

# Herschel Medical 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?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Herschel Medical Centre on 4 May 2016. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for provision of safe, effective, responsive and well-led services. It was good for providing caring service. 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, with the exception of those relating to safeguarding adults training, safety alerts, staffing levels and appointment booking system.

- Data showed patients outcomes were low for patients with hypertension, diabetic patients, care plans for patients with learning disabilities and patients experiencing poor mental health, and medicine reviews for patients with long term conditions.
- 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. Staff had the skills, knowledge and experience to deliver effective care and treatment. However, most staff had not completed health and safety, equality and diversity, fire safety, basic life support and infection control training.
- Results from the national GP patient survey showed majority of patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment when compared to the local and national averages. The majority of patients we spoke with on the day of inspection confirmed this.

# Summary of findings

- Information about services and how to complain were available and easy to understand.
- Patients said they found it difficult to make an appointment with a named GP and had to wait a long time to get through to the practice by telephone each morning. Urgent appointments were available the same day.
- The practice had excellent facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure all actions required in response to national safety and medicines alerts are completed and alerts are followed up systematically after they are disseminated within the practice, to monitor that required changes have been implemented.
- Review and improve the staffing levels to ensure the smooth running of the practice and keep patients safe.
- Review and improve the systems in place to effectively monitor patients with hypertension, diabetic patients, care plans for patients with learning disabilities and patients experiencing poor mental health, and medicine reviews for patients with long term conditions.
- Ensure all staff have undertaken training including safeguarding adults, health and safety, equality and diversity, fire safety and infection control.
- Consider patient feedback about the appointment system. 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.

In addition the provider should:

- Update procedures for checking medicines in GPs home visit bags.
- Review the system in place to promote the benefits of bowel screening in order to increase patient uptake.
- Review patients feedback and address concerns regarding GPs listening, explaining tests and treatments, and treating them with care and concern during consultations.
- Review the process of identifying carers to enable them to access the support available via the practice and external agencies.
- Ensure information posters and leaflets are available in multi-languages.
- Ensure extended hours appointments details are advertised on the practice website and displayed in the premises.

**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 requires improvement for providing safe services as there are areas where it must make improvements.

**Requires improvement**



- The practice was unable to demonstrate that the national patient safety alerts had been followed up systematically before the inspection day. However, on the inspection day the practice had registered to receive alerts, downloaded all relevant alerts for the last 12 months and carried out searches to identify patient at risk.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example, most clinical and non-clinical staff had not received safeguarding adults 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.
- The practice had faced recruitment issues. For example, the practice did not have a practice manager in post, an experienced diabetes lead salaried GP left recently and a diabetes trained nurse reduced weekly hours. The practice was interviewing to recruit a practice manager and a clinical pharmacist to start by August 2016. The practice had implemented a number of measures to mitigate the loss of the staff and one of the registered managers was covering additional duties of a practice manager.
- 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.
- 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.
- There was a lead for safeguarding adults and child protection.
- There was an infection control protocol in place and infection control audits were undertaken regularly. However, most clinical and non-clinical staff had not received infection control training.

# Summary of findings

## Are services effective?

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

- Most staff had the skills, knowledge and experience to deliver effective care and treatment. However, some staff had not completed mandatory training including health and safety, equality and diversity awareness, fire safety and basic life support.
- Data showed patients outcomes were low for patients with hypertension, diabetic patients, care plans for patients with learning disabilities and patients experiencing poor mental health, and medicine reviews for patients with long term conditions.
- For example, the practice had achieved 79% of the total Quality and Outcomes Framework (QOF) points available for diabetes, compared to 91% locally and 89% nationally.
- The practice had undertaken 57% (on average) structured annual medicine reviews for patients with long term conditions (e.g. Diabetes, asthma, chronic obstructive pulmonary disease, chronic heart disease and dementia).
- The practice had completed care plans for patients with learning disabilities and patients experiencing poor mental health, however, improvements were required. For example, care plans were completed for 47 out of 67 patients on the learning disability register and care plans were completed for 117 out of 164 patients experiencing poor mental health.
- The practice's uptake of the national screening programme for bowel screening was below the national average. For example, bowel screening uptake was 45%, which was below the national average of 58%.
- Staff assessed need and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.

**Requires improvement**



## Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patient outcomes were mixed compared to others in locality for several aspects of care.

