

Farnham Road Surgery

Quality Report

Farnham Road Surgery

301 Farnham Road

Slough

Berkshire

SL2 1HD

Tel: 01753 520917

Website: www.farnhamroadpractice.co.uk

Date of inspection visit: 5 January 2017

Date of publication: 17/03/2017

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Farnham Road Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Farnham Road Surgery on 5 January 2017. Overall the practice is rated as good. Specifically it is rated good for the provision of safe, effective, caring and well led services and outstanding for delivery of responsive services.

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

- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were

made to the quality of care as a result of complaints and concerns. Learning and trends from complaints were shared with stakeholders. For example, with the patient participation group (PPG).

- Patients said they found it easy to make an appointment, there was continuity of care. Urgent appointments were available the same day and appointments were offered on both Saturday and Sunday mornings.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- A wide range of services were provided at the practice to facilitate easier access for patients and reduce time consuming and costly trips to hospitals and other clinics.

We saw areas of outstanding practice including:

- Learning from significant events was central to improvement in practice performance. Detailed

Summary of findings

presentations of significant events were given to staff at team meetings to ensure consistent learning. Significant events were shared with the patient participation group and other external stakeholders to facilitate wider learning and improvement.

- Patients individual needs and preferences were central to planning of services. The practice provided specialist clinics, led by the GPs, to increase attendance and reduce referrals. These included: dermatology and orthopaedics. Data showed this increased attendance and reduced referrals to hospitals and other clinics.
- The practice took an active role in provision of services to the wider community and those in vulnerable circumstances. They provided a specialist drug and

alcohol prescribing service to both registered patients and those from other practices in the area. This recognised that this group of patients frequently found contact with new services difficult.

The areas where the provider should make improvement are:

- Ensure exception reporting for patients diagnosed with diabetes is reviewed.
- Ensure a system is put in place to provide patients diagnosed with a learning disability to access annual health reviews.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. Learning from significant events was imparted consistently using presentations to staff. Actions required to reduce the risk of recurrence were detailed and shared with other stakeholders in the locality.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. Regular safety checks were undertaken and actions required to reduce risks were clearly documented and shared with staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. However, exception rates for diabetes indicators needed review. The practice was engaged with the CCG to access projects to improve engagement.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had an active programme of clinical audit that drove improvement. Outcomes of audits were well documented and shared with relevant staff within the practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice similar to others in the locality for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for carers was available and the practice was working towards accreditation as Investors in carers standards.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example it offered a drug and alcohol prescribing service to both registered patients and those from other practices. The service ran with the support of the local drug and alcohol specialist service.
- There are innovative approaches to providing integrated patient-centred care. For example by offering GP led outpatient clinics at the practice. Data showed this increased attendance and reduced referrals to hospitals and other clinics.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example the practice worked with their PPG in offering health promotion opportunities in the areas of healthy eating and health walks.
- Patients had access to appointments on both Saturday and Sunday mornings. Evening and weekend women's health clinics were offered.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was documented clearly and shared with staff and other stakeholders. For example the PPG received a regular update on complaints and trends in complaints.

Outstanding



Summary of findings

Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff were positive about the support they received from partners and management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. Staff gave examples of their views being listened to and acted upon.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Outcomes for long term conditions associated with older patients were above average. For example, the practice achieved 100% of the indicators relating to care of patients diagnosed with osteoporosis (a thinning of the bones). This was better than the CCG average of 92% and national average of 87%.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 97% which was higher than the clinical commissioning group average (CCG) of 90% and national average of 90%.
- Performance for chronic obstructive pulmonary disease related indicators was 100% which was higher than the clinical commissioning group average (CCG) of 98% and national average of 96%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- Performance for asthma related indicators was 100% which was higher than the clinical commissioning group average (CCG) of 99% and national average of 97%.
- Childhood immunisation rates for the vaccinations given were comparable to national averages for those immunisations for five year olds but below national average for those aged 24 months.
- Rates of attendance for cervical cancer screening were the same as the CCG average of 80%.
- Same day appointments were available for children and there were appointments available outside of school hours.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.
- Appointments were available early morning and until 8pm every weekday. In addition the practice offered appointments on both Saturday and Sunday morning to assist those patients who found it difficult to attend an appointment during the working day.
- Women's health clinics were held in the evening and at weekends.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. However, the arrangements for providing annual health checks for patients with a learning disability were not operated effectively. Only 26% of these patients had received an annual health check in the last year. However, the practice had appointed a lead GP for learning disability patients. The practice were aware due to cultural

