

South Reading 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

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at South Reading Surgery on 11 January 2017. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for South Reading Surgery on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 13 September 2017. The practice is rated as good for safe, caring and effective services and requires improvement for responsive and well led services. Overall the practice is now rated as requires improvement.

Our key findings at the September 2017 inspection were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.

- Risks to patients were assessed and well managed, with the exception of those relating to prescription security, emergency medicine provision and patient group directions.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- There was not an effective system for ensuring all referrals under the two week wait system, for potential cancer diagnosis, were reviewed and an appointment made.
- The majority of patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Results from the latest GP national patient survey were poor for several areas of care.
- The practice had reviewed the organisational structure and delegated responsible individuals into key roles. Staff told us communication links between staff and management had improved.
- Governance arrangements had not identified some risks, but these were quickly rectified on the day of the inspection.

Summary of findings

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition the provider should:

- Ensure all blank prescriptions are suitably recorded and their use tracked through the practice.

- Ensure that the practice engages with patients whilst increasing awareness of the NHS Friends and Family Test to determine appropriate action with a view to monitor the patient experience.
- Ensure a detailed action plan is in place to respond to poor patient feedback from the GP national survey.
- Ensure any changes to emergency medicines provision is risk assessed and discussed.

I am taking this service out of special measures. This recognises the improvements made to the quality of care provided by the service.

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?

As a result of our inspection in January 2017 the practice was placed in special measures. The new provider was able to demonstrate they had made improvements when we undertook this inspection on 13 September 2017. The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, received reasonable support, truthful information and appropriate support. They were told about any actions to improve processes to prevent the same thing happening again.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Risks to patients were assessed and well managed, with the exception of those relating to prescription security, emergency medicine provision and patient group directions.

Good



Are services effective?

As a result of our inspection in January 2017 the practice was placed in special measures. However, the issues identified did not relate to any concerns with the effective domain. The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.
- GPs did not have an effective system in place to ensure all patients referred for a potential cancer diagnosis, had received an appointment under the two week referral scheme.

Good



Summary of findings

- Staff had the skills and knowledge to deliver effective care and treatment. However, one new member of clinical staff was unable to demonstrate an appropriate understanding of the mental capacity act (MCA) 2010 and they had been booked to undertake refresher training.

Are services caring?

As a result of our inspection in January 2017 the practice was placed in special measures. The new provider was able to demonstrate they had made improvements on 13 September 2017. The practice is rated as good for providing caring services.

- Data from latest the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example, 75% of patients said the GP gave them enough time compared to the clinical commissioning group average of 80% and the national average of 86%.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- The practice had identified the poor patient feedback from the GP national survey results and was developing an action plan of improvement.

Good



Are services responsive to people's needs?

As a result of our inspection in January 2017 the practice was placed in special measures. The new provider was able to demonstrate they had made some improvements however, further improvements were still required when we undertook this inspection on 13 September 2017. The practice is rated as requires improvement for providing responsive services.

- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly and telephone access was often difficult. We noted that there were some appointments available the same day for urgent problems.
- The practice had good facilities and was sufficiently equipped to treat patients and meet their needs.
- The practice understood its population profile and had used this understanding to meet the needs of its population. A detailed analysis of the composition of the local population and population increase had been undertaken. The future direction of the practice had been shared with practice staff at all levels.

Requires improvement



Summary of findings

- Information about how to complain was available and evidence from the examples reviewed showed the practice responded to issues raised.

Are services well-led?

As a result of our inspection in January 2017 the practice was placed in special measures. The new provider was able to demonstrate they had made some improvements; however, further improvements were still required when we undertook this inspection on 13 September 2017. The practice is rated as requires improvement for providing well led services.

- There was a governance framework to support the delivery of the strategy and good quality care. However, these arrangements were not always operated consistently, with some risks not being identified until the day of the inspection.
- The practice had not responded to below average feedback from patients about their care and access to services in a timely manner.
- The practice had a clear vision and strategy to deliver good 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 policies and procedures to govern activity and held regular governance meetings.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Requires improvement



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 was rated as requires improvement for responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. However, we identified some areas of good practice.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- 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.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. However, we identified some areas of good practice.