**Good**



# Summary of findings

- Results from the national GP patient survey we reviewed showed the majority of patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The majority of information for patients about the services available was easy to understand and accessible. However, the practice had a high proportion of their population from a culture where English was not their first language, yet there were limited information posters and leaflets available in other languages.
- We noted the practice offered a translation service and staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

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

- 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.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly. However, urgent appointments were available the same day.
- We noted weekdays morning extended hours appointments were not displayed in the premises and not advertised on the practice website. However, Saturday extended hours appointments were advertised on the practice website but not displayed in the premises.
- 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 patient's needs.

**Requires improvement**



## Are services well-led?

The practice is rated as requires improvement for being well-led as there are areas where it must make improvements.

- There was a governance framework which supported the delivery of the strategy and good quality care. However,

**Requires improvement**



# Summary of findings

monitoring of specific areas required improvement, such as mandatory training, safety alerts, staffing levels, appointment booking system and the waiting time to get through to the practice by telephone.

- Improvements were required to the systems in place to effectively monitor patients with hypertension, diabetic patients, care plans for patients with learning disabilities and patients experiencing poor mental health, and medicine reviews for patients with long term conditions.
- There was 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 this.
- 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.
- The practice was aware of and complied with the requirements of the Duty of Candour. GPs 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, responsive and well-led. 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 premises were accessible to those with limited mobility. The practice provide a low level desk at the front reception.
- There was a register to manage end of life care.
- There were good working relationships with external services such as district nurses.

### 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, responsive and well-led. 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.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a named GP and the practice was offering a structured annual review to check that their health and medicines needs were being met. However, the practice had not completed annual reviews regularly and required to improve in this area.
- For example, the practice had undertaken 57% (on average) structured annual medicine reviews for patients with long term conditions (e.g. Diabetes, asthma, chronic obstructive pulmonary disease, chronic heart disease and dementia).



# Summary of findings

- 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

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, responsive and well-led. 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 comparable to the CCG average for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 83%, which was above the national average of 82%.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals.
- 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.

Requires improvement



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

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, responsive and well-led. 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. For example, the practice offered extended hours appointments every morning from 7.30am to 8am.
- In addition, the practice offered extended hours appointments every Saturday from 9am to 1pm) at Bharani Medical Centre (funded by Prime Minister's Access Fund) as part of cluster arrangements with other local practices.
- The practice was proactive in offering online services and telephone consultations. However, pre-bookable online appointments were not always offered for all GPs.

Requires improvement



# Summary of findings

- Health promotion advice was offered and health promotion material available in the practice. However, limited information was available in multi-languages.

## People whose circumstances may make them vulnerable

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, responsive and well-led. 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 patients, travellers and those with a learning disability.
- It offered annual health checks for patients with learning disabilities. Health checks were completed for 50 patients out of 67 patients on the learning disability register. Care plans were completed for 47 patients out of 67 patients on the learning disability register.
- 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.

**Requires improvement**



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

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, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 71% of patients experiencing poor mental health were involved in developing their care plan in last 12 months.
- Performance for dementia face to face review was above to the CCG and national average. The practice had achieved 91% of the total number of points available, compared to 86% locally and 84% nationally.

**Requires improvement**



# Summary of findings

- 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 7 January 2016 showed the practice was performing mostly better than the local and below the national averages. There were 129 responses and a response rate of 36%.

- 53% of patients find it easy to get through to this practice by phone compared with a CCG average of 49% and a national average of 73%.
- 76% of patients described the overall experience of their GP practice as good compared with a CCG average of 70% and a national average of 85%.
- 62% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average of 61% and a national average of 78%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 78% and a national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received seven comment cards which were mostly positive about the standard of care received. We spoke with 12 patients and two patient participation group (PPG) members during the inspection. Patients we spoke with and comments we received were mostly 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 mostly 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.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure all actions required in response to national safety and medicines alerts are completed and alerts are followed up systematically after they are disseminated within the practice, to monitor that required changes have been implemented.
- Review and improve the staffing levels to ensure the smooth running of the practice and keep patients safe.
- Review and improve the systems in place to effectively monitor patients with hypertension, diabetic patients, care plans for patients with learning disabilities and patients experiencing poor mental health, and medicine reviews for patients with long term conditions.
- Ensure all staff have undertaken training including safeguarding adults, health and safety, equality and diversity, fire safety and infection control.

- Consider patient feedback about the appointment system. 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.

