

Ringmead Medical Practice

Quality Report

Birch Hill Medical Centre
Birch Hill
Leppington
Bracknell
Berkshire
RG12 7WW

Tel: 01344 208060

Website: www.ringmeadmedicalpractice.org.uk

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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

Good 

Are services safe?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Our previous comprehensive inspection at Ringmead Medical Practice on 12 August 2016 found breaches of regulations relating to the safe and well-led delivery of services. The overall rating for the practice was requires improvement. Specifically, we found the practice to require improvement for provision of safe and well led services. It was good for providing effective, caring and responsive services. Consequently we rated all population groups as requires improvement. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Ringmead Medical Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 8 March 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 12 August 2016. This report covers our findings in relation to those requirements and improvements made since our last inspection.

We found the practice had made improvements since our last inspection. At our inspection on the 8 March 2017 we found the practice was meeting the regulations that had

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

Our key findings were as follows:

- The practice had demonstrated significant improvements in governance arrangements.
- Blank prescription printer forms were kept securely and tracked through the practice.
- We found management of legionella and medicines management had been improved.
- The practice had demonstrated improvements in patients' outcomes for patients with dementia.
- For example, the practice had carried out dementia face to face reviews for 50 out of 56 patients, which demonstrated improvement from 74% to 89%, compared to the previous inspection.
- All staff had received an annual appraisal in the last 12 months. We noted the practice manager had received a formal written appraisal on 21 October 2016.
- Staff feedback had been considered and the practice had made improvements in staffing levels, however it was too early to assess the positive impact.

Summary of findings

- The practice had displayed an information poster in the waiting area, written in multi-languages about the available translation service.
- Staff we spoke with on the day of inspection were aware of the translation service.
- Aside from the translation poster; information posters and leaflets were not available in multi-languages. However, the practice website could be translated into various languages and the staff were all aware of this.
- The practice had taken steps to identify carers to enable them to access the support available via the

practice and external agencies. The practice register of patients who were carers had increased from 153 (0.98%) patients to 283 patients (1.8% of the practice patient population list size).

The areas where the provider should make improvements are:

- Review how information is displayed in practice and how this could be provided in multiple languages to meet patient needs.

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 had taken appropriate action and is now rated good for the provision of safe services.

Good



- When we inspected the practice in August 2016 we found concerns relevant to staffing levels, management of blank prescription printer forms and management of legionella. We noted the vaccine fridge in reception office at the branch practice (Great Hollands Health Centre) was not locked and the key was not accessible.
- At the inspection on 8 March 2017, we saw the concerns had been addressed:
- The storage of medicines was safe and secure. The practice had purchased key cabinets with combination locks to store all keys. The practice was carrying out regular medicines checks.
- The practice had managed risks associated with legionella.
- Blank prescription printer forms were tracked through the practice and kept securely at all times.
- The practice had reviewed and improved staffing levels. However it was too early to assess the positive impact.

Are services well-led?

The practice had taken appropriate action and is now rated good for the provision of well-led services.

Good



- When we inspected the practice in August 2016, we found the governance and monitoring of specific areas required improvement, such as, management of blank prescriptions, staffing levels, monitoring of vaccine fridges and medicines and management of legionella.
- At the inspection on 8 March 2017, the practice had demonstrated significant improvements.
- Effective monitoring systems had been implemented and all the areas of concerns from the previous inspection had been resolved.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had implemented an effective system to monitor the staffing levels and the management of blank prescriptions.
- The practice had demonstrated improvements in patient's outcomes.

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 provider had resolved the concerns for safe and well-led identified at our inspection on 12 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safe and well-led identified at our inspection on 12 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safe and well-led identified at our inspection on 12 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safe and well-led identified at our inspection on 12 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safe and well-led identified at our inspection on 12 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safe and well-led identified at our inspection on 12 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



- The practice had carried out dementia face to face reviews for 50 out of 56 patients, which demonstrated improvement from 74% to 89%, compared to the previous inspection.

Ringmead Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Ringmead Medical Practice

Ringmead Medical Practice is situated in Bracknell, Berkshire within a purpose built premises (main practice and the branch practice) with car parking for patients and staff. All patient services are offered on the ground floor at both locations. The practice comprises of 10 consulting rooms, a treatment room, a patient waiting area, a reception area, administrative and management office at the main premises (Birch Hill Medical Centre). The practice comprises of five consulting rooms, a patient waiting area, a reception area and administrative office at the branch practice (Great Hollands Health Centre).

The practice has core opening hours from 8am to 6.30pm Monday to Friday. The practice offers a range of scheduled appointments to patients every weekday from 8.10am to 6.10pm including open access appointments with a duty GP throughout the day. The practice offers extended hours appointments on Tuesday and Wednesday mornings from 7.30am to 8am, and evenings from 6.30pm to 8pm at the premises. In addition, the practice offers extended hours appointments on Monday to Friday from 6.30pm to 8pm and Saturday from 8am to 2pm provided by Berkshire Primary Care Ltd based at Boundary House Surgery (funded by the clinical commissioning group as part of federation arrangements).

The practice has a patient population of approximately 15,700 registered patients. The practice population of

patients aged between 5 to 19, 30 to 39 and 65 to 69 years old is higher than the national average and there are lower number of patients aged between 20 to 29, 45 to 59 and aged above 70 years old compared to national average.