- GPs had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as requires improvement for responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. However, we identified some areas of good practice.

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were comparable to the national standard for all childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. However, we identified some areas of good practice.

- The needs of these populations had been identified and the practice offered extended opening hours and Saturday appointments.
- 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.
- NHS Physiotherapy services were available at the practice to assist patients in maintaining their mobility and recover from surgery and illness.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. However, we identified some areas of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability or other enhanced needs.

Requires improvement



Summary of findings

- The practice worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. However, we identified some areas of good practice.

- The practice carried out advance care planning for patients living with dementia.
- Performance for mental health related indicators was 100% which was higher than the CCG average of 87% and national average of 93%. (In 2016/17 the practice achieved 97% of the mental health indicators which remained above the previous year national average of 93%).
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. Data was collected between January 2017 and March 2017 and relates to the same patient list and clinical team but is recorded against the previous provider. The results showed the practice was performing below local and national averages. In total 341 survey forms were distributed and 104 were returned. This represented 1% of the practice's patient list. The completed survey forms were from patients registered at both South Reading Surgery and Shinfield Health Centre. The feedback could not be identified specifically to either of the practice locations.

- 64% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 81% and the national average of 85%.
- 52% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 54% of patients said they would recommend this GP practice to someone who has just moved to local area compared to the CCG average of 72% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards across both practice sites, which offered mixed responses about the standard of care received. There were 24 patients who provided very positive comments referring to practice staff being helpful and professional. However we also received three negative comments about poor staff attitude and three further comments indicating reception staff were observed working under significant pressure. There were seven patients who told us they found it difficult to book appointments.

We spoke with seven patients during the inspection. All seven patients said they thought staff were approachable, committed and caring. However, three patients did not feel involved in their care and treatment and four patients did not feel they had treatments and medicines explained to them.

The practice had the friends and families test available for patients to offer feedback but had only received one response in the past three months which was negative about the service offered.

South Reading Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was led by a CQC inspector. The team included a GP specialist advisor, a second CQC inspector and a CQC medicines team inspector.

Background to South Reading Surgery

South Reading Surgery is one of two surgeries managed by South Reading and Shinfield Group Medical Practice. South Reading Surgery has a different contract arrangement to Shinfield Medical Centre but shares its policies and procedures and staff work across both sites. Patients registered at South Reading can be seen at Shinfield Medical Centre if they prefer or if an earlier appointment is available.

South Reading Surgery is located within a converted two-storey house in a residential area of Reading. It is one of the practices within South Reading Clinical Commissioning Group and provides GP services to over 5,000 patients. According to data from the Office for National Statistics, Reading population demographics show a medium level of economic deprivation with pockets of low deprivation within the practice boundary. There is a higher percentage of unemployed patients compared to local and national averages. Ethnicity based on demographics collected in the 2011 census shows the population of Reading is predominantly White British with 13% of the practice population composed of patients with an Asian background and 10% from other non-white ethnic backgrounds.

South Reading Surgery has a two-storey main building and a permanent portakabin behind it. The portakabin is only accessible from outside and has a ramp for disabled access. There is one consultation room and one treatment room on the ground floor of the main building and one consultation room and one treatment room in the portakabin. The reception area is located in the main building and toilet facilities are available in both buildings. The practice also provides GP services to two local nursing homes, with approximately 120 patients being looked after by the practice.

There are two full time GP partners (both female) and three salaried GPs (one female, two male) offering a whole time equivalent (WTE) of 2.13 GPs. The nursing team consists of one full time practice nurse and a full time healthcare assistant (HCA) (both female). Both the nurse and HCA work across both practice sites with the nurse providing two days and HCA one day per week at South Reading Surgery. The day to day management of the practice is supported by a team of administration staff including a practice manager, assistant practice manager, two medical secretaries, an operational assistant, an administrator and ten receptionists.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 11.30am every morning and 3.50pm to 5.50pm daily. Extended hours appointments for face-to-face consultations are offered between 7.30am until 8am and 6.30pm until 7pm on Mondays and Tuesdays. The practice also offers Saturday appointments from 8.30am until 11.30am. Patients can also access appointments at Shinfield Health Centre.

