

# Eldon Road Surgery

## Quality Report

Eldon Road Surgery  
10 Eldon Road  
Reading  
Berkshire  
RG1 4DH

Tel: 01189391919

Website: [www.eldonroadsurgery.co.uk](http://www.eldonroadsurgery.co.uk)

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

Overall rating for this service

Good



Are services effective?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive follow up inspection at Eldon Road Surgery on 19 August 2016. The overall rating for the practice was good but requires improvement for provision of effective services because we identified a breach of regulation. The breach of regulation relating to effective provision of services had also led to a rating of requires improvement for two population groups, people with long term conditions and people experiencing poor mental health (including people with dementia). The full report on the August 2016 inspection can be found by selecting the 'all reports' link for Eldon Road Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 12 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection on 19 August 2016. This report covers our findings in relation to that requirement and also additional improvements made since our last inspection.

Overall the practice remains rated as good and we have updated the rating for provision of effective services to good.

Our key findings were as follows:

- Outcomes for people with long term conditions were similar to both local and national averages from the previous year.
- There had been an increase in screening rates for both cervical and breast cancer.
- Care plans had been updated to ensure those patients that needed such plans had them in place. Care plans were agreed with the patient.
- Audits had been undertaken to ensure that patients with long term medical conditions were called for regular reviews. For example, audit of medicines used in the care of patients with diabetes had taken place resulting in an increase of 14 patients on the diabetes recall programme.
- The practice had increased GP availability from 1.1 whole time GPs to 1.4 thus giving better access to GP appointments.
- There was a sharper focus on improving the health of patients and promoting healthy lifestyles.

We saw one area of outstanding practice:

- Care plans for patients whose first language was not English had been translated into Nepalese and Hindi. Patients were given a copy of their plan. The

# Summary of findings

translation assisted them and their relatives or carers to follow the agreed actions. Approximately 35% of patients registered at the practice were identified from ethnic groups other than white British.

At our previous inspection on 19 August 2016, we rated the practice as requires improvement for providing effective services as the practice had breached the regulation relating to safe care and treatment. At this

inspection we found that sufficient improvement had been achieved to update the rating for provision of effective services to good. The practice had addressed the breach of regulation and was now compliant with all regulations.

**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 effective?**

The practice had taken appropriate action and is now rated as good for the provision of effective services.

- The outcomes for patients with long term conditions had improved to either match or exceed local and national averages from 2015/16.
- Care plans were comprehensive, consistent and fit for purpose. When necessary care plans were translated for patients whose first language was not English.
- Uptake of cancer screening programmes was similar or better than national average.
- Healthy lifestyles were promoted and indicators of performance were similar to local and national averages. For example, in providing advice on benefits of stopping smoking.
- Audits and reviews of patients with long term conditions had been undertaken to ensure that those patients with long term conditions were called in for regular reviews, support and advice.

**Good**



# Summary of findings

## The six population groups and what we found

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

### People with long term conditions

The provider had resolved the concerns for provision of effective services identified at our inspection on 19 August 2017 which applied to everyone using this practice, including this population group. This population group rating has been updated to reflect this.

Good



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

The provider had resolved the concerns for provision of effective services identified at our inspection on 19 August 2017 which applied to everyone using this practice, including this population group. This population group rating has been updated to reflect this.

Good



# Eldon Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This inspection was undertaken by a lead CQC inspector.

## Background to Eldon Road Surgery

Eldon Road Surgery is located close to the centre of Reading. It occupies a large building which was not designed for the delivery of medical services. The practice opened in 2001 when one GP took over the premises from a sports clinic. Since opening the practice has grown from around 400 patients to serving a registered population of approximately 2,800. There is limited parking available to patients and due to the nature of the premises, access for patients with a disability is limited. Most patients live close to the practice and either use public transport or walk to the practice. Public transport services in the area are frequent due to the town centre location. Approximately 35% of the practice population are from ethnic minority groups and income deprivation is recognised as an issue.

There are three GPs working at the practice. Two male partners and a female salaried GP who works one morning each week. They are equivalent to 1.4 whole time GPs. The practice employs a part time practice nurse who works on four days each week. A health care assistant (HCA) works part time on the days and sessions when the practice nurse is not present. The GPs and practice nurses are supported by a part time practice manager and a team of five administration and reception staff. The local midwife

attends the practice once a week. There is a monthly visit from a chiropody service funded by the practice for patients aged over 65 and those with long term conditions that benefit from this provision.

The practice is open between 8am and 6.30pm every weekday. Appointments are from 8.30am to 12.30pm in the morning and afternoon clinics commence at 2.30pm until 5.45pm every weekday. Extended hours clinics are offered on a Monday morning from 7.30am and on a Wednesday evening until 7.30pm.

