

# Long Barn Lane Surgery

## 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an inspection in May 2016 to follow up on concerns raised at a previous inspection in January 2015. We found some aspects of the service had improved but others continued to be in breach of regulation. Specifically, we found the provider requires improvement for safe and effective services, good for caring and responsive services and inadequate for well led. We rated the practice as requires improvement overall. Following the inspection in May 2016, the practice sent us an action plan explaining what actions they were going to take to meet regulations.

We carried out an announced comprehensive follow up inspection at Long Barn Lane Surgery on 17 January 2017. We carried out this inspection to check the practice was meeting the regulations and to consider whether sufficient improvements had been made. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of fridge temperature recording.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Child immunisation rates were below national average for most of the standard immunisations.
- Some patient health screening data showed the practice was below the national average, although they were in line with local averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

# Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good 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 should make improvements are:

- Ensure governance arrangements include monitoring of daily fridge temperature recording.

- Ensure patients referred under the two week wait referral process are followed up.
- Ensure all staff, who are eligible, have received a yearly appraisal.
- Continue to encourage patients to attend for smoking cessation, health screening and childhood immunisations.
- Continue to review patient feedback and address concerns relating to care and treatment and telephone access.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice had undertaken numerous risk assessments and reviews to ensure safety across both practice sites was maintained. Any issues identified were quickly followed up and discussed at meetings to ensure progress was sustained.
- Emergency medicines and equipment had been reviewed and stock was monitored to ensure nothing was out of date.

However,

- We found some gaps in the medicine fridge temperature recording logs.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) 2015/16 showed patient outcomes were mostly at or above average compared to the national average. Exception reporting was 14% which was above the national average of 10%. The practice showed us their figures for 2016/17 and this showed a reduction in exception reporting.
- The practice had improved their smoking cessation rates, had completed 96% of care plans for unplanned admissions and had begun to update care plans for patients with a learning disability.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Good



# Summary of findings

- Immunisation rates were below the national standard for many standard childhood vaccines.
- Staff assessed needs and delivered care in line with current evidence based guidance.

However,

- Not all staff had received an appraisal in the last 12 months. We saw appraisal meetings had been arranged for all staff during January and February 2017.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed mixed results with some patients rating the practice lower than others for some aspects of care. For example, 77% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- Patients said they were treated with compassion, dignity and respect and most said they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day. Some patients also expressed dissatisfaction with accessing the practice by telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



# Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for providing well-led services.

- The practice had 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 it.
- 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. All risks identified as incomplete during the inspection in May 2016 had been undertaken and actions implemented.
- The practice had set up a clinical governance committee which met regularly to review policies. Over 150 practice policies had been reviewed and new policies introduced, such as the patient non-attendance policy.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- All staff had received inductions but not all staff had received regular performance reviews.

Good



# 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 good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Data from the quality outcomes framework (QOF) from 2015/16 showed the practice had achieved 100% for many clinical indicators affecting this patient group, including patients with atrial fibrillation (a heart rhythm disorder) and hypertension (high blood pressure).

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- The practice had improved their care planning for patients with long term conditions who were at risk of hospital admission. The practice had been acknowledged by the clinical commissioning group (CCG) for having the highest patient uptake (29%) for alternative services to hospital admission than other practices across the four CCGs in West Berkshire.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data for diabetes indicators showed 75% of patients with diabetes had achieved a target blood sugar level of 64 mmol or less in the preceding 12 months. This was comparable to the CCG average of 72% and national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review 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.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice prioritised on the day appointments for children aged under three years. Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- 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 people who had a high number of A&E attendances. Immunisation rates were below the national standard for many standard childhood immunisations.
- 76% of women aged 25 to 64 years had a record of a cervical smear test in their notes in the preceding five years compared to the CCG average of 78% and national average of 81%.

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

The practice is rated as good for the care of working age people (including those recently retired and students).

- 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 offered extended hours clinics, a text messaging appointment reminder and cancellation service and telephone appointments for working patients who were unable to attend the practice during their core opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- During our inspection in May 2016, the practice had not completed any care plans for patients with a learning disability. The practice had commenced initiating care plans for patients with a learning disability. At the inspection in January 2017 the

Good





# Summary of findings

practice had undertaken nine care plans out of 24 patients (38%). They had confirmed appointments for the remaining 15 patients and were confident they would achieve 100% by the end of the March 2017.

