

Melrose Surgery, Reading

Inspection report

73 London Road
Reading
Berkshire
RG1 5BS
Tel: 01189595200
www.drdean.co.uk

Date of inspection visit: 9 April 2018
Date of publication: 17/05/2018

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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as good overall. This was the first inspection at this practice.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Melrose Surgery on 9 April 2018 as part of our planned inspection programme.

At this inspection we found:

- When incidents happened, the practice learned from them and improved their processes.
- Safety systems were operated effectively; including health and safety and emergency risk management.
- Staff had the skills, knowledge and experience to carry out their roles.
- Performance data, particularly for people with long-term conditions were better than local and national averages.

- There were systems to review the effectiveness of the care and evidence that the practice was auditing medicines and antimicrobial use.

- Staff involved patients in care decisions and treated patients with compassion, kindness, dignity and respect.

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. The practice offered a flexible range of appointments and services.

- There were proactive governance processes and systems for business planning, risk management, performance and quality improvement.

- Patient feedback was acted on where improvements were identified.

We saw one element of outstanding practice:

- Diabetic patients received annual Doppler ultrasound assessments within the practice by staff trained to do so. A Doppler ultrasound assessment provides clinicians with imaging of foot arteries and this assessment means patients can be informed of any potential complications regarding their foot health earlier than they may otherwise be.

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

Population group ratings

Older people	Good 
People with long-term conditions	Good 
Families, children and young people	Good 
Working age people (including those recently retired and students)	Good 
People whose circumstances may make them vulnerable	Good 
People experiencing poor mental health (including people with dementia)	Good 

Our inspection team

The inspection team consisted of a lead inspector and a GP specialist adviser.

Background to Melrose Surgery, Reading

Melrose Surgery provides primary medical services to the population of central Reading and is located opposite the Royal Berkshire Hospital. The practice serves a population of over 10,500 patients in an area of medium deprivation. The population is younger than national average and has a high ethnic diversity. In addition, there is high incidence of drug and alcohol addiction, heavy smokers and patients affected by HIV and other sexually transmitted diseases. These factors alongside socio-economic deprivation are linked to a high prevalence of patients with long term conditions such as diabetes, cardio-vascular disease and Chronic Obstructive Pulmonary Disease (lung disease).

The practice has a larger proportion of patients of working age and young children (up to four years old) compared with both local and national averages. There are a high number of patients from ethnic minority backgrounds including Pakistani, Nepalese and Afro-Caribbean cultures. The practice has students registered with them from the local university and broadly a transient population overall. In addition the practice looks after residents from three nursing and care homes.

All services are provided from a four storey, grade II listed building at:

73 London Road

Reading

Berkshire

RG1 5BS


The practice has access via steps to the main reception entrance with disabled and wheelchair access at the rear of the main building. Improvements to disabled access are planned for summer 2018.

There are two GP partners, three salaried GPs, and three regular locum GPs, with a mix of females and males. Three practice nurses (including a male and two females) including a nurse prescriber also provide care to patients. One health care assistant is also employed. A practice manager, administration staff and reception staff support the operation of services.


The GPs currently undertake 32 sessions per week between them. Daily nurse appointments are available. Extended hours are available two days a week, one morning and one evening and in addition a Saturday morning clinic every other week. Extended hours appointments are available with nurses and GPs.

The practice is open from 8am to 6.30pm Monday to Friday.

The practice has opted out of providing out of hours services to their patients. Out of hours services are



provided by Westcall. The out of hours service is accessed by calling NHS 111. There are arrangements in place for services to be provided when the surgery is closed and these are made clear to patients.



The practice formed a new legal entity following a merger with another practice in March 2017. Since the merger a number of improvements to the premises have been made.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse.

- The practice had systems to safeguard children and vulnerable adults from abuse. Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to relevant staff.
- All child safeguarding requests by safeguarding teams were replied to and all alerts raised by the child safeguarding were followed up by a request for an appointment with the GP safeguarding lead.
- Staff who acted as chaperones were trained for their role and all of them had received a 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- The practice was equipped to deal with medical emergencies and staff were trained in emergency procedures.

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians had guidance on how to identify and manage patients with severe infections including sepsis
- When there were changes to services, such as building work or staffing the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols. However, there was no formal follow up system in place to check patients had received an appointment within two weeks of an urgent referral. The practice implemented a formal system on the day of inspection to ensure any patients requiring urgent referrals were seen in good time by a specialist service.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- There were effective systems for checking patients were safe to continue taking their long term medications including initial reviews three months after starting a new medication and ongoing annual checks.
- The prescribing of high risk medicines was monitored and patients taking these medicines were supported and reviewed in order to ensure they had the necessary blood tests or other tests required.

