

# The Boat House Surgery

## Quality Report

The Boat House Surgery  
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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

<b>Overall rating for this service</b>	<b>Good</b>	
Are services safe?	<b>Requires improvement</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We undertook a comprehensive inspection of The Boat House surgery on 5 November 2014. We have rated the overall practice as good. The practice was rated requires improvement in safe and good in the effective, caring, responsive and well led domains.

#### Our key findings were as follows:

The practice is rated as requires improvement for providing safe services. Patients were at risk of harm because systems and processes had not been implemented in a way to keep them safe. For example, medicines management and dispensing systems did not reflect national guidelines. The practice did not have a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). There was no risk assessment to determine if action was required to reduce the risk of legionella infection to staff and patients. We found some of the information required by the regulation was not recorded in the individual staff

files. The practice had a system in place for reporting, recording and monitoring significant events. Multi-disciplinary practice meetings took place where attendance included clinicians from other disciplines

The feedback from patients was very positive. Patients were satisfied with the service provided by the practice. Patients described staff as caring and helpful. Patients commented they were always listened to and involved in their treatment and care.

We found the service was responsive to patient's needs. Patients we spoke with were generally happy with the appointment system. The results from the national GP survey showed, 96% patients said it was easy to get through to this surgery by phone. Ninety eight percent of patients said their last appointment was convenient and 95% of patients were able to get an appointment to see or speak to someone the last time they tried.

Patients' needs were assessed and care and was planned and delivered in line with current legislation. Staff had received training appropriate to their roles and further

# Summary of findings

training needs had been identified and planned. The practice was well led, and had a clear vision and strategy. The practice had a clear leadership structure and staff we spoke felt supported and valued.

The practice is rated as good for being well-led. The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a clear leadership structure which had named members of staff in lead roles. However, we found the practice had not taken all measures to identify, assess and manage some risks.

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

## **Importantly, the provider must:**

- Ensure medicine management and dispensing systems are reviewed and reflect national guidelines.

- Ensure all information required relating to staff checks (such as references), identification documents, and evidence to confirm staff are physically and mentally fit to carry out their roles, are in place and available in staff records.
- Ensure risk assessments are documented to inform which members of staff required a Disclosure Barring Service (DBS) check and which members did not.

## **In addition the provider should:**

- Introduce a legionella risk assessment and related management schedule.

## **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 requires improvement for providing safe services and improvements must be made. Patients were at risk of harm because systems and processes had not been implemented in a way to keep them safe. For example, medicines management and dispensing systems did not reflect national guidelines. The practice did not have a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). There was no risk assessment to determine if action was required to reduce the risk of legionella infection to staff and patients. We found some of the information required by the regulation was not recorded in the individual staff files. The practice had a system in place for reporting, recording and monitoring significant events. Multi-disciplinary practice meetings took place where attendance included clinicians from other disciplines. The practice had comprehensive safeguarding policies and procedures in place to protect vulnerable patients. Staff had access to a defibrillator and oxygen and the equipment was checked and recorded regularly to ensure it was in working order. The practice had systems in place to monitor quality of the dispensing service provided to patients.

Requires improvement



### Are services effective?

The practice was rated as good for effective. The GPs and nursing team we spoke with were able to describe and demonstrate how they access both guidelines from the National Institute for Health and Care Excellence and from local commissioners. The practice routinely collects information about patients care and outcomes. The practice used the Quality and Outcomes Framework (QOF) which is a voluntary system for the performance management and payment of GPs in the National Health Service. This enabled GP practices to monitor their performance across a range of indicators including how they manage medical conditions. All staff had an annual appraisal. During these meetings a personal development plan was put in place and training needs were identified. All the practice staff worked closely together to provide an effective service for its patients.

Good



### Are services caring?

The practice was rated as good for caring. Systems were in place to ensure patient privacy and dignity was maintained. Patients were treated with dignity and compassion and were involved in care and treatment decisions. Patients told us they felt listened to and

Good



# Summary of findings

supported by staff. Accessible information was available to help patients understand the care available to them. We observed staff treated patient's kindness and respect ensuring confidentiality was respected.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice had initiated positive service improvements for its patients that were over and above its contractual obligations. It acted on suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group (PPG). The practice reviewed the needs of its local population and engaged with the NHS Area Team and Clinical Commissioning Group (CCG) to secure service improvements where these had been identified. Patients told us it was easy to get an appointment and a named GP or a GP of choice, with continuity of care and urgent appointments available the same day. 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 shared with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as good for being well-led. The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a clear leadership structure which had named members of staff in lead roles. The practice had systems in place to seek and act on feedback from its patients, the public and staff. There were a number of policies and procedures in place to govern activity and these were available to staff on the practice computer system. The practice had systems in place to monitor all aspects of the service such as complaints, incidents, safeguarding, risk management, clinical audits and infection control. The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed they were performing in line with national standards.

