Care Quality Commission

Peppard Road Surgery

Quality Report

45 Peppard Road
Caversham
Reading
Berkshire
RG4 8NR
Tel: 0118 9462224
Website: www.peppardroadsurgery.co.uk

Date of inspection visit: 13 August 2015
Date of publication: 29/10/2015

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?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

Our previous inspection in November 2014 found breaches of regulations relating to the safe, effective and well-led delivery of services.

We found the practice required improvement for the provision of safe, effective and well-led services, and was rated good for providing caring and responsive services. Consequently we rated all population groups as requiring improvement.

This inspection was undertaken to check the practice was meeting regulations that were in breach from the last inspection. For this reason we have only rated the location for the key questions to which these relate. This report should be read in conjunction with the full inspection report of 6 November 2014.

We found the practice had made some improvements since our last inspection. At our inspection on the 13 August 2015 we found the practice was meeting the regulations that had previously been breached. However, there were areas of practice where the provider needs to make improvements.

Specifically we found:

- The practice was operating safe systems of recruitment. This included pre-employment checks and criminal records checks through the Disclosure and Barring Service (DBS).
- Staff were supported through performance reviews and were receiving appropriate training, for example in basic life support, safeguarding children and vulnerable adults, health and safety, equality and diversity, and fire and risk assessment.
- Complaints information was accessible to patients.
- Systems were put in place for the management of legionella after we had announced the inspection.
- The practice had not have written infection control policy in place and was not following infection control assurance framework. The practice had not taken steps to prevent, detect and control the spread of infections.
- The practice had not collected constructive feedback through patient participation group (PPG).

The areas where the provider must make improvements are:

Summary of findings

- Ensure the practice assesses the risk of, and takes steps to prevent, detect and control the spread of infections, including taking action to resolve identified actions without delay.

In addition the provider should:

- Ensure a risk assessment is in place to explain why the standard DBS is sufficient for reception and administration staff taking part in chaperoning process.
- Ensure feedback from patients is sought and acted upon. For example, through a patient participation group (PPG).

We have amended the rating for this practice to reflect these changes. The practice is now rated require improvement for the provision of safe and well led services. It is good for the provision of effective, caring and responsive services. Consequently we have rated all population groups as requiring improvement.

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. The practice sent us records that enabled us to review the progress they had made. In August 2015, we noted the practice had addressed the issues, surrounding safeguarding, staff recruitment, training and development. These were judged as contributing to a breach of regulation at our inspection on 6 November 2014.

The practice had revised their recruitment process in relation to pre-employment checks and Disclosure and Barring Service (DBS) checks. This had improved the way they managed these aspects of their service.

The practice had reviewed the business continuity plan.

Cleaning materials were stored securely. Staff had completed training in basic life support and safeguarding children and vulnerable adults. Most of the staff had not completed training in infection control. However, the practice informed us they had agreed with CCG nurse to organise infection control training for all staff in near future.

The practice had not have written policy for the management of legionella. The practice had taken steps for the management of legionella after we had announced the inspection. However, it was too early to assess the impact and improvements made.

The practice had not have a formal written policy for the management of infection control. The practice had not been able to find previous infection control audit and action plan seen at the last inspection in November 2014. Number of issues had been identified during recent infection control audit carried out by clinical commissioning group (CCG) nurse in July 2015. The practice had developed a draft action plan with no time scale to address the issues identified during recent infection control audit.

Are services effective?

Good

The practice had taken appropriate action to become good for the provision of effective services.

The practice sent us records that enabled us to review the progress they had made. In August 2015, we found the practice had addressed the issues relating to supporting staff by providing performance reviews and opportunities for training and development. These were judged as contributing to a breach of regulation at our inspection on 6 November 2014.

Summary of findings

We had seen the evidence that staff had received regular performance reviews and attended training in health and safety, equality and diversity, and fire and risk assessment.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for providing well led services as there are areas where it must make improvements. The practice sent us records that enabled us to review the progress they had made. In August 2015, we found that action had been taken to address the issues relevant to requirements relating to workers and supporting workers identified at the previous inspection. We also saw that the practice had provided regular performance reviews and opportunities for training and development to all staff.

We had seen evidence the practice was considering virtual or actual patient participation group (PPG). However, they had not paid full heed to the report issued in January 2015. The practice had not completed issues in a timely manner and it was too early to assess the impact and monitor continuous progress effectively. For example, management of legionella, management of infection prevention and control, and collecting feedback through patient participation group (PPG).