The practice have opted out of providing out of hours cover. This is provided by Westcall by calling the NHS 111 number.

All services are provided from:

Detailed findings

South Reading Surgery, Whitley Wood Road, Reading, Berkshire, RG2 8LE

Patients can also access services at:

Shinfield Medical Centre, School Green, Shinfield, Reading, Berkshire, RG2 9EH

The practice holds a Personal Medical Services (PMS) contract (a PMS contract is a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract). The current GP partnership was registered with CQC in May 2017. The previous inspection (undertaken with the previous registration of a sole GP provider) placed the practice into special measures. Whilst the breaches of regulation identified at the previous inspection are no longer valid, the special measures status carries across to the new provider.

Why we carried out this inspection

We undertook a comprehensive inspection of South Reading Surgery on 11 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months.

We also issued a warning notice to the provider in respect of safe care and treatment and informed them that they must become compliant with the law by 31 March 2017. We undertook a follow up inspection on 7 April 2017 to check that action had been taken to comply with legal requirements. The follow up report for the April 2017 inspection and the full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for South Reading Surgery on our website at www.cqc.org.uk.

We undertook an announced comprehensive inspection of South Reading Surgery on 13 September 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as the local Healthwatch, NHS England and the clinical commissioning group to share what they knew. We carried out an announced visit on 13 September 2017. During our visit we:

- Spoke with a range of staff including two GPs, the practice nurse, the practice manager, the operations manager, a healthcare assistant and one member of reception staff. We also received written feedback from six members of the administration and reception team.
- Spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a 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.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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

Detailed findings

- 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. This data applies to the practice registered population and the clinical performance of the current practice team but is recorded against the previous provider.

Are services safe?

Our findings

At our previous inspection on 11 January 2017, we placed the practice into special measures as the arrangements in place for keeping patients safe were not adequate.

We undertook a comprehensive inspection on 13 September 2017. The practice is rated as good for providing safe services.

Safe track record and learning

There was a system 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 and a paper copy was also available. 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).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, received appropriate support and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice reviewed the procedure for issuing paperwork to bereaved families following an incident where the GP had not contacted the appropriate external person to verify the correct next steps to take. We saw evidence that lessons were shared and action was taken to improve safety and wellbeing in the practice.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. From the sample of documented examples we reviewed we found that the GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We noted that the practice kept a comprehensive log of all safeguarding concerns which included concerns for both children and adults.
- Staff demonstrated they understood their responsibilities regarding safeguarding and 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 the nurse trained to level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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 practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken, or due to be taken within a reasonable timescale, to address any improvements identified as a result.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored and there were systems to monitor their use. However, we noted blank prescription pads were not logged or tracked to individual GPs. The practice was able to demonstrate they had initiated a tracking procedure for blank prescription pads before the end of the inspection day.
- When we commenced the inspection we found that not all the Patient Group Directions (PGDs) had been appropriately adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). For example, a summary form had been signed by the nurse resulting in the individual PGDs remaining unsigned. However, this was corrected by the time we concluded the inspection.
- Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately. The health care assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and a poster with health and safety information was on display in the main reception area.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. The practice had carried out electrical safety work on the building and a recent wiring check indicated the wiring was satisfactory.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice had identified the need to recruit additional staff. For example, a practice nurse, two salaried GPs and a receptionist. We noted that these posts had been advertised without success. The practice was exploring further options to recruit to these roles. They were utilising locum GPs and nurses to ensure service provision continued.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

Are services safe?

- All the medicines we checked were in date and stored securely. Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. However, we found some of the emergency medicines were located in a cupboard in the treatment room, which was in a different location to the emergency grab bag. However, all staff were aware of

their location. The nurse and a GP partner reviewed the emergency medicines provision on the day of inspection and updated the emergency medicines arrangements to reflect best practice.

