephone. Improve the availability of non-urgent appointments with a named GP.
- Ensure two new partners are added to the practice's CQC registration.

Action the service SHOULD take to improve

- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Update procedures for checking medicines in GPs home visit bags.

Burnham Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Burnham Health Centre

The Burnham Health Centre is situated in Burnham. The practice is a purpose built premises with car parking for patients and staff. There is ramp access for patients and visitors who have difficulty managing steps. All patient services are on the ground floor. The practice comprises of 14 consulting rooms, eight treatment rooms, three patient waiting areas, administrative and management offices and meeting rooms.

There are 10 GP partners, two salaried GPs and four trainee doctors at the practice. Nine GPs are male and seven female. Two new GP partners are not added to the practice's CQC registration. The practice employs two senior practice nurses, seven practice nurses and four health care assistants. The practice manager is supported by an IT manager, practice administration manager, deputy administration manager, two senior receptionists and a team of administrative and reception staff. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS). This is a training practice, doctors who are training to be qualified as GPs have access to a senior GP throughout the day for support. We received positive feedback from the trainees we spoke with.

The practice has a patient population of approximately 22,000 registered patients. The practice population of patients aged between 35 and 54 years is higher than national and Clinical Commissioning Group averages and there are a lower number of patients between 15 and 29 years old.

Services are provided from following location:

Burnham Health Centre

Minniecroft Road

Burnham

SL1 7DE

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

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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, (Regulated Activities) Regulations 2014, 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

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

The inspection team carried out an announced visit on 5 November 2015. During our visit we:

- Spoke with 19 staff and 19 patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and we saw a system in place for reporting and recording significant events, however this was operated inconsistently.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- We reviewed records of 11 significant events and incidents that had occurred during the last 12 months. There was evidence that the practice had learned from significant events and implementing change was clearly planned.
- We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Significant events were a standing item on the practice meeting agenda.

Overview of safety systems and processes

The practice had most systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities but not all staff had received training relevant to their role. For example, some GPs and nurses had not completed safeguarding adult training.
- A notice in the waiting room, treatment and consultation rooms, advising patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place but some staff had not received up to date infection control training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We checked medicines kept in the treatment rooms, medicine refrigerators and found they were stored securely (including obtaining, prescribing, recording, handling, storing and security). Processes were in place to check medicines were within their expiry date and suitable for use.
- Regular medication audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations. Records showed fridge temperature checks were carried out daily. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure.
- Recruitment checks were carried out and the four staff files we reviewed showed that appropriate recruitment checks had not always been undertaken prior to employment. For example, proof of identification and address, references, qualifications and entitlement to work in the UK.
- Evidence was available to demonstrate that all clinical staff had received their hepatitis B vaccination and to ensure that they were safe to work with patients.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Requires improvement

Are services safe?

- There were procedures in place for 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 in place and they were carrying out fire safety checks. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (a bacterium which can contaminate water systems in buildings).
- Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.

Arrangements to deal with emergencies and major incidents

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

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

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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). In 2014-15, the practice had achieved 99% of the total number of points available, compared to 97% locally and 94% nationally, with 9.93% exception reporting. The level of exception reporting was above CCG average (7.9%) and the national average (9.2%). Exception reporting is the percentage of patients who would normally be monitored. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included.

During the inspection the CQC GP specialist advisor discussed exception reporting; we received detailed assurance that this level of reporting was accurately documented and recorded.

Data from 2014-15 showed;

- Performance for diabetes related indicators was better when compared to the CCG and national average. The practice had achieved 97% of the total number of points available, compared to 93% local CCG and 89% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was same as CCG and national average. The practice had achieved 84% of the total number of points available, compared to 84% locally and 84% nationally.
- Performance for dementia related indicators were better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 99% locally and 95% nationally.
- Performance for mental health related indicators was worse than the CCG and national average. The practice had achieved 92% of the total number of points available, compared to 97% locally and 93% nationally.

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

- The practice had carried out number of repeated clinical audits cycles. We checked three clinical audits completed in the last two years, where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, we saw evidence of an audit cycle monitoring high prescribing levels of antibiotics, the practice was able to demonstrate the changes resulting since the initial audit. The aim of the audit was to reduce the high level of prescribing antibiotics. The practice pharmacist had delivered education programmes, published literature and developed a protocol for delayed prescriptions (which involved prescriptions issued to the patients but kept at the practice and patients were able to collect them after two days if required). We saw evidence that the practice had carried out a follow up audit in August 2015 which demonstrated improvements and prescribing of antibiotics had been reduced.