Summary of findings

The six population groups and what we found

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

Older people
The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Requires improvement

People with long term conditions
The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. Emergency processes were in place and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had regular contact with their GP to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement

Families, children and young people
The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. Immunisation rates were in line with all the national rates for standard childhood immunisations. Appointments were available outside of school hours. The practice worked in partnership with midwives, health visitors and school nurses to deliver care.

Requires improvement

Working age people (including those recently retired and students)
The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for safe and well led. The concerns which led to these ratings apply to everyone using

Requires improvement

Summary of findings

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. The practice performed significantly above average, compared to the local clinical commissioning group (CCG), for patient satisfaction with the access to appointments. The practice was proactive in offering opportunistic health promotion and screening which reflected the needs of this age group.

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 and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice serves a population which is more affluent than the national average. The practice did not have a register for patients with learning disabilities, although there were a small number of younger patients with learning disabilities and the needs of this group were met. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. The practice had sign-posted vulnerable patients to various support groups and third sector organisations. GPs were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out-of-hours.

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 patients with dementia). The provider was rated as requires improvement for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health including those with dementia. Six out of nine patients with severe mental health conditions had care plans in place. The GP referred patients to the memory assessment clinic when needed. The practice had a system in place to follow up on patients who had been discharged from hospital to support them in the community.

Summary of findings

Areas for improvement

Action the service MUST take to improve

- Ensure the practice assesses the risk of, and takes steps to prevent, detect and control the spread of infections, including taking action to resolve identified actions without delay.

Action the service SHOULD take to improve

- Ensure a risk assessment is in place to explain why the standard DBS is sufficient for reception and administration staff taking part in chaperoning process.
- Ensure feedback is sought from patients, for example, through a patient participation group (PPG).

Care Quality Commission

Peppard Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based inspection was carried out by a CQC Inspector.

Background to Peppard Road Surgery

Peppard Road Surgery is located in a detached house in an urban area. It provides primary medical services to approximately 2220 registered patients. The practice has nine staff, including two GP partners: one male and one female, one practice nurse, administration and reception staff. The senior partner also manages the practice.

The practice has a higher proportion of patients up to the age of nine years and between 30 to 54 years compared to the local clinical commissioning group (CCG) average and a lower proportion over 55 years. The practice serves a population which is more affluent than the national average.

The practice has opted out of providing out-of-hours services to its own patients and uses the services of a local out-of-hours service. The practice holds a General Medical Services contract. PMS contracts are negotiated locally with the local office of NHS England. This was a desk based inspection.

The practice provides services from:

Peppard Road Surgery

45 Peppard Road

Caversham

Reading

Berkshire

RG4 8NR

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection took place on 6 November 2014 and we published a report setting out our judgements. These judgements identified two breaches of regulations. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We carried out a desk based inspection on 13 August 2015 to follow up and assess whether the necessary changes had been made, following our inspection in November 2014. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made. We found the practice was meeting the regulations that had previously been breached. However, there were areas of practice where the provider needs to make improvements.

This 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, review the breaches identified and the update the ratings provided under the Care Act 2014.

Detailed findings

How we carried out this inspection

We asked the provider to send a report and evidence of the changes they had made to comply with the regulations they were not meeting. We spoke with one GP and a consultant practice manager. We reviewed documents relating to the management of the service. All were relevant to demonstrate the practice had addressed the breaches of regulation identified at the inspection of November 2014.

This report should be read in conjunction with the full inspection report. We have not revisited Peppard Road surgery as part of this review because the practice was able to provide evidence without the need for an inspection visit.

Requires improvement

Are services safe?

Our findings

Reliable safety systems and processes including safeguarding

When we visited the practice in November 2014 we found reception and administration staff had not received formal training on safeguarding children and vulnerable adults. Reception and administration staff had been trained as chaperones and were used in that capacity but they had not received a Disclosure and Barring Service (DBS) checks performed. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The training certificates we received to enable our review on 13 August 2015 demonstrated that staff had completed appropriate levels of training on safeguarding children and vulnerable adults. We also saw certificates that all reception and administration staff used as chaperones had standard Disclosure and Barring Service checks performed. However, the practice had not carried out formal risk assessment to explain why the standard DBS was sufficient for reception and administration staff taking part in chaperoning process.