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. All patients over 75 had a named GP. Staff were able to recognise signs of abuse in older people and knew how to escalate or refer these concerns. The practice ran vaccination clinics for flu, shingles and pneumonia for older people. The premises and services had been adapted to meet the needs of people with mobility problems. We saw that the waiting area and treatment rooms were able to accommodate patients with wheelchairs. Accessible toilet facilities were available. District nurses and palliative care nurses were involved in practice meetings to ensure that care for patients at the end of their lives was co-ordinated. A large amount of carer's literature was available at the practice, with many links to various supportive organisations.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice had recall systems in place to ensure patients with long term conditions (LTC's) received appropriate monitoring and support. Patients had an annual review of their condition and their medication needs were checked at this time. Patients at risk of being admitted to hospital due to their condition had a care plan in place, and this was regularly reviewed by a GP. The practice held dedicated clinics for long term conditions such as diabetes and asthma. The practice also ran a diabetic foot clinic, where patients were able to see an external specialist. The practice had information about LTC's on the practice website and leaflets were also available at the practice.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. Systems were in place for identifying and following-up children who were at risk. Childhood immunisations were carried out at the practice. The immunisation rate was monitored and take up was good. Antenatal and baby immunisation clinics with a nurse were available. We were provided with good examples of joint working with midwives and health visitors. Some patients told us that children and young people were treated in an age appropriate way and recognised as individuals.

Good



# Summary of findings

## **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). Appointments were routinely offered until 6.00pm, with appointments available from 7.00am every Mondays and Wednesdays. The practice was also open one Saturday morning each month. Telephone calls to patients who were at work were made at times convenient to them. Smoking cessation clinics were offered to patients. There was health promotion material available in the waiting area and on the website. This included sexual health and family planning advice and information on healthy lifestyle was also available.

Good



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

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice had comprehensive child and adult safeguarding policies procedures and staff were familiar with these. Staff knew how to recognise signs of abuse in vulnerable adults and children. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies. The practice supported overseas patients and travellers. The practice discussed vulnerable patients regularly at clinical meetings, to ensure these patients' needs were met and to maintain awareness. The practice held a register of patients with learning disabilities. All of these patients had been provided with a health check. Patients in this group were encouraged to participate in regular health reviews.

Good



## **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 offered in house counselling service to patients, where the counsellor supported patient's with emotional and psychological problems. The practice had sign-posted patients experiencing alcohol abuse to various support groups, and they were proactive in helping patients address issues such as smoking to improve all aspects of their health. The practice worked collaboratively with other agencies, regularly updating shared information to ensure good, timely communication of changes in care and treatment.

Good



# Summary of findings

## What people who use the service say

We spoke with 16 patients which also included members of the patient participation group (PPG). A PPG is made up of a group of volunteer patients and practice staff who meet regularly to discuss the services on offer and how improvements can be made. The majority of the feedback from patients was very positive. Patients were satisfied with the service provided by the practice.

We received further feedback from 18 patients via comment cards. The comments cards reviewed were generally very positive. Patients described staff as caring and helpful. Patients commented they were always listened to and involved in their treatment and care. Reception staff members were praised for their helpfulness and the nurses and GPs were praised for their compassion and effective treatment.

We were told that the GPs always explained procedures in great detail and were always available for follow up help and advice. Patients told us that they were aware the practice had offered a chaperone service but most of them told us they had not had the need to use it.

We reviewed patient feedback from the national GP survey from 2014 which had approximately 112 responses. The results from the national GP survey showed, 96% patients said it was easy to get through to this surgery by phone. Ninety eight percent of patients said the last appointment they got was convenient and 95% of patients were able to get an appointment to see or speak to someone the last time they tried.

Eighty four percent of patients said they were able to get an appointment when they last tried. Eighty seven percent of patients described their overall experience of the surgery as good. Overall 79% patients said they would recommend the surgery to someone new to the area. Ninety five per cent patients said the last GP they saw or spoke to was good at treating them with care and concern

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure medicine management and dispensing systems are reviewed and reflect national guidelines.
- Ensure all information required relating to staff checks (such as references), identification documents, and evidence to confirm staff are physically and mentally fit to carry out their roles, are in place and available in staff records.

- Ensure risk assessments are documented to inform which members of staff required a Disclosure Barring Service (DBS) check and which members did not.