### Action the service **SHOULD** take to improve

- Update procedures for checking medicines in GPs home visit bags.
- Review the system in place to promote the benefits of bowel screening in order to increase patient uptake.
- Review patients feedback and address concerns regarding GPs listening, explaining tests and treatments, and treating them with care and concern during consultations.
- Review the process of identifying carers to enable them to access the support available via the practice and external agencies.
- Ensure information posters and leaflets are available in multi-languages.

## Summary of findings

- Ensure extended hours appointments details are advertised on the practice website and displayed in the premises.

# Herschel Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice nurse 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 Herschel Medical Centre

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

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

The practice had a patient population of approximately 13,000 registered patients including 43% South Asian and high Polish patient population. The number of patients

aged between 15 to 24 years and aged above 50 years old are lower than the national average and there are a higher number of patients aged between 0 to 9 years old and aged between 25 to 44 years old compared to national average.

There are two GP partners, five salaried GPs and a trainee GP at the practice. Six GPs are male and two female. The practice employs two practice nurses and two health care assistants. The practice has informed us they did not have a practice manager in post since December 2015. The practice is currently interviewing to recruit a practice manager and a clinical pharmacist to start by August 2016. The practice has implemented a number of measures to mitigate the loss of the staff and one of the registered managers is covering additional duties of a practice manager. The registered manager is supported by three patients services coordinators, a team of administrative and reception staff.

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

Services are provided from following location:

Herschel Medical Centre

45 Osborne Street

Slough

SL1 1TT

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice, in the practice

# Detailed findings

information leaflet and on the patient website. Out of hours services are provided during protected learning time by East Berkshire out of hours service or after 6:30pm, weekends and bank holidays by calling NHS 111.

## 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 Slough Clinical Commissioning Group (CCG), NHS England area team and local Healthwatch to seek their feedback about the service provided by Herschel Medical Centre. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced visit on 4 May 2016. During our visit we:

- Spoke with eight staff and 12 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.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the registered manager of any incidents and there was also a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. Significant events were a standing item on the practice meeting agenda.
- We reviewed records of 12 significant events and incidents that had occurred during the last year. There was evidence that the practice had learned from significant events and implementing change was clearly planned. For example, we saw an analysis of a significant event following a delay in a cancer diagnosis.
- We reviewed safety records and national patient safety alerts. We noticed national patient safety and medicines alerts were not systematically received and shared with the team. The practice was unable to demonstrate that the alerts had been followed up and that action had been taken relevant to the alert. This meant that some patients may not have been reviewed if they were prescribed a medicine subject to a national alert. However, on the inspection day the practice had registered to receive alerts, downloaded all relevant alerts for the last 12 months and carried out searches to identify patient at risk.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, however improvements were required.

- 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 some staff had not received all the appropriate levels of safeguarding training relevant to their role. For example, six out of eight GPs, two practice nurses and a health care assistant were not trained to safeguarding adults training. Some administration staff had not completed safeguarding children and adults training. However, all clinical staff had completed safeguarding children training relevant to their role with the exception of a health care assistant.
- A notice (in English and Hindi languages) was displayed in the waiting room and consultation rooms, advising patients that staff would act as a chaperone, if required. All clinical staff who acted as a chaperone were trained for the role and had received a disclosure and barring 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. A practice nurse was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and but most staff (including five GPs, a health care assistant and most administration 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



## Are services safe?

suitable for use. However, three expired products were found in a GP bag and there was no system in place to regularly check medicines in GPs bags and maintain records.

- Regular medicine audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.
- There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results. We checked patient records which confirmed that the procedure was being followed.
- Records showed fridge temperature checks were carried out daily. There was a policy for ensuring that medicines were kept at the required temperatures, which also described the action to take in the event of a potential failure. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank hand written prescription pads and printer prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.
- Recruitment checks were carried out and the six staff files we reviewed showed that recruitment checks had been undertaken prior to employment. For example, Disclosure and Barring Service (DBS) checks, proof of identification, references, qualifications and registration with the appropriate professional body.

### Monitoring risks to patients

Risks to patients were assessed and well managed, however improvements were required.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had a health and safety policy.
- A fire safety risk assessment had been carried out by an external contractor on 28 September 2015. The practice had carried out last fire drill on 27 April 2016 and future fire drill dates were planned.