- The practice offered longer appointments for patients who were vulnerable, including carers and patients with a learning disability.
- There was a patient flag for vulnerable patients on the practice's computer system, but it was not obvious to all users.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice hosted a substance abuse clinic for local patients with drug and alcohol misuse.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. The practice had been commended by the local safeguarding team for a 100% response rate to safeguarding queries.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Data from 2015/16 showed 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months compared to the CCG average of 89% and national average of 84%. The practice had already met their target for this indicator for the period 2016/17 and had achieved 97%.
- 87% of patients with a diagnosed mental health condition had received an agreed care plan in the preceding 12 months compared to the CCG average of 91% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



# Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- 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 were published in July 2016. The results showed the practice was performing in line with or below local and national averages. 345 survey forms were distributed and 107 were returned. This represented 2% of the practice's patient list.

- 54% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 73% and national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and national average of 85%.
- 75% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and national average of 85%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were all positive about the standard of care received. Patients commented how improvements had been made to staffing levels and they were treated with respect. Only two negative comments were made with waiting times to see a GP and dissatisfaction with seeing a locum GP.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice showed us their friends and family test results for October 2016. 84% of patients were likely or very likely to recommend the practice to friends and family. Comments received included how helpful the reception team were and gratitude for care and attention from GPs.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure governance arrangements include monitoring of fridge temperature daily recording on all days when the practice is open.
- Ensure patients referred under the two week wait referral process are followed up.
- Ensure all staff, who are eligible, have received a yearly appraisal.
- Continue to encourage patients to attend for smoking cessation, health screening and childhood immunisations.
- Continue to review patient feedback and address concerns relating to care and treatment and telephone access.

# Long Barn Lane Surgery

## 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 adviser.

## Background to Long Barn Lane Surgery

Long Barn Lane Surgery provides primary care services to approximately 5,700 patients from a converted dwelling in South Reading. The premises are accessible for patients and visitors who have difficulty managing steps. All patient services are offered on the ground and first floors. The practice comprises three consulting rooms, one treatment room, a patient waiting area, reception area, administrative and management offices and a meeting room. The practice also offers services from a satellite surgery at Southcote Clinic. The satellite practice has one consulting room, one treatment room, a patient waiting area and reception area.

The practice population of patients aged between 0 to 19 years and 25 to 34 years are higher than the national average and there are a lower number of patients aged above 55 years old compared to the national average. The practice serves a large ethnic population (22%), with diverse cultural beliefs and needs. The practice is located in a part of Reading with the highest levels of income deprivation in the area.

The practice has two male GP partners, one female salaried GP and a regular locum GP (male). The GP whole time equivalent (WTE) represents 2.75 full time GPs. One of the GP partners started in December 2016 and has submitted an application to the Care Quality Commission to become a registered partner.

The practice employs two practice nurses (both female) who make up 1.75 WTE. The new practice manager is supported by a lead receptionist and 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).

The practice is open between 8am and 6.30pm Monday to Friday at Long Barn Lane Surgery. Appointments are from 8.30am and 11.50pm every morning and 2pm to 6.20pm daily. Extended hours appointments are offered on Monday, Tuesday and Thursday evenings until 7.30pm and every alternate Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

The practice at Southcote surgery (the satellite) is open at the following times:

- Monday afternoons from 3pm to 5.30pm, with a GP available from 4pm until 5pm.
- Wednesday afternoons from 4pm to 5.30pm, with a GP available from 4.30pm until 5.30pm
- Friday mornings from 8.30am to 11am, with a GP available from 9.30am to 10.30am.

There are no pre-bookable appointments at Southcote surgery. Patients can walk in and see a GP during the opening times.

Services are provided from the following two sites:

Long Barn Lane Surgery, 22 Long Barn Lane, Reading, Berkshire, RG2 7SZ

and

Southcote Clinic, Coronation Square, Southcote, Reading, RG30 3QP

# Detailed findings

Patients can attend either of the two practice locations. We visited both the main surgery and the satellite clinic during this inspection.