### Action the service **SHOULD** take to improve

- Introduce a legionella risk assessment and related management schedule.



# The Boat House Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead inspector, and a GP specialist advisor. The team included a pharmacist, a practice manager and expert by experience.

## Background to The Boat House Surgery

The practice moved to its current premises in 1993. The practice provides general medical services to over 10,500 patients in Pangbourne, Berkshire, with an older than average practice population and very low deprivation scores. Local demographic data indicates the practice serves a population which is one of the more affluent areas in England. The Boat House surgery has a high number of patients registered who are over 65 year old.

The practice occupies a purpose built building with a large onsite parking facility and is a dispensing practice. Consultation and treatment rooms are spread on the ground and first floor. The practice has a lift facility for access to the first floor consultation rooms.

Care and treatment is delivered by a number of GPs, practice nurses, health care assistants and phlebotomist. In addition, the practice is supported by district nurses and health visitors who are based on the premises. The practice also works closely with district midwives. The practice also provides other medical services in-house, such as physiotherapy and minor surgery. Outside normal

surgery hours patients were able to access emergency care from an Out of Hours (OOH) provider. Information on how to access medical care outside surgery hours was available on the practice leaflet, website and waiting area.

The practice is involved with the local and clinical commissioning group (CCG); three of the partners, the practice manager as well as the nurse practitioner have active roles in the CCG.

The practice has a Primary Medical Services (PMS) contract. PMS contracts are negotiated locally with the local office of NHS England.

The practice is a GP training practice, which looks after GP registrars as well as medical students in years four and five of the Oxford Deanery. This was a comprehensive inspection.

The practice provides services from:

The Boat House Surgery

Whitchurch Road

Pangbourne

Reading

RG8 7DP

## 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. This inspection was planned to check whether the provider is meeting the legal

# Detailed findings

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 provider had not been inspected before and that was why we included them.

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.

## How we carried out this inspection

Prior to the inspection, we reviewed wide range of intelligence we hold about the practice. Organisations such as local Healthwatch, NHS England, clinical commissioning group (CCG) provided us with any information they had. We carried out an announced visit on 5 November 2014. During our visit we spoke with practice staff team, which included GPs, practice nurses, and the administration team. We spoke with 16 patients including the Patient Participation Group (PPG) members who used the service and reviewed

18 completed patient comment cards. We observed interactions between patients and staff in the waiting and reception area and in the office where staff received incoming calls. We reviewed policies and procedures the practice had in place.

To get to the heart of patients experiences of care, we always ask the following five questions of every service and provider:

- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

# Are services safe?

## Our findings

### Safe track record

The practice had some systems in place to identify risks and improve quality in relation to patient safety. This was achieved through reported incidents, national patient safety alerts as well as comments and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses. The practice had not raised any safeguarding alerts within the last year.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. We reviewed records of significant events that occurred during 2014. We saw evidence to confirm staff had completed a significant event analysis which included identifying any learning from the incident. Staff told us learning was shared with them and the practice involved them to share ideas on how the practice could improve service offered to patients.

Multi-disciplinary practice meetings took place where attendance included clinicians from other disciplines such as palliative care nurses, community midwives or health visitors. Minutes from the meetings identified sharing information and reflective practice to reduce risk and improve services going forward.

### Reliable safety systems and processes including safeguarding

The practice had comprehensive safeguarding policies and procedures in place to protect vulnerable patients. A safeguarding lead had been appointed who had undertaken appropriate safeguarding training. The safeguarding lead attended safeguarding case conferences regularly and any changes and learning was communicated to the team through team meetings.

All staff we spoke with were aware of who the lead was and how they could access the policy on the practice computer system. Staff also had access to the contact details of child protection and adult safeguarding teams in the area. Staff we spoke with were able to discuss what constituted a child and adult safeguarding concern. They were aware of how to report suspected abuse and who to contact if they needed advice. We saw evidence all the GPs and nurses

had received child safeguarding training up to level three and administrative and reception staff level one. We saw the adult and child safeguarding training for all staff was up to date.

The practice had a chaperone policy in place. This provided staff with information about when a chaperone should be considered, the role of a chaperone, and who should carry out chaperone duties. The nurses and health care assistant (HCA) acted as a chaperone, and they told us they had received appropriate chaperone training. We saw notices in the waiting area and next to examination couches in the surgeries informing patients that they could request a chaperone. Some patients we spoke with told us they had been offered a chaperone if they required an intimate examination.