Cleanliness and infection control

When we visited the practice in November 2014 we found the practice did not have a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). Regular checks had not been carried out to reduce the risk of infection to staff and patients.

The information we received to enable our review on 13 August 2015 demonstrated that the practice had not have a formal written policy for the management, testing and investigation of legionella. However, the practice had carried out legionella risk assessment on 12 August 2015 and a water sample had been collected by external contractor for analysis on 11 August 2015. The practice had produced a testing schedule on 12 August 2015 and regular checks were planned. However, it was too early to assess the impact and improvements made.

An infection control audit had been carried out on 16 July 2015 by a specialist nurse from clinical commissioning group (CCG) and identified number of improvement areas. The practice had developed a draft action plan to address these issues. However, the practice had not included timescale to achieve these targets. The practice had not mentioned a date when this action plan was developed. The practice had not been able to find previous infection control audit and action plan which we had witnessed during our inspection in November 2014, which was made it difficult to identify the improvement areas and ensure changes were effective at this review. The practice did not have a formal written policy for the management of infection control. However, they had provided a copy of CCG infection prevention and control policy which they were planning to adopt. Most of the staff had not completed training in infection control. However, the practice informed us they had agreed with CCG nurse to organise infection control training for all staff in near future. When we visited the practice in November 2014 we found the cleaning materials were stored in a cupboard, however it was not secure and located in an area accessible to patients. We received photo evidence in August 2015 that provided assurance that the practice had secured the cleaning materials in a locked cupboard which was located in an area not accessible to patients.

Staffing and recruitment

When we visited the practice in November 2014 we found there was no record of appropriate recruitment checks having taken place. Records of Disclosure and Barring Service (DBS) checks or a DBS risk assessment were not present for administration or reception staff who acted as chaperones when needed.

The information we received to enable our review on 13 August 2015 demonstrated that the practice had reviewed recruitment policy, developed new application form, health questionnaire and staff files checklist. The practice had not employed new staff recently, however, developed a new starters checklist which included Disclosure and Barring Service (DBS) checks.

Arrangements to deal with emergencies and major incidents

When we visited the practice in November 2014 we found the reception and administration staff had not received training in basic life support and fire safety. A business continuity plan was in place but key elements and contacts of suppliers had not been completed.

Requires improvement

Are services safe?

The information we received to enable our review on 13 August 2015 demonstrated that all staff had completed basic life support and fire and risk assessment training. The practice had reviewed a business continuity plan and included key details required.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

When we visited the practice in November 2014 we found the lack of training, for example: fire training, safeguarding, infection control, basic life support, for reception and administration staff. There was also a lack of appraisals and personal development plans for nursing staff, reception and administration staff.

The information we received to enable our review on 13 August 2015 demonstrated that staff had received performance reviews to develop in their roles. They had attended relevant training, for example, fire and risk assessment, health and safety, safeguarding children and vulnerable adults, basic life support and equality and diversity.

Are services well-led?

Requires improvement

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

Our findings

Governance arrangements

When we visited the practice in November 2014 we found that nursing, reception and administration staff had not received regular training or appraisals to develop in their roles.

The information we received to enable our review on 13 August 2015 demonstrated that action had been taken to address the issues relevant to requirements relating to workers and supporting workers identified at the previous inspection. We also witnessed that staff had attended performance reviews and had received role specific training in order to develop in their roles.

The practice had made some improvements. However, the practice had not paid full heed to the report issued in January 2015; they had not completed issues in a timely manner and it was too early to assess the impact and improvements made. For example, a system for management of legionella was put in place after announcing the inspection. The practice had not followed infection control assurance framework. The practice had not collected constructed feedback through patient participation group (PPG).

Leadership, openness and transparency

When we visited the practice in November 2014 we found a patient participation group was not in place to gather and facilitate constructive feedback to the practice.

We had witnessed the team meeting minutes of 22 July 2015 which demonstrated that the practice was considering virtual or actual patient participation group (PPG) and planned to discuss again in future team meetings. We had witnessed the clinical commissioning group (CCG) practice visit meeting minutes of 11 June 2015 which demonstrated that the practice was involved in discussion with CCG for assistance.

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 **Regulation 17 HSCA (RA) Regulations 2014 Good Governance** **Regulation:** **We found the registered person did not have effective governance, assurance and auditing processes to assess, monitor, and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.** **Regulation 17(2)(b)**