## Why we carried out this inspection

We carried out a comprehensive inspection on 18 May 2016 and published a report setting out our judgements. We asked the provider to send a report of the changes they would make to comply with the regulation they were not meeting. We carried out a comprehensive inspection of this service on 17 January 2017. 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, to look at the overall quality of the service, and to provide an updated rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 January 2017. During our visit we:

- Spoke with a range of staff including two GPs, one Nurse and the interim Practice manager. We also received feedback from eight reception and administration staff and spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of 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 were provided for specific groups of people and what good care looked 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

When we inspected in May 2016, we observed that some safety concerns were not consistently monitored in a way to keep patients safe. For example, checks on emergency equipment were inconsistent and the safeguarding adults policy was overdue a review. In addition, risk assessments of premises for safety and suitability had not been undertaken, legionella risk assessment had outstanding actions, infection control training had not been completed by some staff and non-clinical staff undertaking chaperone duties had not been risk assessed whilst waiting for background checks to come through.

### 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 practice manager of any incidents and there was 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient's prescription dosage was changed following advice from a specialist. The GP altered the prescription accordingly but the patient was confused over the dosage and accidentally took more than they should. Learning was shared with GPs to ensure they discuss dosage changes with patients at the time of prescribing to minimise confusion.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and had been recently reviewed. 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 and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses to level two. All clinical staff had also received adult safeguarding training.
- A notice in the waiting room at Long Barn Lane Surgery advised patients that chaperones were available if required. Posters offering a chaperone were available in the clinical and treatment rooms at Southcote Surgery. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken for both clinical sites and we saw evidence that action was taken to address any improvements identified as a result. For example, a sharps bin in one of the clinical rooms was out of date for over the best practice guidelines of three months. The audit reflected this and the infection control policy was reviewed to ensure all staff were aware of the guideline.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat

## Are services safe?

prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- We found some gaps in the medicine fridge temperature recording log. This meant the fridge temperatures had not been checked on some days when the practice was open. No breaches of the cold chain had been identified. The practice nurse told us that she had been advised by a third party that fridge temperatures only required checking on clinic days.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice held stocks of controlled drugs (CDs) (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and we noted five out of six actions had been completed. We also saw evidence of regular fire drills being carried out at Long Barn Lane Surgery site.

All staff (including GPs) had received fire training. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The legionella risk assessment for the satellite surgery was unavailable to the practice as the building was owned by a third party who had the responsibility for this. The practice had requested copies of their risk assessments but had not received them. We did see evidence of regular water testing and flushing at Southcote Surgery and the property management company shared their risk assessments with the practice within two days of the inspection.
- The practice had contracted an external supplier to carry out a premises suitability assessment of the Southcote site and they had made recommendations for patient access. For example, they had suggested the practice purchase a reclining chair for the treatment room, which the practice had done.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### 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 staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available at both premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

## Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We saw monthly checking of all emergency equipment and medicines. All the medicines we checked were in date and stored securely.
- 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

When we inspected in May 2016 we found concerns relating to exception reporting, smoking cessation rates and care plans for patients with learning difficulties and patients who were at risk of hospital admission. We also observed inconsistencies with staff training. When we inspected in January 2017 we found:

### Effective needs assessment

The practice assessed needs and delivered care in line with 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 and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available, which was comparable to the national average of 95%. We noted their 2015/16 exception reporting rate was 14% which was above the Clinical Commissioning Group (CCG) average of 9% and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). In response to the elevated QOF exception rates, the practice contacted patients by telephone to engage them in chronic disease care and clinicians promoted health care reviews opportunistically. The practice had also recruited a data management lead in May 2016 to review QOF figures and discussed these at regular clinical meetings. We reviewed

patient letters and recall systems and found the exception reporting was suitably applied for the latest QOF year. The practice showed us they had reduced clinical exceptions for 2016/17. For example;

- Chronic obstructive pulmonary disease (a lung condition) indicator exceptions was 20% in 2015/16. The practice 2016/17 figures showed the practice had reduced COPD exceptions to 6%.
- Osteoporosis indicators exceptions was 100% in 2015/16. The practice showed us that was now reduced to 0% with all patients on the osteoporosis register having been reviewed.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 87% which was better than the CCG average of 69% and slightly below the national average of 90%.
- Performance for mental health related indicators was 92% which was above the CCG average of 87% and slightly below the national average of 93%.

There was evidence of quality improvement including clinical audit.