### Medicines management

We saw there were medicines management policies in place, and the staff we spoke with were familiar with these. We saw detailed standard operating procedures (SOP) for using certain medicines and equipment. We checked the medicines held at the practice. These were all appropriately stored.

All prescriptions were signed by the GP before they issued to the patient. There was a system in place for reviewing repeat prescriptions and we were told that patients who failed to attend for their prescription review were followed up and reminded to attend their review.

We found controlled drug requisition orders were not always being signed by the GP. There is a legal requirement these are signed either by a pharmacist or GP. This was also reflected in the practice's own SOP ordering controlled drugs protocols, which clearly stated the form, must be signed by a GP before it is processed. This meant although the practice had procedures in place, these were not always being adhered to.

We found dispensing staff were able to make changes to medicines on the system that were outside their scope of expertise. This was highlighted by a recent critical incident error. The practice had identified and investigated the error. They sought advice from Medical Protection Society (MPS) in 2010, who confirmed this was safe practice. However, despite ascertaining this information in 2010 we found there were still no clear SOPs defining what changes could

# Are services safe?

be made by the dispensing staff and what changes should be made by the GPs themselves. The dispensing manager we spoke with was not comfortable making changes to medicines and had raised this during their recent appraisal.

The practice had a system in place to check emergency drugs were appropriate and in date. However, the practice was unable to provide evidence to demonstrate that these checks had been completed on the day of our visit. The practice submitted evidence of the emergency drug checks shortly after the inspection.

We found drug recalls were not being processed appropriately. For example, we found two adrenaline syringes that were a subject of recall in December 2013 for action within 48 hours. We found these had not been removed. We saw the two adrenaline syringes were kept in the emergency trolley. We spoke to staff at the practice about this and the syringes were removed immediately.

The practice did not have an adequate security system for prescription storage. The prescriptions were put into 14 printers across the surgery. There was no way of tracking the numbers, which meant if prescriptions were stolen, the practice would not know how many were missing.

We found the vaccines were kept in unlocked fridges. We noted fridge temperatures were recorded. However, during our visit we saw blood samples being put into one of the fridges where vaccines were stored.

## Monitoring safety and responding to risk

The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. We reviewed the 'Error Audit 2014' and saw all reported errors were reviewed. This audit in particular focused on recurring and avoidable errors. All errors were reported anonymously by the dispensing team to avoid blame and encourage reporting. The audit identified some errors by the dispensing team, GPs and by nurse prescriber. Following the results of the audit, a '10 Top Tips' document was written for patients to encourage patients to use the dispensary correctly. This was to ensure patients did not interrupt or hurry staff, as this was identified an important source of error. A notice was also displayed in the dispensing reception area to advice patients about this. The audit results were shared and discussed with practice staff.

The practice had a comprehensive fire risk management and health and safety policies and procedures in place and risk assessments were carried out. The business continuity plan identified the range of risks the practice could face that would prevent the delivery of care and treatment. The plan identified how these risks would be mitigated and actions needed to restore services to patients.

## Cleanliness and infection control

During our inspection we looked at all areas of the practice, including the GP surgeries, nurses' treatment rooms, patients' toilets, waiting areas and other non-clinical areas. All the clinical areas and the waiting room appeared visibly clean and were uncluttered. We saw that facilities such as hand gels, paper towels, pedal bins, and hand washing instructions to encourage hygiene were displayed in all the patient toilets and in all the treatment rooms. The patients we spoke with commented that the practice was clean and appeared hygienic.

We saw some of the non-clinical areas, such as corridors in first floor, the staircase and the team meeting room were carpeted. We found the carpets in these areas had stains. Staff told us they had reviewed the cleanliness for the practice generally, and had decided more hours were required. Some of this time would be focused on cleaning the carpeted areas more regularly.

The practice had a comprehensive infection control policy and detailed protocols on needlestick injuries for staff to follow. The staff we spoke with were familiar with these. The practice had a lead for infection control. We saw evidence the practice carried out infection control audits and any improvements identified for action were completed on time. The practice had a cleaning schedule which listed the areas of the practice that required cleaning and the frequency. This was monitored by the infection control lead. Two external cleaners had been employed to ensure the all areas of the practice were cleaned regularly.

The practice did not have a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). There was no risk assessment to determine if action was required to reduce the risk of legionella infection to staff and patients.

## Equipment

# Are services safe?

Staff had access to a defibrillator and oxygen and the equipment was checked and recorded regularly to ensure it was in working order. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date was June 2014. A schedule of testing was in place. We saw a log of calibration testing for the practice and all equipment was calibrated in June 2014.