Effective staffing

Most staff had the skills, knowledge and experience to deliver effective care and treatment. However, some staff had not received annual appraisals and completed mandatory training.

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice had a staff handbook for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. We noted an induction pack was available to locum GPs.
- The learning needs of some staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during one-to-one meetings, appraisals, coaching, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. Twenty three administration staff had not received an appraisal within the last 12 months.
- Some staff had not received training that included: safeguarding adults, health and safety, fire procedures and equality and diversity awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice informed us they had merged with another local practice in April 2015 and struggled with staffing issues, which had an impact on staff training and appraisals. However, the practice recognised they were required to improve, and recently recruited new management staff to take lead role in these areas.

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. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. The practice had identified 383 patients who were deemed at risk of admissions and 99% of these patients had care plans created to reduce the risk of these patients needing admission to hospital.
- We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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. However, most of the staff had not received mental capacity training at a level appropriate to their role.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The provider informed us that verbal consent was taken from patients for routine examinations and minor procedures and recorded in electronic records. The provider informed us that written consent forms were completed for more complex procedures.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

Health promotion and prevention

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

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those wishing to stop smoking. Patients were signposted to the relevant external services where necessary such as local carer support group.
- The practice was offering smoking cessation advice and data showed 32% smokers had been given stop smoking advice.
- The practice was providing a service to patients with drug and alcohol problems. The practice was working in

Requires improvement

Are services effective?

(for example, treatment is effective)

partnership with an external organisation and provided regular specialist clinics and drop-in appointments every week. In the last two years the practice had provided person centered care to 34 patients on the substance misuse register. The practice had developed person centered care plans, carried out effective risk assessments and regularly reviewed care plans during face to face weekly appointments. We saw evidence that the practice had implemented the care plans effectively and after two years 12 patients had been removed from the register and four more patients were making steady progress on their reduction care plan due to continuity in planning and delivering patient care.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81%, which was higher than the national average of 77%. There was a policy to offer text message reminders for patients about appointments. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In total 49% of patients eligible had undertaken bowel cancer screening and 85% of patients eligible had been screened for breast cancer, compared to the national averages of 58% and 72% respectively.

Childhood immunisation rates for the vaccinations given to under twos were 98% which was above CCG average of 95% and five year olds were 94% which was above CCG average of 92%. Flu vaccination rates for the over 65s were 70%, and at risk groups 48%, compared to national averages of 73% and 52% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice was working with charitable organisations and referring patients for health promotion advice. These services were helping patients to live well with their medical conditions by learning new ways of managing their lifestyles.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Most of the 37 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards 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 above to the CCG average and to the national average for most of its satisfaction scores on consultations with doctors and nurses. For example:

- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 92% said the GP was good at listening to them compared to the CCG average of 91% and national average of 87%.
- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 92% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.

However the results were lower than local CCG and national average for:

- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 85% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

The patients we spoke to on the day informed us they were treated with respect and care by both nurses and doctors at the surgery.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

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

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of 125 patients (0.57% of the practice patient population list size) who were carers and they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice website also offered additional services including counselling. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Staff told us that if families had suffered a 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.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, three hearing loops and translation services available.
- The practice installed two automatic floor mounted blood pressure monitors in the waiting area for patients to use independently.
- Anti-coagulation clinic (An anti-coagulant is a medicine that stops blood from clotting) was offered onsite meaning 350 patients who needed this service did not have to travel to local hospitals.
- The practice was providing replacement batteries onsite for hearing aids meaning patients who needed this service did not have to travel to local hospitals.

Access to the service

The practice was open from 8am to 6pm Monday to Friday. In addition one of the practice GPs was available for 30 minutes after practice closing times (between 6pm and 6:30pm) Monday to Friday (This out of hours service was provided by East Berkshire Primary Care service). The surgery was closed on bank and public holidays and patients were advised to call 111 for assistance during this time. The practice offered range of scheduled appointments to patients every weekday from 8am to 5:30pm including open access appointments with a duty GP throughout the day. The practice opened for extended hours appointments two mornings from 7am to 8am and one evening from 6pm to 8:30pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them. The practice was offering additional extended appointments one Saturday every month from 7:45am to 11:45am.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were below the Clinical Commissioning Group average and national average. For example:

- 57% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 67% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.