- There had been 10 clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a review of patients with atrial fibrillation (a heart rhythm condition) showed not all had received a specific assessment to ascertain their risk of stroke (known as a CHA2DS2-VA Score). These patients were called in for review and their records updated accordingly. A further audit demonstrated all patients with AF had a stroke assessment recorded in their notes.

Information about patients' outcomes was used to make improvements such as: an audit of patients prescribed diabetes medication showed not all had been correctly coded on the practice computer system or recorded on the

# Are services effective?

## (for example, treatment is effective)

diabetes register. The practice updated the records to reflect entry on the diabetes register and a further review showed all patients on diabetes medication had been recorded correctly.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through general discussion, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. The practice was unable to provide evidence of staff appraisals in the previous 12 months and some staff told us they had not received an appraisal. However, we were shown a list of scheduled appraisals for January and February 2017.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house 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, care plans, medical records and investigation and test results. Whilst there was no specific checking system to ensure all test results had been reviewed by a GP, we noted swift actions taken and no backlog of results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. However, we noted there were no processes in place for following up patients referred under the two week wait cancer referral scheme. (All patients with symptoms that may be caused by cancer are entitled to receive an urgent referral for an appointment within two weeks of seeing a GP). The practice informed us that although they noted a receipt for the referral from the hospital, they did not routinely check that patients had received an appointment and relied on patients contacting the practice to inform them if the appointment was not forthcoming. Since the inspection, the practice had discussed this at a clinical governance meeting and devised an action plan for following up on these referrals.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### 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 people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

# Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through patient records audits.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Data from 2014/15 showed the practice had offered 58% of patients identified as smokers, were offered smoking cessation support and treatment, this was below the national average of 86%. The practice offered smoking cessation advice as part of their chronic disease health checks and had engaged with an external smoking cessation provider to provide advice and support. In addition, they had updated patient information on the waiting room notice boards and practice website. The latest data from the practice for April 2016 to January 2017 showed smoking cessation advice rates had increased to 64%.

The practice's uptake for the cervical screening programme was 76% which was comparable to the CCG average of 78% and below the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example:

- 67% of females aged 50 to 70 years had been screened for breast cancer within six months of invitation compared to the CCG average of 68% and national average of 73%.
- 52% of patients aged 60 to 69 years had been screened for bowel cancer within six months of invitation compared to the CCG average of 49% and national average of 58%.

The practice encouraged patients to attend appointments through text message reminders and had developed 'did not attend' letters to send to patients to encourage uptake of health screening. These were available in different languages for patients who did not speak English.

Data relating to childhood immunisation rates were below local and national standards;

- Vaccinations given to children under two years showed that the practice had achieved below the 90% national target for all four vaccinations, with outcomes ranging from 80% to 84%.
- The data for immunisation of five year olds receiving the two stage MMR booster showed the practice had achieved 91% for MMR dose 1 (CCG average 92%, national average 94%) and 72% for MMR dose 2 (CCG average 83% and national average 88%).

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 for 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 or screens 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.

All of the nine patient Care Quality Commission comment cards we received expressed positive views 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 spoke with one member 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 in line with or below local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at listening to them compared to the CCG average of 90% and national average of 91%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 90%.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The national GP patient survey data relates to a mori poll conducted between September 2015 and March 2016. The results were published in July 2016. The practice had gone through many organisational changes during this time and since the inspection in May 2016, including GPs retiring and new GPs being recruited. The practice felt these figures did not accurately reflect patient satisfaction currently. The patient participation group had expressed an interest in conducting their own patient satisfaction survey and were discussing this at their meetings.

### Care planning and involvement in decisions about care and treatment

Patients told us 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or below local and national averages. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.

## Are services caring?

- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

We spoke with five patients during our inspection. The majority of these felt involved in their care and treatment and that tests and treatments were explained to them. The practice had received feedback from the friends and family test which included praise for GPs being supportive and taking time to include them in their care.