Staff we spoke with knew the location of the resuscitation equipment. We saw evidence all staff had received training in resuscitation and refresher training had been planned. Some staff had had completed training in health and safety and fire safety. Health and safety and fire evacuation procedures were available in the staff handbook.

## Staffing and recruitment

Recruitment policies and procedures were in place. We reviewed the personnel files of four staff members, of staff that had been recruited in the last two years. We found some of the information required by the regulation was recorded in the individual staff files. This included an application or curriculum vitae for each staff member, records of any gaps in employment that were explored and interview record and qualifications and registration with the appropriate professional bodies. We saw evidence criminal records checks through the Disclosure and Barring Service (DBS) were in place for appropriate staff.

We found some of the information required by the regulation was not recorded in the individual staff files. For example references had been sought for only two staff members. The practice had not obtained evidence for staff to ensure they were physically and mentally fit to carry out

their roles. The practice manager told us all new staff members were required to complete a probationary period, in which suitability and credentials were determined.

We found a documented risk assessment was not in place for staff the practice had deemed a DBS check was not needed and the risks this posed to patients.

## Arrangements to deal with emergencies and major incidents

Medicines to be used in the case of an emergency were available. We found the practice did not have appropriate systems in place for checking emergencies.

Staff told us the practice had been affected by severe flooding in January 2014. The practice car park was flooded, causing difficulties for patient to access the practice. Subsequently, the practice manager had devised a comprehensive 'Business Impact Analysis Template' and 'Continuity Plan', with the view for these to be rolled out locally and nationally. The plans had been presented to the Local Medical Committee (LMC) and had been well received.

A copy of the business continuity plan was made available to us. We saw the plan had been put in place to deal with a range of emergencies that may impact on the daily operation of the practice. Potential risks had been identified and rated, and mitigating actions recorded to reduce and manage the risk. For example, the practice had recognised the high risk of being affected by floods again, and had implemented protocols for staff to follow in such circumstances. The practice had also fire safety procedures and medical emergencies protocols, and staff were familiar with these.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing team we spoke with were able to describe and demonstrate how they access both guidelines from the National Institute for Health and Care Excellence and from local commissioners. New clinical guidance was shared during clinical team meetings and the implications for the practice's performance and patients were discussed. All the GPs we interviewed were aware of their professional responsibilities to maintain their knowledge.

Patients had their needs assessed and care planned in accordance with best practice. For example, we reviewed one patient who had qualified for blood thinning treatment. We saw evidence the GP had discussed different treatment options and had offered the patient to go away and reflect before coming to a decision. We saw the GP had offered the patient a second appointment, to reassess and to discuss the patient's decision.

We found the practice refers patients appropriately to secondary and other community care services. Referrals were made using the Choose and Book service. We saw some examples of referrals that the practice had recently made. This included orthopaedic, dermatology and neurology referrals. We found the referrals were dealt with appropriately and in timely manner. We saw evidence of appropriate use of Two Week Wait referrals. The practice had some difficulties with neurology referrals due to the average waiting time of 83 days for an outpatient appointment. However, we saw examples where the GP had identified a potentially serious neurological condition, and had discussed this with the neurologist immediately. We saw evidence the neurologist advised the tests required for this patient and provided specific review advice.

GPs told us referrals were discussed during team meetings and any improvement to practise were discussed and shared with all the GPs and nurses. For example, the practice had identified they had high referrals rates for orthopaedic and dermatology. The GPs had decided to adopt peer-review system for all referrals before they were sent, to discuss and seek advice whether a referral was necessary.

### Management, monitoring and improving outcomes for people

The practice routinely collects information about patients' care and outcomes. The practice used the Quality and Outcomes Framework (QOF) which is a voluntary system for the performance management and payment of GPs in the National Health Service. This enables GP practices to monitor their performance across a range of indicators including how they manage medical conditions. The last QOF data available to CQC showed the practice performs well in comparison to other local practices. The practice achieved maximum points from patient experience and did very well in all clinical and public health areas.

The practice had a system in place for completing clinical audit cycles. These included audits for urinary tract infections, cardiology beta-blockers, dispensary, and prescribing. For example, we reviewed the urinary tract infection (UTI) audit dated July 2014. We saw evidence key points had been summarised, learning was shared with staff, and protocols to assist with legal and evidence based decision making were devised. The patient participation group (PPG) had recently completed an audit on blood results and the results were shared with the practice staff and patients.

The practice reviewed patients under a local or direct enhanced service to minimise admissions to hospital. Where gaps in service provision were found action was taken so as to improve the patient experience. For example patients were signposted to other agencies who could be contacted prior to attendance at accident and emergency departments.