The practice had a comprehensive business continuity plan 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

At our previous inspection on 11 January 2017, we placed the practice into special measures. The concerns identified were not related to the effective domain as they were meeting the required standard at the time. When we inspected in September 2017 we found the new provider had continued to maintain the required standards for effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 new provider used the information collected by the previous practice for the registered patient population 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 for 2015/16, when the practice achieved 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 88% and national average of 95%.

Overall exception rates for clinical domains were 13% which was higher than the 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). The practice showed us their unverified 2016/17 QOF data. This showed a reduction in overall achievement to 95%. The total exception reporting rate had reduced to 10%.

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 85% which was higher than the CCG average of 78% and below the national average of 90%. (In 2016/17 the practice achieved 90% which matched the previous year national average)
- Performance for mental health related indicators was 100% which was higher than the CCG average of 87% and national average of 93%. (In 2016/17 the practice achieved 97% of the mental health indicators which remained above the previous year national average of 93%)
- In 2016/17 unverified data showed 100% of the indicators for COPD (a type of lung disease) had been achieved. This was higher than the 2015/16 CCG average of 89% and national average of 96%.

There was evidence of quality improvement including clinical audit:

- There had been 12 clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a completed audit on new cancer diagnosis resulting in following the recommended pathway of care had demonstrated an improvement from 86% compliance to 100%.

Information about patients' outcomes was used to make improvements such as: an audit of patients with otitis media (an ear infection) showed GPs were not prescribing treatment in line with NICE recommendations. After sharing the findings with other GPs and reviewing the NICE guidance a repeat audit demonstrated the practice had improved from 75% to 95% compliance with the prescribing guidance.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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.

Are services effective?

(for example, treatment is effective)

- 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 a system of appraisals, 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. All staff, who had been employed for over a year, had received an appraisal within the last 12 months.
- 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.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- However, we found that the practice did not have an effective system to assure GPs that patients referred for urgent assessment for cancer symptoms within two weeks had been seen. When we discussed this with the practice they updated their system of monitoring before the inspection was concluded.

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 ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients'

consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Most clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. However, one new member of clinical staff was unable to demonstrate an appropriate understanding of MCA and they had been booked to undertake refresher training.
- 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 assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.
- The local smoking cessation service visited the practice every week to support patients seeking to stop smoking.
- A weekly physiotherapy clinic was held at the practice to help patients maintain their mobility and offer patients advice on exercise.

The practice's uptake for the cervical screening programme was 83%, which was higher than the CCG average of 77% and similar to the national average of 81%.

There was a policy to offer telephone or written 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

Are services effective?

(for example, treatment is effective)

different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems 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.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for childhood vaccines given was in line with the national standard of 90%. For example, the practice uptake for the vaccines given to under two year olds was 89% and five year olds 90%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from 2015/16 showed:

- 67% of females aged 50 to 70 had been screened for breast cancer in the preceding 36 months compared to the CCG average of 69% and national average of 72%.
- 49% of patients aged 60 to 69 had been screened for bowel cancer in the preceding 30 months compared to the CCG average of 49% and national average of 58%.

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. Data supplied by the practice showed that 66% of the patients between 40 and 74 years old had received a health check. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. 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

At our previous inspection on 11 January 2017, we rated the practice as requires improvement for providing caring services as the practice had received below average patient feedback and had not taken action to address the concerns.

Following our inspection in September 2017 the practice is now rated as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

We found a total of 24 of the 35 patient Care Quality Commission comment cards we received were positive about the caring service experienced. The remaining 11 comment cards did not make reference to provision of caring services. Those that did comment said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However, four comment cards highlighted how busy reception staff were, which limited the time they could spend with patients. We noted that the practice had appointed three additional reception staff to provide more time for staff to speak with patients when they first made contact with the practice.