Good



Summary of findings

difficulties that patients with learning difficulties did not often engage with health services. The lead GP had the knowledge to engage with this patient group and were starting to engage with local community leaders.

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice provided a specialist service for patients who were diagnosed with drug and alcohol misuse problems.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Performance for mental health related indicators was 100% which was above the CCG average of 98% and the national average of the national average of 93%.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 and relate to survey periods running July to September 2015 and January to March 2016. The results were mixed. A total of 336 survey forms were distributed and 117 were returned. This represented less than 0.05% of the practice's patient list.

- 40% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 50% and national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and national average of 85%.
- 72% of patients described the overall experience of this GP practice as good compared to the CCG average of 73% and national average of 85%.
- 60% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 64% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight CQC comment cards which were all positive about the standard of care received. They described the service as totally professional, with caring and compassionate staff. However, some of the patients commented on difficulty accessing appointments by telephone.

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

The practice encouraged patients to complete the national friends and family test which asks patients if they would recommend their practice to others. In the period April to December 2016 a total of 620 patients completed the test questionnaire and 509 (82%) said they were either likely or very likely to recommend the practice to others (only 71 said they would not recommend the practice) the remaining 40 gave a neutral response).

Farnham Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Farnham Road Surgery

Farnham Road Surgery is a purpose built medical centre that has been home to the practice since 1991. It is located close to public transport routes and has disabled parking spaces available. Weekes Drive Surgery is also purpose built and is far smaller in size than Farnham Road Surgery.

There are approximately 25,000 patients registered at the practice. Data shows that there are a higher than average number of patients registered aged under 49. There are significantly fewer than average patients registered aged 50 and over. National census data reports income deprivation at point five in a 10 point scale. (The scale reports highest levels of deprivation as one and lowest levels of deprivation at 10). The practice recognises that income deprivation is an issue for a large number of their registered population. Income deprivation often leads to a higher incidence of long term medical conditions and poor health in general. The practice population has a higher than average number of patients diagnosed with long term conditions being 53% compared to the clinical commissioning group (CCG) average of 49%. However, this is similar to the national average of 54%

There are 20 GPs at the practice of whom 13 are partners. They make up the equivalent of 14.2 full time GPs and 11 are male and nine are female. There is an all-female

practice nurse team of 11 of which eight are qualified practice nurses and three are health care assistants (HCAs). In addition the practice employs two clinical pharmacists (1.6 whole time) a paramedic practitioner and an associate physician both of whom are part time. The practice general manager is supported in the day to day management of the practice by a team of 12 administration staff and 17 reception staff. The practice is approved to train qualified doctors who are seeking to become GPs. There are currently three trainees at the practice.

The practice, and branch surgery, are open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 12pm every morning and 2pm to 6pm daily. Extended hours appointments are offered every weekday at Farnham Road between 7.30am and 8.30am and 6.30pm to 8pm. The main practice also offers appointments on both Saturday and Sunday morning from 9am to 1pm.

The practice provides services via a Personal Medical Services (PMS) contract (PMS contracts are 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) from:

Farnham Road Surgery, 301 Farnham Road, Slough, Berkshire, SL2 1HD and

Weekes Drive Surgery, 100 Weekes Drive, Cippenham, Slough, SL1 2YP

We visited both sites during the inspection.