However the following result was above local and national average for:

- 77% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

The patients we spoke with on the day informed us they were able to get appointments when they needed them (if they contacted the practice early in the morning). We checked the online appointment records of three GPs and noticed that the next available appointments with named GPs were four weeks later. Urgent appointments with duty GPs or nurses were available the same day and all appointments were released in the morning (on a first come first serve basis) which was causing longer queues at the reception and long waiting time to get through the practice by phone in the morning.

The patients we spoke with on the day and comment cards we received were in line with national survey results findings that patients had to wait long time to get through to the surgery by phone. Staff we spoke to confirmed that during busy periods sometimes patients had to wait up to 20 minutes to get through to the practice by phone.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

The practice informed us they were expecting increase in patient list size due to new building sites in local area. The practice had a patient list size of 22,000 and was aware of the increasing demand. A number of steps had been taken to address the issues. For example, the practice informed us they were encouraging patients to use a self check-in screen to reduce the queues at the two receptions. The practice had also introduced telephone appointments and an online appointment system, and 25% online GPs appointments were released 30 minutes before the practice opening times. The practice was planning to offer online appointments for nurses from new year. The practice informed they had increased reception staff, created a dedicated telephone reception and provided a dedicated telephone room. The practice informed us they had tried various approaches in the past and assured to review it again by collecting phone calls data from the phone provider so they could effectively monitor and improve in this area. On the day of inspection, we noted the steps practice had taken to improve in this area. However, the practice recognised that there was more work to do to monitor and review appointments booking system and waiting time to get through to the practice by phone, which was also reflected from patients feedback. The practice had identified further changes they were planning to introduce and it was too early to demonstrate positive impact on patients.

Listening and learning from concerns and complaints

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

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

We looked at 19 complaints received in the last 12 months and found that all written complaints had been addressed in a timely manner. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the manager or one of the GPs.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- We found details of the aims and objectives were part of the practice's statement of purpose and strategy. The practice statement of purpose included working in partnership with patients and staff to provide a high quality, customer friendly and cost effective service. This also included treating patients with dignity and respect and delivering high quality services to meet the specific needs of patients.
- The practice had a clear strategy which reflected the vision and values and were regularly monitored. However, the practice did not have a formal written business plan in place.

Governance arrangements

The practice had a good governance framework. However, it was not always supporting the delivery of the strategy and we identified some concerns during the inspection. For example:

- The practice had taken number of steps for identifying, recording and managing risks, issues and implementing mitigating actions. However, monitoring of specific areas such as recruitment checks and appointment booking system were not always managed appropriately.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, some staff had not received mandatory training including health and safety, equality and diversity awareness and infection control.
- Some administration staff had not received annual appraisals to enable them to carry out the duties they were employed to do.
- We found two partners were not added on CQC registration certificate.
- Practice specific policies were implemented and were available to all staff.
- Staff had a good understanding of the performance of the practice.
- Audits were undertaken, which were used to monitor quality and to make improvements.

Leadership, openness and transparency

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were significant safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the 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, proactively gaining patients' feedback and engaging patients in the delivery of the service.

Are services well-led?

Good

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys including friends and family tests and complaints received. There was an active PPG which met on a regular basis, supported patient surveys and submitted proposals for improvements to the practice management team. For example, process for online repeat prescriptions, online appointments were reviewed and geographical phone number was changed following feedback from the PPG.
- The practice had also gathered feedback from staff through staff meetings, some appraisals and discussion. We saw that some appraisals were completed in the last two years. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

- We found some good examples of continuous learning and improvement within the practice. For example, we saw a nurse had achieved a certificate in diabetes care. We also saw that two nurses had completed training courses in wound care.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: We found the registered person did not have effective governance, assurance and auditing processes to assess, monitor and improve the quality of service provided in carrying out the regulated activities. For example: We found the registered person did not operate effective appointment booking system to ensure patients needs were met and reflecting their preferences. Two partners were not registered with Care Quality Commission. Regulation 17(1)(2)(a)(b)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: We found the registered person did not operate effective systems to ensure staff received appropriate support, training, professional development and appraisal. Some staff had not completed safeguarding adults training at appropriate levels. Regulation 18(2)(a)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met:

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

We found the registered person did not have robust recruitment procedures including undertaking appropriate pre-employment checks as required by Schedule 3 of regulation.

Regulation 19(3)