Ethnicity based on demographics collected in the 2011 census shows the patient population is predominantly White British and 9% of the population is composed of patients with an Asian, Black or mixed background. The practice is located in a part of Bracknell with the lowest levels of income deprivation in the area.

There are six GP partners, a salaried GP and three locum GPs at the practice. Nine GPs are male and one female. The practice employs a practice nurse manager, two practice nurses and two health care assistants. The practice manager is supported by an assistant practice manager, a patient services manager, a team of administrative and reception staff. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

The practice is providing short term placements to medical students (FY2s) who have access to a senior GP throughout the day for support.

Services are provided from the following main location and the branch practice, and patients can attend any of the two practice premises. We visited both premises during this inspection.

Birch Hill Medical Centre (the main practice)

Birch Hill

Leppington

Bracknell

Berkshire

RG12 7WW

Detailed findings

Great Hollands Health Centre (the branch practice)

Great Hollands Square

Bracknell

RG12 8WY

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

Why we carried out this inspection

We 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 12 August 2016 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 follow up focussed inspection on 8 March 2017 to follow up and assess whether the necessary changes had been made, following our inspection in August 2016. 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 all the conditions of regulations that had previously been breached.

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 update the ratings provided under the Care Act 2014.

How we carried out this inspection

Before visiting on 8 March 2017 the practice confirmed they had taken the actions detailed in their action plan.

Prior to the inspection we contacted the Bracknell and Ascot Clinical Commissioning Group, NHS England area team and the local Healthwatch to seek their feedback about the service provided by Ringmead Medical Practice. 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 focused visit on 8 March 2017.

During our visit we undertook observations of the environment and spoke with a range of clinical and non-clinical staff.

This report should be read in conjunction with the full inspection report of CQC visit on 12 August 2016.

Are services safe?

Our findings

When we inspected the practice in August 2016 we found risks to patients and staff were assessed and well managed in some areas, with the exception of those relating to management of blank prescription forms for use in printers, staffing levels and management of legionella. We noted the vaccine fridge in reception office at the branch practice (Great Hollands Health Centre) was not locked and the key was not accessible. Improvements had been made and at the March 2017 inspection we found:

Overview of safety systems and processes

The practice had reviewed their 'storage of drugs and refrigerated vaccines' policy on 30 January 2017. The practice had reminded all staff to follow the new policy during the team meeting. The practice had purchased key cabinets with combination locks to store all keys. All staff we spoke with on the day of inspection were aware where keys were kept in key cabinets. The storage of medicines was safe and secure. The practice had developed an electronic record sheet and was carrying out regular medicines checks to ensure medicines were within their expiry date and suitable for use.

The practice had reviewed their 'prescription security' policy on 23 January 2017. Blank prescription forms for use in printers were handled in accordance with national guidance as these were securely stored and there were systems in place to monitor their use. The practice had undertaken regular audits to ensure continuous monitoring. We noted that the practice had installed new locks on some printers and other printer trays were removed and locked away in the storage room overnight.

Monitoring risks to patients

Legionella (a bacterium which can contaminate water systems in buildings) internal risk assessment had been carried out on 2 October 2016. We saw the practice was carrying out regular water temperature checks and records were maintained. An annual external water sample analysis had been undertaken on 29 November 2016. The practice had reviewed 'health and safety at work' policy on 16 December 2016. The practice had carried out health and safety audits of both premises in September 2016.

During the inspection in March 2017 we noted the practice had taken steps to improve staffing levels. For example,

- The practice had created a new job role and recruited a new part time assistant practice manager with a strong customer care background to oversee staff at the branch practice and support the patient services manager.
- An experienced staff member weekly hours had been increased to provide additional support in answering phone calls during the peak times.
- The practice had promoted a receptionist internally to a full time administration role in order to provide support to the deputy practice manager.
- Most staff we spoke with on the day of inspection informed us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.
- We saw improvements had been made in staffing levels, however it was too early to assess the positive impact. The practice had planned to undertake an anonymous staff survey by end March 2017 to assess and review the improvements made.

Are services well-led?

Good 

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

Our findings

When we inspected the practice in August 2016, we found governance monitoring of specific areas required improvement. For example, monitoring of vaccine fridges and medicines, management of legionella, and management of blank prescription forms were not always managed appropriately. Improvements had been made and at the March 2017 inspection we found:

Governance arrangements

The practice had demonstrated significant improvements. The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. For example:

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had implemented an effective monitoring system and all the areas of concerns from the previous inspection had been resolved.

- The practice had developed a daily and weekly task list for administration team and set the electronic reminders on outlook calendar to ensure good governance.

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

- The practice had gathered feedback from staff through staff meetings, appraisals and internal surveys. We saw that appraisals were completed in the last year for staff. Most staff told us they felt involved and engaged to improve how the practice was run.
- Staff told us the practice held regular team meetings every two months. In addition, the practice held site specific regular team meetings every two to four weeks.
- A staff survey had been carried out in October 2016 and the practice had developed an action plan to address the issues highlighted in the survey.
- The practice had considered staff feedback and made improvements in staffing levels, however it was too early to assess the positive impact. The practice had planned to undertake an anonymous staff survey by end March 2017 to assess and review the improvements made.