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by the local out of hours provider, East Berkshire Primary Care Out Of Hours Services Limited. The out of

Detailed findings

hours service is accessed by calling NHS 111. The arrangements in place for services to be provided when the surgery is closed are displayed at the practice, on the practice website and in the practice information leaflet.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was the first inspection of the practice using the CQC comprehensive inspection methodology.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 January 2017. During our visit we:

- Spoke with seven GPs, three members of the practice nursing team, a clinical pharmacist, the practice manager, two members of the administration team and received feedback from 14 staff questionnaires.
- Also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- The GP advisor reviewed an anonymised sample of the personal care or treatment records of patients to corroborate information received from practice staff.
- Reviewed comment cards where patients shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a comprehensive and effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The review of significant events reported and recorded showed that staff of all grades and disciplines were completing incident reports.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice actively reviewed newly reported significant events at weekly practice meetings. Analysis and review of trends was undertaken on a quarterly programme. The practice demonstrated a strong focus on development of services arising from significant events. There was clear evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had changed the way they made appointments for diagnosed with diabetes. The patient's usual GP made personal contact to emphasise the need for the patient to make an appointment. Another example was ensuring a focus on ensuring changes in medicines for patients was undertaken with great care and all rationale for changes entered in patient records. The practice produced presentations to staff on the significant events acted upon each quarter. This learning tool gave clarity and ensured all staff received consistent messages. The practice also demonstrated that learning from significant events was shared with relevant stakeholders. For example, the practice patient participation group and other practices within the CCG. An example of sharing events with the CCG was when a patient had been included in an audit on a specific

disease and did not have the disease. The audit had been conducted as part of a wider CCG audit programme. The need to check diagnoses before including patients in audits was shared across the CCG.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse. These 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received the correct level of training for safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- Notices in the waiting rooms 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)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken at both the main practice and branch practice sites and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy

Are services safe?

teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice provided data confirming their involvement in prescribing audits. For example, an audit was underway to ensure only those patients requiring vitamin D (those clearly identified with a vitamin D deficiency) were prescribed it. The practice was in the process of contacting 537 patients to review their prescription for vitamin D.

- Blank prescription forms and pads were securely stored. There was a system in place to monitor their use but this did not identify which prescriber had received specific batches of serial numbered prescriptions. We discussed this with the practice and they instituted an appropriately detailed monitoring process immediately. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff rest area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use. The electrical wiring in the

practice was checked to ensure it was safe to use. Clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, asbestos, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had appropriate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator and oxygen with adult and children's masks available at both the main and branch practices. Records demonstrated that these were regularly checked. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of both the main and branch practices and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed discussion at team meetings and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available.

The most recent published exception reporting was lower when compared to the CCG and national averages, the practice had 6% exception reporting, the CCG average exception reporting was 9% and the national average was 9%. (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).

This practice was not an outlier for any QOF (or other national) clinical targets.

Data from 2015/2016 showed:

- Performance for diabetes related indicators was 97% which was higher than the clinical commissioning group average (CCG) of 90% and national average of 90%.
- Performance for mental health related indicators was 100% which was above the CCG average of 98% and the national average of the national average of 93%.
- Performance for asthma related indicators was 100% which was higher than the clinical commissioning group average (CCG) of 99% and national average of 97%.

- Performance for chronic obstructive pulmonary disease related indicators was 100% which was higher than the clinical commissioning group average (CCG) of 98% and national average of 96%.
- Exception reporting for diabetes related indicators was 9% which was above the clinical commissioning group average (CCG) of 5% and national average of 6%. The practice was aware of the higher than average exception rate. They told us that patients diagnosed with diabetes were often difficult to engage in their care and treatment. The practice was engaged with the CCG to access projects to improve engagement.
- Exception reporting for asthma related indicators was 2% which was comparable to the clinical commissioning group average (CCG) of 2% and national average of 5%.
- Exception reporting for chronic obstructive pulmonary disease related indicators was 9% which was comparable to the clinical commissioning group average (CCG) of 8% and national average of 9%.

There was evidence of quality improvement including clinical audit.