Are services safe?

- The practice had low antibiotic prescribing compared with other practices locally. It had implemented antimicrobial stewardship processes in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately.

Track record on safety

The practice had a positive track record on safety.

There were risk assessments in place:

- A comprehensive fire risk assessment was in place and actions required to improve safety had been undertaken.
- A legionella (a bacterium which lives in water systems) risk assessment had been undertaken and annual testing of the water system was in place.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as good for providing effective services overall and as requires improvement across all population groups

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice.

The practice used appropriate guidance including National Institute of Care Excellence (NICE) guidance when assessing and planning patients' care.

- The practice made positive use of care plans for patients. Asthma care plans were used to support this set of patients. We found they encouraged person centred care planning, involved patients at the core of managing their condition and were highly informative.
- Advance care plans were used for those at the end of life.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice offered appropriate testing for those on high risk medicines, testing for cholesterol and heart screening using equipment to support treatment and monitoring of conditions.
- Clinicians were able to directly contact hospital specialists for best practice advice using an online system. A consultant who specialised in diabetes care assisted GPs in the management of diabetic patients periodically.
- There had been work undertaken to identify patients at risk of diabetes and support them with lifestyle advice.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

The practice was rated good in this key question for care of Older people:

- There were care plans for older people at risk of admission to hospital in place.
- Dementia assessments were undertaken to improve identification of the condition and referrals were made to memory clinics when needed.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice identified these patients using the frailty index.
- Patients aged over 75 were invited for a health check with a named GP.
- The practice followed up on older patients discharged from hospital. It ensured that their prescriptions were updated to reflect any extra or changed needs. Every discharged patient was called by a GP to determine if an appointment or home visit was needed.

The practice was rated good in this key question for care of People with long-term conditions:

- Performance data indicated that the practice was achieving high quality care outcomes for most patients with long term conditions. This included those with atrial fibrillation, high blood pressure, stroke, asthma and diabetes.
- QOF performance was amongst the highest in the clinical commissioning group (CCG) and exception reporting was close to national and local averages.
- Processes were in place to invite patients for reviews with a clinician.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. There were lead nurses in place for long-term conditions reviews.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

Are services effective?

- All diabetic patients were offered a Doppler ultrasound assessment during their annual diabetes review. A Doppler ultrasound assessment provides clinicians with imaging of foot arteries to identify any early signs of restricted blood flow which could lead to tissue damage. The practice offered these assessments onsite and were provided by trained staff. This assessment meant patients could be informed of any potential complications regarding their foot health earlier than those who only receive the basic examinations as required by NICE guidance.

The practice was rated good in this key question for care of Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme.
- Uptake rates for the childhood vaccines given were in slightly below the target percentage of 90%. To improve baby immunisations baby clinics were implemented in 2017.

The practice was rated good in this key question for care of Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 58% which was below the CCG average of 65% and national average of 72%. During 2017/18 the practice reviewed its patient invite system for cervical screening and we were shown unverified data which indicated the practice had exceeded the 80% target set for the screening programme nationally..
- Staff were made aware of inadequate smears and provided with any supervision requirements.
- The uptake of screening services for bowel and breast cancer were similar to local and national averages.

The practice was rated good in this key question for care of People whose circumstances make them vulnerable:

- There were 32 patients on the learning disabilities register and 24 had received a health check in 2016/17. 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 had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

The practice was rated good in this key question for care of People experiencing poor mental health (including people with dementia):

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is higher than the CCG average of 87% and national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of care plan and face to face review was 96%. This is higher than the CCG average of 93% and national average of 90%.

Monitoring care and treatment

The practice had a structured programme of quality improvement activity but there was evidence of some measures to review the effectiveness and appropriateness of the care provided through clinical and procedural audit.

- The most recent published Quality Outcome Framework (QOF) results were above average at 99.9% of the total number of points available compared with the CCG average of 95.5% and national average of 96.5%.
- The overall exception reporting rate was 10.1% compared with a CCG average of 8.5% and a national average of 9.6%.
- There were medicines' audits and the practice was pro-active in making changes to prescribing where necessary.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Are services effective?