- All electrical and clinical equipment was checked to ensure it was safe. 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.
- Legionella (a bacterium which can contaminate water systems in buildings) risk assessment was carried out by an external contractor on 28 September 2015. We saw the practice had started water temperature checks just before the inspection and regular checks were planned in future. We saw evidence that the lead had undertaken a relevant training course. Staff nominated to carry out regular checks was scheduled to complete relevant training within two weeks.
- The practice informed us they had faced recruitment issues. For example, the practice did not have a practice manager in post, an experienced diabetes lead salaried GP left recently and a diabetes trained nurse reduced weekly hours. The practice had implemented a number of measures to mitigate the loss of the staff and one of the registered managers was covering additional duties of a practice manager. The practice was interviewing to recruit a practice manager and a clinical pharmacist to start by August 2016.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical staff had received annual basic life support training and there were emergency medicines available in the treatment room. However, evidence was not available to demonstrate that some non-clinical staff had received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult mask. 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 fit for use.

## Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### 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 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 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 96% of the total number of points available, compared to 97% locally and 94% nationally, with 7% exception reporting. The level of exception reporting was below the CCG average (8%) and the national average (9%). Exception reporting is the percentage of patients who would normally be monitored but had been exempted from the measures. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included.

Data from 2014-15 showed;

- Performance for diabetes related indicators was lower than the CCG and national average. The practice had achieved 79% of the total number of points available, compared to 91% locally and 89% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was lower than the CCG and national average. The practice had achieved 76% of the total number of points available, compared to 86% locally and 84% nationally.

- Performance for mental health related indicators was better than the CCG and national average. The practice had achieved 97% of the total number of points available, compared to 97% locally and 93% nationally.

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

The practice was aware of shortfall in medicine reviews and their low QOF score in diabetes and hypertension related indicators. The practice understood the challenges in engaging with their practice population and recognised that they were required to improve the outcomes for patients with long term conditions..

The practice informed us that they had faced recruitment issues due to an experienced diabetes lead salaried GP left recently and a diabetes trained nurse reduced weekly hours. The practice was conducting interviews to recruit a clinical pharmacist to take the lead role in carrying out medicine reviews for patients with long term conditions. The practice informed us that recruitment of new clinical pharmacist would reduce the burden on GPs so they could focus on management of diabetes and low QOF scores in some areas.

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

- The practice had carried out number of repeated clinical audits cycles. We reviewed eight 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 and accreditation.
- Findings were used by the practice to improve services. For example, we saw evidence of repeated audit cycle of patients with asthma (aged under 16 years old). Asthma was a respiratory condition that caused difficulty in breathing. The aim of the audit was to identify and review all patients with asthma (aged under 16 years old) who required annual asthma review. The audit from October 2015 identified that eight patients with asthma did not attend the annual review. The practice raised

# Are services effective?

## (for example, treatment is effective)

this issue as a significant event, reviewed their protocol and invited all patients for annual asthma reviews. We saw evidence that the follow up audit had demonstrated improvements in patient outcomes.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. However, there were significant gaps in training for a number of staff.

- 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.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during one-to-one meetings, appraisals, coaching, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.
- Not all staff had received up-to-date training relevant to their role: in safeguarding adults (six GPs, two nurses, a health care assistant and most non-clinical staff), safeguarding children (a health care assistant and some non-clinical staff), health and safety (all clinical and most non-clinical staff), equality and diversity (seven GPs, two nurses, two health care assistants and most non-clinical staff), infection control (five GPs, a health care assistant and most non-clinical staff), basic life support (most non-clinical staff) and fire safety (all clinical staff and most non-clinical staff) had not completed 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, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- We saw evidence that multi-disciplinary team meetings took place on a monthly basis and meeting minutes documented thoroughly.

- Staff worked together with other health and social care services to understand and meet the range and complexity of patient's needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. The practice had identified 196 patients who were deemed at risk of admissions and 99% of these patients had care plans been created to reduce the risk of these patients needing admission to hospital.
- The practice had completed care plans for patients with learning disabilities and patients experiencing poor mental health, however improvements were required. For example, care plans were completed for 47 out of 67 patients on the learning disability register and for 117 out of 164 patients experiencing poor mental health.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, 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).

### Supporting patients to live healthier lives

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

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and

# Are services effective?

(for example, treatment is effective)

those wishing to stop smoking. Patients were signposted to the relevant external services where necessary such as local carer support group and volunteer centre.