- There had been 15 clinical audits undertaken in the last two years. Of these audits four were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review. We noted that an audit of urgent referrals of patients with suspected cancer was being shared and repeated across the CCG.
- Findings were used by the practice to improve services. For example, a completed audit cycle of referrals to the local ophthalmology service showed that 0.66% of referrals in the first audit had been reviewed as inappropriate. After sharing the outcome of the audit, and best practice guidance regarding such referrals, the rate of inappropriate referrals fell to 0.41% when the audit was repeated.

Information about patients' outcomes was used to make improvements such as when the practice identified poor attendance and higher referral rates to outpatient clinics. They developed outpatient clinics at the practice managed by the GPs to increase attendance and reduce referral rates. For example, dermatology and orthopaedic clinics.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Nurses and GPs attended local courses covering developments in both care of patients with diabetes and respiratory diseases.
- 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. All staff 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. Staff who gave us feedback were positive about the training opportunities the practice offered them.

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.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group based at the practice. The practice identified 1907 patients aged over 16 as smokers and 1756 of these (92%) had received advice in the last year on the benefits of stopping smoking.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme

Are services effective?

(for example, treatment is effective)

by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice had also introduced weekend cervical screening clinics to improve uptake.

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

- 43% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was similar when compared to the CCG average (41%) and lower than the national average (58%).
- 66% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was similar to the CCG average (65%) and lower than the national average (72%).

Childhood immunisation rates for the vaccinations given were comparable to national averages for those immunisations for five year olds but below national average for those aged 24 months. For example, childhood immunisation rates for the vaccinations given to under two

year olds ranged from was below average at 8.5 compared to the national average of 9.1. For the MMR vaccinations offered to five year olds the practice was above average at 95% for the first dose (CCG and national average 94%). The take up for the second MMR was 83% which was above the CCG average of 82% but below the national average of 88%.

There were 90 patients registered with the practice who were diagnosed with a learning disability. Of these 24 (26%) had received an annual health check in the last 12 months. The practice did not have arrangements in place to ensure these patients received their health check. Research showed that patients in this group are at higher risk of developing physical health problems. The practice had identified the need to further improve care for this group of patients. One of the GPs had taken on a lead role in supporting these patients.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the nine patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring, professional and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.
- 91% 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%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and the national average of 85%.

- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. The practice was comparable for its satisfaction scores on consultations with GPs but lower for nurses. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% 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 71% and the national average of 82%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 91%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 85%.
- 89% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 93% and the national average of 97%.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 253 patients as carers (1.01% of the practice list). The practice had allocated a GP lead for carers and were working towards the Investors in carers standards. The Investors in carers scheme is a framework of good practice, which GP

Are services caring?

practices can utilise to develop their carer awareness and ways of working to support carers in their county. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. This call was followed by a patient consultation at a flexible time and by giving them advice on how to find a support service.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, by successfully obtaining resources to offer weekend morning appointments on both Saturday and Sunday's.

- The practice offered extended hours appointments every weekday in the morning and evening and Saturday and Sunday mornings between 9am and 1pm. for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible, a hearing loop and translation services available.
- The practice had introduced evening and weekend women's health clinics.
- Patients individual needs and preferences were central to planning of services. The practice offered a range of speciality clinics to ensure continuity of care for patients. This included a gynaecology, dermatology and orthopaedic clinics. This resulted in a lowered referral rate into other services.

For example:

- The gynaecology referral rate for 2016/2017 was 3.8 (per 1000 patients) compared with 5.2 for the clinical commissioning group (CCG) average.
- The dermatology referral rate for 2016/2017 was 2.2 (per 1000 patients) compared with 3.9 for the CCG average.