### Effective staffing

All staff had an annual appraisal. During these meetings a personal development plan was put in place and training needs were identified. Staff were aware of the practice ethos and values and their performance was measured against these and their personal objectives. All the patients we spoke with were complimentary about the staff. The practice was organised so there were enough staff to meet the fluctuating needs of patients at all times. The practice placed high importance on upskilling staff and giving them the opportunity to develop their skills and expertise for management roles.

Systems were in place to ensure all nurses were registered with the Nursing and Midwifery Council (NMC) and GPs with the General Medical Council (GMC). The GPs had been revalidated.

# Are services effective?

(for example, treatment is effective)

The practice had some staff changes in the last two years. This included two GP partners leaving and some changes in the reception team. The practice was able to proactively recruit the clinical positions, and had two new GPs in post. One of the recent salaried GPs had been employed with a view to become a partner in the future. The GP partners told us the two new GPs had the expertise, skill set and relevant interests, which were appropriate for the practice and the patient population. Two new reception staff members were due to commence their position soon.

Staff told us the practice had good staffing levels as the staff retention was high. The GPs tried to cross cover internally, where possible. The practice did use locum GPs, but only used those GPs that they had worked with previously. They told us the usage of locums was very low, and this was supported by the patients we spoke with. Staffing levels were frequently reviewed by the practice manager, to ensure they had enough staff members with appropriate skills.

## **Working with colleagues and other services**

All the practice staff worked closely together to provide an effective service for its patients. They also worked collaboratively with community services who shared the building and professionals from other disciplines to ensure all round care for patients. Minutes of meetings evidenced that district and palliative nurses attended the GP quality team meeting to discuss the palliative patients registered with the practice. The detail evidenced good information sharing and integrated care for those patients at the end of their lives.

Blood results, X-ray results, letters from hospital accident and emergency and outpatients and discharge summaries, and the 111 service were received electronically and by post. Blood results, X ray, letters from hospital A&E reports, and reports from out of hours services were seen and actioned by a GP, in a timely manner.

## **Information sharing**

Staff told us information about risks and significant events was shared openly and honestly at clinical meetings. Two GP partners, the practice manager and nurse practitioner had active roles in the Clinical Commissioning Group (CCG) and met regularly. The staff members who attended

CCG meetings and discussed what they had learned in practice meetings. This kept all staff up to date with current information around enhanced services, requirements in the community and local families or children at risk

Staff told us the practice shared information with local services such as district midwives. The computerised patient record system enabled staff to share patient information securely and quickly.

The practice published a patient newsletter regularly. The newsletter was used to share health information with patients and inform them of any changes at the practice. For example, the Spring 2014 newsletter, included information on cancer recovery - a patient's view, top ten tips for using the in house dispensary and practice opening hours.

## **Consent to care and treatment**

The GPs we spoke with had a sound knowledge of the Mental Capacity Act 2005 (MCA) and its relevance to general practice. The GPs and nurses we spoke with understood the principles of the legislation and described how they implemented it. Staff were able to describe the action they would take if they thought a patient did not understand any aspect of their consultation or diagnosis. They were aware of how to access advocacy services. GPs told us they had attended mental health training day and dementia study day recently. This training focused discussions on dementia, importance of consent, capacity and principles of MCA 2005.

The GPs we spoke with gave examples of how a patient's best interests were taken into account if a patient did not have capacity to consent. GPs and nurses demonstrated a clear understanding of Gillick competencies, used to identify children under the age of 16 who have the legal capacity to consent to medical examination or treatment.

We looked at the consent policy and talked to clinical and administration staff about consent. All the staff we spoke with were aware of when written consent should be obtained and when informed consent could be given verbally. We saw the policy provided clear guidance about when, how and why patient consent should be requested. We saw patients had access to a leaflet with information about consent. This included information on who can give consent, what happens when a patient cannot give

# Are services effective?

(for example, treatment is effective)

consent and patients right to refuse medication or treatment. We saw evidence written consent was sought from patients for all minor surgery and this was documented in patient records.

## **Health promotion and prevention**

All new patients were offered a consultation with one of the practice GPs or nurses. This included discussions about their environment, family life, carer status, mental health and physical as well as checks on blood pressure, smoking, diet and alcohol and drug dependency if appropriate. The phlebotomist/health care assistant held follow up clinics to promote healthy living and provided advice on smoking cessation, diet and alcohol intake.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for all immunisations was above average for the CCG, and the practice had a system in place to follow up non-attenders.

The practice website and surgery waiting areas provided various up to date information on a range of topics and health promotion literature was readily available to support people considering any change in their lifestyle. These included information on, diabetes, asthma, cancer and carer's support.



# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey and practice surveys. The evidence from all of these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the latest national patient survey showed the practice was above average for the clinical commissioning group (CCG) area for receptionists being helpful and the level of privacy when speaking with a receptionist. We saw 97% patients had confidence and trust in the last GP they saw or spoke with and 95% of patients said their GP was good at treating them with care and concern. All the patients we spoke with told us they were always treated in a caring and dignified manner by all staff, and staff always fully explained everything to them.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Patients we spoke with told us they were treated with privacy, dignity and compassion. We observed conversations could not be overheard from outside the consultation rooms. We saw positive interaction between the dispensing team and the patients who used this service.

A confidentiality policy was in place and staff we spoke with were familiar with this. Staff told us they had received training in patient confidentiality and this was supported by the training document made available to us. During the inspection we observed staff members were careful to follow the practice's confidentiality policy when discussing patient's treatments. This ensured that confidential information was kept private. Staff told us all computers were password protected and only the practice staff had access to the systems.

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

The patient survey information we reviewed, from the national and practice surveys, showed patients responded very positively to questions about their involvement in

planning and making decisions about their care and treatment. They rated the practice well in these areas. For example, 94% patients said the last GP they saw was good at giving them enough time and 96% patient said the GP was good at listening to them. The number of patients who stated the nurse was good at explaining tests and treatments was above average for the CCG. The patients we spoke with told us they felt fully involved in decisions about their care and treatment and the GPs and nurses explained all aspects of their care to them in a way they understood. They told us they felt listened to and were able to freely express their opinions during consultations.

Patients we spoke with told us they were sufficiently involved in decisions about their care and treatment they received. They also told us they felt listened to and supported by staff. Patient feedback on the comment cards we received was also positive and aligned with these views.

The practice had access to translation services for patients who did not speak English as a first language. Staff told us this service was rarely used and this was supported by the patients we spoke with. We saw self-check in facility was available in several different languages.

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

The appointment system meant that all patients were able to speak with a medical professional within a short time of them contacting the practice. An 'on the day' appointment was always offered when this was appropriate. This on the day contact gave patients assurance that their emotional, as well as physical, needs would be met on the day they requested it.

Notices and leaflets in the patient waiting room signposted patients to a number of support groups and organisations. Patients were able to self-refer to these when they had been brought to their attention. In addition, we saw evidence that patients were referred to counselling services, including bereavement counselling, when this was appropriate. We saw information about bereavement support was available at the surgery and practice website.

The practice routinely asked patients if they had caring responsibilities. They were offered additional support and GPs were aware of local carer support groups that could be beneficial to carers registered with the practice. A member

## Are services caring?

of the reception staff had set up a system for identifying carers. They supported the carers, by providing information and with their consent referred them to the Berkshire carer's service.

Reception staff told us they would use a private room, should patients wish to speak to them in privacy. Staff told us it was also used if patients were particularly emotional when they attended the practice.

The Patient Participation Group (PPG) members told us a system was set up whereby a letter was sent to the next of kin, six months after the death of their relative. This system was used to ask if the deceased's care was handled well and whether the practice could do better.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the service was responsive to people's needs and had sustainable systems in place to maintain the level of service provided. The practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example cervical screening, mammography, diabetic eye screening programmes, vaccination programmes and reviews for patients with long term conditions.

The practice ran child immunisation, flu and routine vaccination clinics. The practice had systems in place to communicate information about these clinics to patients with young children and elderly patients, which included correspondence via letter or contact by telephone. Home visits were arranged for frail and elderly patients. The practice worked to support patients who were unable to attend the practice, by offering home visits.

A range of clinics and services were offered to patients, which included antenatal care and minor surgery. The practice ran regular clinics, such as freezing clinics (treatment for removal of warts skin tags and moles), hypertension, smoking cessation, healthy heart and wellman and wellwoman clinics. The practice held regular nurse specialist clinics for long-term conditions. These included asthma, diabetes and diabetic podiatry clinics. Longer appointments were available for patients if required, such as those with long term conditions.

Patients benefited from a stable staff team because staff retention was generally high, which enabled good continuity of care and accessibility to appointments with a GP of choice. All patients needing to be seen urgently were offered same-day appointments and there was an effective triage system in place.

All patients, including over 75 years of age patients had a named GP and care plan in place. A coding system was used for these patients to alert clinicians about specific issues. The practice caters for a local college and nearby residential care home. Two designated GPs (one male and one female GP) held regular sessions at the college premises on Mondays and Fridays. These sessions involved, routine appointments, adolescent health care, minor illness, sports injuries, contraception and support for stress

related issues. These patients were also fitted in if they were needed to be seen urgently on a non-school visit day. A GP attended the residential care home on a weekly basis as well as providing visits to the home when required.