- The practice was offering smoking cessation advice and patients were signposted to a local support group. For example, information from Public Health England (2014-15) showed 87% of patients (15+ years old) who were recorded as current smokers had been offered smoking cessation support and treatment in last 24 months. This was better than the national average of 86%.
- The practice informed us they had a transient patient population including patients from Polish community and patients working at Heathrow airport. This also had an impact on screening, immunisation and recall programmes.

The practice's uptake for the cervical screening programme was 83%, which was higher than the national average of 82%. There was a policy to offer text message reminders for patients about appointments. In total 45% of patients eligible had undertaken bowel cancer screening and 76% of patients eligible had been screened for breast cancer, compared to the national averages of 58% and 72% respectively.

The practice had a high proportion of their population from a culture where English was not their first language, yet there were limited information posters and leaflets available in other languages. However, the practice had created and displayed a notice in South Asian language on the day of inspection.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example:

- Childhood immunisation rates for the vaccinations given in 2014/15 to under two year olds ranged from 82% to 94%, these were comparable to the CCG averages which ranged from 85% to 94%.
- Childhood immunisation rates for vaccinations given in 2014/15 to five year olds ranged from 82% to 94%, these were above to the CCG averages which ranged from 81% to 93%.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

Most of the seven 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 two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 the CCG average and below the national average for most of its satisfaction scores. For example:

- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 80% and national average of 87%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 74% and national average of 85%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 78% and national average of 87%.

- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and national average of 95%.

The two PPG member and 12 patients we spoke to on the day informed us that they were satisfied with both clinical and non-clinical staff at the practice.

We saw friends and family test (FFT) results for March 2016 and 92% patients were likely or extremely likely recommending this practice.

### 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 to the CCG average and below the national average. For example:

- 73% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 70% and national average of 82%.
- 84% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 75% and national average of 85%.
- 84% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 90%.

However, the result was below the CCG average and the national average for:

- 74% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and national average of 86%.

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

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

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 70 patients (0.55% 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 bereavement, their usual GP contacted them or sent them a sympathy card. This 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

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 family planning clinic. The practice worked closely with health visitors to ensure that patients with babies and young families had good access to care and support. Services were planned and delivered to take into account the needs of different patient groups and to 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.
- Same day appointments were available for children and those with serious medical conditions. The practice was offering emergency walk-in appointments and telephone consultations every day.
- Patients were able to receive travel vaccinations.
- There were disabled facilities, a hearing induction loop and translation services available.
- The practice had planned advance consulting skills training course for nurses so they could identify and deal with female genital mutilation (FGM) concerns.
- The practice was forward thinking and considering to develop a mobile software (an app to be used in mobile telephone and tablet) and promote online patient access in order to improve long term condition management.

### Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. The practice was closed on bank and public holidays and patients were advised to call NHS 111 for assistance during this time (this out of hours service was managed by East Berkshire out of hours service). The practice offered range of scheduled appointments to patients every weekday from 8am to 5.30pm including open access appointments with a duty GP.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent walk-in appointments, telephone consultations and online appointments were also available for patients that needed them. The practice offered extended hours appointments from 7.30am to 8am Monday to Friday. In addition, the practice offered extended hours appointments every Saturday from 9am to 1pm at Bharani Medical Centre (funded by Prime Minister's Access Fund).

We noted weekdays morning extended hours appointments were not displayed in the premises and not advertised on the practice website. However, Saturday extended hours appointments were advertised on the practice website but not displayed in the premises.

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

- 53% of patients said they could get through easily to the practice by phone compared to the CCG average of 49% and national average of 73%.
- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.

However, the results were below the CCG average and the national average for:

- 37% of patients said they always or almost always see or speak to the GP their preferred GP compared to the CCG average of 42% and national average of 59%.

The practice was aware of poor national GP survey results and they had taken steps to address the issues. For example;

- The practice had introduced telephone consultation with GPs and pre-bookable GPs appointments were available to book online with most GPs.
- The practice had employed additional staff to answer phone calls during peak hours and advised all clinicians to use mobile for outgoing calls.
- The practice had introduced text message reminders for appointments and patients were able to cancel the appointments by text message.
- The practice had installed a new telephone system in 2012 and both partners were live monitoring incoming calls on their desktops.