We spoke with seven patients during the inspection but were unable to make contact with any members of the practice patient participation group. Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey, published in July 2017, showed patients felt they were treated with compassion, dignity and respect by the nursing team. GPs however, scored lower than local or national averages for care and treatment. For example:

- 82% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 86%.
- 84% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 86%.
- 90% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 91%.
- 92% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 94% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

The practice was aware of the feedback from the GP national survey. They had commenced work on an action plan to address the areas where patients were less positive about the services they received. Whilst this plan was at very early stages of development and lacked detail, we noted that clinical staff had already met to discuss ways of improving consultations with patients.

The views of external stakeholders were positive and in line with our findings. For example, the senior staff at a local care home where some of the practice's patients lived all praised the care provided by the practice. Each of the three care homes where patients were registered had a nominated GP who visited patients on a set rota pattern.

Are services caring?

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 had mixed responses to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages for nurses but GP feedback varied. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 81% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 82%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff who might be able to support them.

- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 83 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support and all carers were offered an annual flu vaccine. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- Staff told us that if families had experienced 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 11 January 2017, we placed the practice in special measures. The previous inspection had highlighted areas of concern in respect of patient access to appointments and the practice had not responded to negative feedback from the GP national patient survey.

We undertook a comprehensive inspection on 13 September 2017. The practice is rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

The practice had reflected on its population profile and had used this to determine the needs of its patients.

- The practice had undertaken a detailed review of the local population and the potential growth in population due to new housing developments. Work had commenced on identifying the number and types of staff needed to serve the population. For example, the practice had advertised to recruit an additional practice nurse and whilst unsuccessful in recruiting they continued to seek to fill this post. The practice recognised the need for additional clinical staff to offer a greater number, and more flexibility, of appointments.
- The practice offered extended hours appointments at both sites for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or enhanced needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.

- Talking therapies to support patients with their counselling needs, acupuncture clinics and NHS physiotherapy clinics were all offered at the practice.
- There were accessible facilities, which included a hearing loop and interpretation services were available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am every morning and 3.50pm to 5.50pm daily. Extended hours appointments were offered between 7.30am and 8am and 6.30pm to 7pm on Mondays and Tuesdays. The practice also offered Saturday morning clinics from 8.30am until 11.30am. Patients could also access appointments at Shinfield Health Centre. Pre-bookable appointments could be booked up to four weeks in advance and a limited number of urgent appointments were available daily for patients that needed them. However, many patients told us they had difficulty accessing the surgery by telephone on the day they required an appointment with some informing us they had been on hold for up to 25 minutes.

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

- 74% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 49% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 71%.
- 61% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 84%.
- 56% of patients said their last appointment was convenient compared with the CCG average of 78% and the national average of 81%.
- 52% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 45% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 53% and the national average of 58%.

Are services responsive to people's needs?

(for example, to feedback?)

Patients told us on the day of the inspection that they were not always able to get appointments, in advance, when they needed them. The practice had reviewed the survey results and identified an action plan to improve. They had increased the number of staff available to answer the telephones and were revising the use of the telephone system to identify queueing issues. They were also actively attempting to recruit additional GPs and nurses to increase appointment availability but had been unsuccessful.

The practice had a system to assess:

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

The duty or named GP would contact the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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.

We spoke with a member of senior staff at a local care home. They told us the GPs at the practice attended the home when scheduled to do so. They also said the GPs were very helpful if urgent advice and support was required by any of the residents at the home. In addition we were told that practice staff responded rapidly to requests to produce prescriptions for the GPs to authorise and in passing messages on to the GPs.

Listening and learning from concerns and complaints

The practice had a system 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 a number of complaints received in the last 12 months and found these were satisfactorily handled with openness and transparency in dealing with the complaint. Not all complaints were dealt with in a timely way, however, the practice apologised for the delays and offered an explanation for them. For example, there were occasions when a complaint required a detailed response from a clinical member of staff who was absent or worked part time. This was clearly indicated in the patient response and an acknowledgement of the delay demonstrated an open approach to the complaint.

Lessons were learned from individual concerns and complaints. For example, a complaint about staff attitude led to a member of staff recognising their actions and comments had led to a patient being upset. The staff member reflected on the incident and made changes to their behaviour and approach to patients.