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 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and in the practice information leaflet.

All services are provided from: Eldon Road Surgery, 10 Eldon Road, Reading, Berkshire, RG1 4DH.

On 1 April 2017 the practice formalised a partnership that had been in place for three years. The practice had commenced applications to vary the registration to a partnership and appoint a registered manager. However, at the time of inspection the practice remained registered to an individual, Dr Narayan.

## Why we carried out this inspection

We undertook a comprehensive follow up inspection of Eldon Road Surgery on 19 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good but

# Detailed findings

requires improvement for provision of effective services. The full report following the inspection in August 2016 can be found by selecting the 'all reports' link for Eldon Road Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Eldon Road Surgery on 12 April 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

During our visit we:

- Spoke with the practice manager and one of the GPs.
- Reviewed and anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.
- Reviewed non validated performance data from 2016/17 relating to the Quality and Outcomes Framework.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 19 August 2016, we rated the practice as requires improvement for providing effective services as the arrangements needed improving in respect of:

- Ensuring appropriate outcomes for patients with long term conditions and experiencing poor mental health were achieved.
- Promoting and improving uptake of national cancer screening programmes.
- Ensuring healthy lifestyles were promoted and relevant advice and support given to patients.
- Ensuring care plans were comprehensive and fit for purpose. We found that care plans for patients requiring a care plan were not completed consistently and basic information to support patient care was missing from some of them.
- Ensuring patients requiring healthy lifestyle advice received this in a timely and comprehensive manner.
- Carrying out appropriate assessments for patients diagnosed with depression.

These arrangements had improved when we undertook a follow up inspection on 12 April 2017. The practice is now rated as good for providing effective services.

### Effective needs assessment

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice showed us data for the year April 2016 to March 2017 that had yet to be validated. This showed that 100% of the assessments for patients diagnosed with depression had been completed since August of 2016. Up to August 2016 data showed none of these patients had received an appropriate assessment. An improvement had been achieved.

### Management, monitoring and improving outcomes for people

At this inspection the practice provided us with data that had yet to be validated for the year ended March 2017. This showed an increase of 36% overall QOF achievement to 97% from 61% in the previous year. Specifically the practice data showed improvement in the following areas:

- Meeting the indicators for patients diagnosed with diabetes had increased from 33% in August 2016 to 95% at the time of inspection. (The practice exception reporting rate had increased from 5% to 15%. However, we looked at exceptions in detail and found the practice had clear rationale for the exceptions. For example, there were six patients who had been invited for review at the practice on three occasions. These patients were contacted and offered appointments with the local diabetic specialist clinic which they failed to attend. 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).
- Meeting the indicators for care of patients who had a stroke or mini stroke had increased from 81% to 99%.
- Monitoring blood pressure and supporting patients with high blood pressure had increased from 78% to 100%.
- Provision of agreed care plans for patients with long term mental health problems had improved from 30% to 100%.

The practice demonstrated improvement through audit. The focus of audit since August 2016 had been on improvement in recognising patients with long term conditions. Audits identified that the practice disease registers were not accurate. The audit work on identifying patients taking relevant medicines or receiving treatment for specific diseases had resulted in an increase in patients diagnosed with diabetes on the practice disease register from 93 to 114 and a decrease in those on the asthma disease register from 131 to 67. This ensured those patients with a long term condition were appropriately invited for their regular reviews.

### Coordinating patient care and information sharing

At this inspection we found an improvement in completion of care plans. We reviewed an anonymised sample of four care plans. All had been completed to include the diagnosis, action completed by the time the care plan was written and future plans for the patient. We noted that the patient had agreed their care plan. We also noted that the care plan had been translated for patients whose first language was either Nepalese or Hindi. A copy of the care plan was given to the patient and those that required translation therefore were able to understand their plan.



# Are services effective?

(for example, treatment is effective)

There was a summary list of all patients requiring care plans. This had been checked by the GPs to ensure all plans had been completed and agreed with the patient. The format of the care plans had been standardised to ensure consistent completion.

We noted that completion of care plans for patients diagnosed with long term mental health problems had increased from 44% in 2016 to 100% at the time of this inspection.

## **Supporting patients to live healthier lives**

The practice had improved their performance in encouraging patients to live healthier lives and in promoting the benefits of cancer screening.

- The breast cancer screening rate had improved from 55% in August 2016 to 71% by March 2017. This data had been confirmed by the national cancer screening service.
- The cervical cancer screening rate had increased from 77% to 91%.
- The testing for high blood pressure had increased from 87% to 95%.
- Advice on stopping smoking had increased from 77% to 98%.

These actions and improvements were now ensuring that requirements relating to effective care and treatment were being met