# Are services responsive to people's needs?

## (for example, to feedback?)

- 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 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 noted that pre-bookable appointments were not always offered for all named GPs which meant continuity of care may not always be available. Pre-bookable appointments could be booked up to two weeks in advance and we saw that the next available pre-bookable appointments with some named GPs and a duty GP were available within two weeks. Urgent appointments with duty GPs or nurses were available the same day and all appointments were released in the morning.

Seven out of 12 patients we spoke with on the day and comment cards (three out of seven) we received were in line with national survey results findings that patients had to wait long time to get through to the practice by phone during peak times. Staff we spoke to confirmed that during busy periods sometimes patients had to wait to get through to the practice by phone.

### **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 25 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?

Requires improvement 

(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.

- The practice had a mission statement which included practice's vision, values and priorities. The practice statement of purpose included working in partnership with patients and staff to provide a high quality, safe and effective service. This also included involving patients in decision making about their treatment and care, and treat patients with courtesy and respect at all times to meet the specific needs of patients.
- The practice had a robust strategy and a business plan which reflected the vision and values and were regularly monitored.
- The practice informed us that they had faced recruitment issues due to a practice manager leaving in December 2015, a diabetes trained nurse reduced weekly hours and an experienced diabetes lead salaried GP left recently. The practice was conducting interviews to recruit a practice manager, a salaried GP and a clinical pharmacist. The practice informed us they had recently recruited three reception staff and implemented a number of measures to mitigate the loss of the staff during this period of transition and these steps had been successful in smooth running of the service.

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. However, governance monitoring of specific areas required improvement, for example:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, not all staff had received mandatory training to enable them to carry out the duties they were employed to do.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, monitoring of specific areas required improvement, for example:
- Safeguarding adult and infection control training was not completed for most clinical and non-clinical staff, which was putting patient at risk.

- Monitoring of safety alerts, staffing levels, appointment booking system and the waiting time it takes to get through to the practice by telephone were not managed appropriately.
- The practice's uptake of bowel cancer screening programme was below the national average.
- The practice was required to review and improve the systems in place to effectively monitor patients with hypertension, diabetic patients, care plans for patients with learning disabilities and patients experiencing poor mental health, and medicine reviews for patients with long term conditions.
- Legionella risk assessment had been undertaken but regular checks were not carried out.
- Expired products were found in a GP bag and there was no system in place to regularly check medicines in GPs bags.
- Practice specific policies were implemented and were available to all staff.
- Staff had a comprehensive understanding of the performance of the practice.
- Audits were undertaken, which were used to monitor quality and to make improvements.

All staff we spoke with had a comprehensive understanding of the governance arrangements and performance of the practice.

### Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The GPs 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.

# Are services well-led?

Requires improvement 

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

- 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.

- 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, online appointment system had been reviewed, text message reminders were introduced, the practice website was updated and new high chairs were purchased following feedback from the PPG.

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

## Continuous improvement

There was focus on continuous learning and improvement within the practice, however improvements were required. For example:

- There were significant gaps in mandatory training for a number of clinical and non- non-clinical staff.
- We found some good examples of continuous learning and improvement within the practice. For example, we saw nurses were supported to attend further training and a trainee GP was well supported.
- We also saw that two current health care assistants had started as receptionists and were supported to grow, develop and secure health care assistant positions.

## 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>We found the registered person did not have suitable arrangements in place for assessing and managing risks in order to protect the welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.</p> <p>Ensure all actions required in response to national safety and medicines alerts are completed and alerts are followed up systematically after they are disseminated within the practice, to monitor that required changes have been implemented.</p> <p>Most clinical and non-clinical staff had not received safeguarding adults and infection control training relevant to their role.</p> <p>Regulation 12(1)(2)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>We found the registered person did not have effective governance, assurance and auditing processes to assess, review and improve the systems in place to effectively monitor patients with hypertension, diabetic patients, care plans for patients with learning disabilities and patients experiencing poor mental health, and medicine reviews for patients with long term conditions.</p> <p>We found the registered person did not operate effective appointment booking system and the waiting time it</p>

This section is primarily information for the provider

## Requirement notices

takes to get through to the practice by telephone during peak hours to ensure patients needs were met and reflecting their preferences. Improve the availability of non-urgent appointments with a named GP.

Regulation 17(1)(2)

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

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 sufficient staffing levels and staff received appropriate training relevant to their role.

Review and improve the staffing levels to ensure the smooth running of the practice and keep patients safe.

Ensure all staff have undertaken training including health and safety, equality and diversity, fire safety and basic life support.

Regulation 18(1)(2)