The practice had undertaken surveys with patients who accessed the speciality clinics. The feedback showed:

- 100% of patients felt the service was more convenient or much more convenient than attending the local hospital
- 100% of patients rated the service as good or very good.
- 100% of patients were very likely to use the service again if they had a similar medical need.
- 95% of patients felt it was important or very important that their treatment was carried out by the GP.
- The practice took an active role in provision of services to the wider community and those in vulnerable circumstances. The practice had an in-house drug and alcohol service. They provided prescription services to the Slough Drug and Alcohol service and through a shared care service. The practice recognised that patients often did not want to attend these services and be seen by professionals that they did not already have rapport with. The total number of Slough patients for whom they prescribed was 200 of which 55 were Farnham Road Surgery patients. The service also provided care to patients that were not registered as patients within the practice. The practice received no extra resources to provide this service. However, they felt that they offered a benefit to vulnerable patients and chose to continue it.

Access to the service

The practice, and branch surgery, were open between 8am and 6.30pm Monday to Friday. Appointments were offered from 8.30am to 12pm every morning and 2pm to 6pm daily. Extended hours appointments were offered every weekday at Farnham Road between 7.30am and 8.30am and 6.30pm to 8pm. The Farnham Road practice also offers appointments on both Saturday and Sunday morning from 9am to 1pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 78% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 72% and national average of 76%.



Are services responsive to people's needs?

(for example, to feedback?)

- 40% of patients said they could get through easily to the practice by phone compared to the CCG average of 50% and national average of 73%.

Patients told us on the day of the inspection that they were able to get urgent appointments when they needed them. However, feedback from patients referred to problems in accessing the practice by telephone. The practice was aware of the below average feedback in regard to getting through on the telephone. Funding had been obtained to install a new telephone system with more incoming lines in April 2017. The practice had already planned the reorganisation of staff to make more staff available to answer the telephone when the new system was installed.

The practice had a system in place to assess:

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

Requests for home visits were recorded by reception staff and passed to the GPs. The patient, or the person acting on their behalf, received a telephone call from a GP to either give advice on care and treatment or establish the clinical need for the visit. In the rare 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.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This was displayed at the practice and contained on both patient website and information leaflet.

We looked in detail at seven of the 71 complaints received in the last 12 months and found all had been dealt with in a timely way following investigation. Patients received an open and detailed response to their complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, in response to a complaint regarding difficulty in registration of a vulnerable patient the practice organised training for staff in how to interact with patients diagnosed with a learning disability. There was active review of complaints and how they were managed and responded to. Outcomes from complaints and trends in complaints received were shared with the patient participation group (PPG) in an anonymised report. The PPG were offered the opportunity to comment upon and influence how the practice responded to complaints.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission and values statement and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had taken a systematic approach to working with other organisations to improve care outcomes. They held a leadership role within the clinical commissioning group (CCG) to support addressing health inequalities and obtained best value for money by providing in house services, such as specialist clinics.
- The practice were involved in a television show and had allowed filming of their everyday working life. The practice told us that their aim for this was to educate hard to reach patients on a range of health conditions.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The structure was well organised and each staff member had a clearly defined role. There were a large range of staff, each with their own skills and knowledge. This knowledge was utilised within the team.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained along with a wider recognition of the needs of the local population. For example, in the provision of a drug and alcohol prescribing service for registered patients and those from other practices in the area.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were appropriate arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included staff awareness on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings and minutes of meetings we reviewed confirmed 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.
- 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.
- The leadership team had an organisational culture which facilitated positive changes and it looked at challenges as opportunities.

Are services well-led?

Good 

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

- The clinical leadership team enabled the practice to be responsive to the needs of a challenging population group.
- All staff we spoke with were proud and spoke positively regarding working at the practice. Staff at all levels were actively encouraged to raise concerns and participate in learning.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG was involved in the healthy eating and health promotion programmes that included a weekly walk for health.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and that they felt involved and engaged to improve how the practice was run. For example, members of the nursing team suggested a change in the appointment times for patients with long term conditions and the partners agreed to the change.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Including:

- Evening and weekend women's health clinics.
- A range of speciality clinics to ensure continuity of care for patients. These included a gynaecology, dermatology and orthopaedic clinics. This resulted in a lowered referral rate into other services.
- Extended hours clinics held every Saturday and Sunday.