All complaints were discussed in clinical and staff meetings to ensure they were handled effectively and staff were able to demonstrate where learning had been shared with them. However, there were no defined outcomes included in the complaints log or record of actions taken.

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspection of South Reading Surgery on 11 January 2017, we placed the practice into special measures as the arrangements for identifying and managing risks were ineffective.

We undertook a comprehensive inspection of the service on 13 September 2017 and found many of the previous identified issues had been reviewed by the new partnership. However, we found concerns over the lack of action relating to the patient GP national survey and the governance arrangements for identifying and managing risks were not consistently applied.

The practice is rated as requires improvement for being well-led.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. They also had a detailed plan to merge with a neighbouring practice which formed a key element of their business plan. A detailed analysis of the make-up of the local population and population increase had been undertaken. This enabled the practice to forecast their future staffing needs and plan accordingly. The future direction of the practice had been shared with practice staff at all levels.

Governance arrangements

The practice had a governance framework which was not always operated consistently. Whilst the framework supported the delivery of the strategy it did not identify and address risks arising from the day to day activities of the practice.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, the practice nurse had received appropriate training to lead on reducing the risk of cross infection. One of the GPs also had additional skills in supporting patients with alcohol and drug addiction problems.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- An understanding of the performance of the practice was maintained. However, action to address issues of concern arising from the practice performance were not

always completed in a comprehensive and timely manner. For example, the practice was aware of the below average feedback from patients taking part in the GP national patient survey and had commenced consideration of actions to address this feedback. The action plan in development stage did not identify a timescale to complete changes needed to address and improve feedback. The practice had received below average feedback for two consecutive years. Any actions taken in the year prior to inspection had not brought about improvement. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.

- 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. This included developing a risk register in recent months. The risk register identified recruitment difficulties and the absence of a partner as placing the practice at risk. However, the practice had not identified poor patient feedback, inconsistent processes for keeping prescriptions safe, keeping emergency medicines in two locations, lack of GP oversight for two week wait referrals and failure to adopt patient group directions as risks until these were found on the day of inspection.

We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

The GP partner we met at inspection told us they prioritised safe, good quality and compassionate care. Staff told us the partners were approachable and took the time to listen to all members of staff. We received positive feedback from staff at all levels regarding improved communication between management and staff.

The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and appropriate support.

Are services well-led?

Requires improvement 

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

- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings and we saw minutes of meetings that demonstrated this.
- 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. For example, staff had fed back that they needed an additional receptionist to offer a more responsive service to patients. We noted that the practice had appointed three new reception staff in recent months. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It sought feedback from:

- Patients through the patient participation group (PPG) and complaints received. The PPG had formed in the last year and had commenced meeting regularly. It was not possible to evaluate whether the PPG had influenced delivery of care. However, as a result of the patient survey conducted by the practice the appointment system had been amended to incorporate release of pre-bookable appointments on a phased basis.
- Complaints and compliments received. Whilst the practice had the NHS friends and family test available for patients to complete, they had only received one negative response in the preceding three months. The practice had not undertaken their own patient survey or other form of patient feedback.
- Staff through meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff we spoke with and those that completed staff questionnaires reported an improvement in communications and a more open management culture in recent months. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice was formerly in special measures and had been concentrating on resolving the identified breaches of regulation. Due to staff capacity issues at the time of inspection, the practice was unable to demonstrate the ability to undertake any additional areas of continuous improvement at that time.

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 Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that were not operated effectively or enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Not all areas of risk had been identified prior to the inspection including patient group directions not in line with legislation, emergency medicine provision was not following best practice guidance and training needs of new staff did not ensure they were appropriately trained to undertake their role.• Governance arrangements had not identified a lack of GP oversight for two week wait referrals.• Complaints were not documented clearly to demonstrate learning outcomes or actions taken.• Poor patient feedback was not appropriately or effectively actioned to identify where improvements could be made to patient access. <p>This was in breach of Regulation 17 (1).</p> |