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop.
- The practice provided staff with on-going support. This included inductions, one-to-one meetings and appraisals.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- A practice nurse had been able to undertake a prescribing course to support in providing care to patients.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- Care was well co-ordinated between agencies.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- 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.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Staff received training on the Mental Capacity Act and had access to relevant guidance.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Results from the patient survey were in line with national and local averages and showed most patients felt they were treated with kindness, respect and compassion.
- All but three of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced at the practice. There were three negative comments but no themes emerged from this feedback.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure those patients and their carers can access and understand the information that they are given).

- Interpretation services were available for patients who did not have English as a first language. Staff spoke languages other than English which were commonly spoken by registered patients enabling translation in some circumstances without translators.
- Results from the patient survey were in line with national and local averages and showed most patients felt they were involved in decisions about their care and treatment.
- Staff communicated with patients in a way that they could understand; for example, communication aids were available, such as a hearing loop.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect. They made arrangements for patients who preferred to discuss issues in private.
- Action had been taken to improve privacy during consultations including playing music in communal areas.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.

The practice was rated good in this key question for care of Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for housebound patients.

The practice was rated good in this key question for care of People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice held regular multi-disciplinary meetings to discuss and manage the needs of patients with complex medical issues.
- Extended hours appointments with nurses enabled patients to access reviews of their conditions at times convenient to them. This included Saturday clinics.
- Care plans for patients were informative and person centred.

The practice was rated good in this key question for care of Families, children and young people:

- 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. Records we looked at confirmed this.
- Baby check-up and immunisation appointments were available providing convenience to parents and ensure necessary care was provided to babies.

The practice was rated good in this key question for care of Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice provided two to three extended hours clinics per week.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Every evening additional online appointments were added for the next day and they could be booked from 18:30. This benefitted patients who worked full time as they could book online outside of normal working hours.

The practice was rated good in this key question for care of People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Are services responsive to people's needs?

- The practice offered longer appointments and annual health checks for patients with a learning disability.
- The practice was aware of challenges faced by homeless patients and enabled temporary registrations for any patients without fixed addresses.

The practice was rated good in this key question for care of People experiencing poor mental health (including people with dementia):

- Staff received training to support patients with mental health needs and those patients living with dementia.
- Patients were flagged on the record system to alert staff if patients had certain mental health conditions.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- The practice provided a range of appointments and access options which allowed patients to access care and treatment within an acceptable timescale for their needs:
- Results from the GP patient survey in 2017 showed some poor feedback on satisfaction with how they could access appointments. Changes had been made to the system to try and improve waiting times for patients when booking appointments on the phone since these survey results.
- Every evening from 6.30pm additional online appointments were added for patients who work to be able to book online outside of normal working hours. Recruitment of GPs had increased the number of sessions since the GP survey in 2017. There were now 32 sessions per week.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.
- Our review of the complaints received in the last year showed the complaints process was being followed effectively.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality care.

- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they were supportive to staff, compassionate and inclusive.
- The partners prioritised providing high quality care to patients and were fully aware of all challenges facing delivery of the services in Reading. They were proactive in supporting the local health economy to meet demands. For example, the practice had merged with one other in Reading.
- There was strong evidence of improvements to care indicated in patient outcomes and the Quality and Outcomes Framework (QOF).

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values.
- Leaders planned for future service delivery including changes to the premises, patient engagement, finance and recruitment.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. This included training for staff in response to patient feedback.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood by staff and effective.
- Various meetings were scheduled and included all staff at various times. They included learning and development meetings.

Managing risks, issues and performance

There were processes and clarity among staff on systems for managing risks, issues and performance.

Are services well-led?

- Processes to identify, understand, monitor and address current and risks including risks to patient safety were established.
- Clinical audits were conducted to improve quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- Practice leaders had clear awareness of the performance of the practice
- The practice had plans in place for major incidents.

Appropriate and accurate information

The practice had process to ensure they have appropriate and accurate information.

- Staff received information governance training relevant to their role.
- Information from relevant meetings was available to all staff.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice considered stakeholder and patient feedback and responded to improve services.

- Patient feedback regarding the phone system led to improvements in the telephony system by the practice to reduce wait times.
- The service was transparent, collaborative and open with staff. The nursing team helped develop clinical care where they had the expertise to contribute to care planning, particularly diabetes care.
- The practice had tried to create a patient participation group (PPG) but had not been able to gather enough patient interest in order to formulate one.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- The practice applied and was successful in receiving funding to update the premises.
- A merger with a local practice had been successful in terms of consolidating patient data sets without causing coding issues that may have affected patient monitoring and clinical care performance.
- A new appointment allocation system was being planned for Autumn 2018, in order to fulfil the new demands on the practice as a result.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the Evidence Tables for further information...