The practice provided facilities to help patients be involved in decisions about their care:

- 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.
- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

When we inspected in May 2016 the practice had only identified 33 patients as carers which was below 1% of the patient list. The practice reviewed their carer codes and ran an audit in June 2016. They subsequently identified 71 patients as carers. When we inspected in January 2017 we found the practice had identified 97 patients as carers (1.7% of the practice list). The practice also held a register of patients who had a carer. The practice's computer system alerted GPs and nurses to a patient's carer status. Noticeboards in the waiting room offered information for carers and information leaflets were available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. In addition, families of patients who had been on an end of life care plan received a sensitive questionnaire from the practice to enhance learning and identify where improvements could be made in the quality of care received in their relatives last days. The responses received so far had been positive about the care received and reflected the sensitivity shown by GPs in attending to dying patients in their care.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had signed up to offer winter resilience appointments during November 2016 to February 2017. This was intended to reduce the pressure on emergency departments during periods of enhanced attendance and use of emergency services. The practice had been acknowledged by the CCG for having the highest patient uptake (29%) for alternative services to hospital admission than other practices across the four CCGs in Berkshire West.

- The practice offered extended hours clinics for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with complex needs or a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. Patients were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available. There was no automated entrance door to the Long Barn Lane surgery, which made access for disabled or frail patients difficult. The practice was planning to extend the building at Long Barn Lane to increase capacity and improve disabled access. Plans had been approved and funding granted. The works were due to start in summer 2017.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday at Long Barn Lane Surgery. Appointments were from 8.30am and 11.50pm every morning and 2pm to 6.20pm daily. Extended hours appointments were offered at the following times on Monday, Tuesday and Thursday

evenings until 7.30pm and every alternate Saturdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

The practice at Southcote surgery (the satellite) was open at the following times:

- Monday afternoons from 3pm to 5.30pm, with a GP available from 4pm until 5pm.
- Wednesday afternoons from 4pm to 5.30pm, with a GP available from 4.30pm until 5.30pm
- Friday mornings from 8.30am to 11am, with a GP available from 9.30am to 10.30am.

There were no pre-bookable appointments at Southcote surgery. Patients could walk in and see a GP during the opening times. This information was available on the front door to the surgery. Patients were therefore aware of how they could access GP services at this site.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%.
- 54% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them, although telephone access was a problem. The practice had recognised this and had added new telephone lines. They had also recruited additional reception staff to answer the phones at peak times. Whilst the practice was confident this had improved telephone access, it was too early to monitor and demonstrate improvement.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

# Are services responsive to people's needs?

(for example, to feedback?)

## Listening and learning from concerns and complaints

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

- Its 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.

We looked at 14 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a parent complained they were unable to get an emergency appointment for their child. The practice discussed their appointment policy with the reception staff to ensure all were aware that some children could access a same day appointment when it was requested.

# 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 in May 2016 we found the practice had not dealt with some of the issues identified in the inspection from January 2015. For example, policies and procedures were overdue a review, risk assessments relating to health and safety had not been carried out and documentation of emergency equipment checks and staff training records was inconsistent. When we inspected in January 2017 we found improvements had been made and all outstanding actions had been completed.

### 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 was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. Over 150 policies had been reviewed between May 2016 and January 2017. The practice had formed a clinical governance committee where these were discussed and changes agreed. The practice had also introduced some new policies to assist with the management of patient care, such as the patient non-attendance policy.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating

actions. All the concerns relating to legionella, building and premises risk assessments had been completed and actions taken. The practice showed us a database of risk assessments undertaken and review dates to ensure no further risks remained unidentified or out of date.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- The practice 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 the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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



# Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG offered feedback on the telephone system that required patients to phone back in the afternoon if they were unable to secure a morning appointment for the same day. The PPG had requested a single phone call for same day appointments. The practice initiated the changes within two weeks. In addition, the local council had submitted proposals to make the section of road outside the practice no-parking with double yellow lines. The PPG had written to the council to request that parking outside the practice remained, as access for patients was already restricted to across a busy road.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The interim practice manager had

initiated an open door policy for staff to address concerns or offer feedback at any time outside of these discussions. Staff told us they felt involved and engaged to improve how the practice was run. For example, the practice had provided a uniform for the reception team after it was requested by staff.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had recently taken a student from the local university on the physician's associate programme to train alongside the GPs.

The practice had worked together and with the clinical commissioning group (CCG) to make improvements to patient care following the inspection in May 2016. Staff told us morale had improved and the changes had benefitted patients and staff alike. Staff told us they were excited by the plans to expand the building and improve disabled access due to commence later this year. The practice were looking to offer advanced minor surgery for all patients across the CCG with the additional space the expansion would provide.