The practice also offered in-house dispensing service to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy. Patients were able to get their prescriptions dispensed at the same time as visiting the GP. Patients were able to have regular contact with the dispensing team to discuss medicine and any related issues. The dispensary also offered home delivery service and this was used by many patients.

The practice had achieved and implemented the gold standards framework for end of life care. They had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss patients. For example, we sampled minutes of a recent meeting, which showed there had been a review of recent cancer diagnosis, the patient's pathway and whether there was any delay in the diagnosis.

The practice worked collaboratively with other agencies, regularly updating shared information to ensure good, timely communication of changes in care and treatment. For example, CQC specialist advisor GP reviewed special notes for a patient with cognitive impairment and saw evidence information had been appropriately shared with the out of hours team. The practice had close working relationship with the on-call gastroenterology and urgent paediatrics and liaised with these teams for advice when needed.

District nurses and palliative care nurses attended the monthly clinical meetings where individual patients could be discussed if appropriate. In addition health visitors and district nurses were based in the same building and called into the practice when information needed to be shared.

We spoke with three members of the patient participation group (PPG). They gave us examples of improvements that had been made following discussions between the PPG and the practice. These included changes to the blood test results protocols, new automatic doors to ensure easier access for patients with limited mobility and pictures of all GPs and nurses in the reception area. We saw evidence all

# Are services responsive to people's needs?

## (for example, to feedback?)

of these suggestions had been acted upon and changes were made accordingly. The PPG members told us these suggestions had been used to make positive changes to the practice.

### **Tackling inequity and promoting equality**

The practice had recognised the needs of different groups in the planning of its services. For example, arrangements were in place to ensure visitors from overseas and travellers had regular access to a GP. These patients were registered with the practice and were able to make appointment there. Staff told us the patient record system, alerted staff if a patient was deaf and gave details of who has been given consent by the patient to be spoken with on their behalf. During our visit we observed GP and nursing staff collecting frail patients from the waiting area and providing them with relevant support.

The premises and services had been adapted to meet the needs of people with mobility problems. The doorways were wide and there was space for wheelchairs and mobility scooters to turn. The practice kept a spare wheelchair and this was available for patients to use if needed. The practice had access to a large lift which enabled patients with limited mobility easier access to consultation rooms on first floor. The practice had reserved car spaces for patients with disabilities. The practice had ramp access at the front door of the building. Adapted toilet and washroom facilities were available for patients with disabilities.

Some staff had received equality and diversity training in the last 12 months.

### **Access to the service**

There was a good appointment system where patients could receive same day emergency appointments, telephone consultations with their named GP whenever possible, call backs, and home visits by the GPs. The practice website and leaflet outlined how patients could book appointments. Patients were able to book appointments in person, by telephone or online. Caseloads were discussed and altered in order to maintain consistency for patients at a particular care home.

Patients were able to book appointments up to six weeks in advance. The practice held an 'Urgent Surgery' at 3pm each day and patients who required an emergency appointment were seen by a GP during this time. The practice offered a range of appointments to patients every weekday between the hours of 8.30am and 6pm. The practice offered early morning surgery between 7.30am to 8.30am on Mondays and between 7.00am and 8.30am on Wednesdays. The practice was also opened on Saturday mornings, where pre-bookable appointments could be made. This benefitted patients who worked full time.

The practice was using the 'Winter resilience fund' to provide 340 extra urgent patient appointments by having Saturday morning sessions for hours. This was on top of the practices pre-existing directed enhance services for extended hours (DES).

### **Listening and learning from concerns and complaints**

Patient's comments and complaints were listened to and acted upon. Information on how to make a complaint was provided on the practice website and leaflet. The complaints procedure provided further information on how to make complaint on someone's behalf and who at the practice would deal with the complaint. The practice had a clear complaints and procedure and this was displayed in the waiting area. This allowed patients to make an anonymous complaint as they were able to provide the information discreetly.

The practice kept a record of all written complaints received. The complaints we reviewed had been investigated by the practice manager and responded to, where possible, to the patient's satisfaction. The practice was open about anything they could have done better, and there was a system in place so learning as a result of complaints was disseminated to staff.

We found patients' comments made on the NHS Choices website. We noted all comments on the NHS website were positive and complimentary of the practice.

The patients we spoke with told us they would be comfortable making a complaint if required. They said they were confident a complaint would be fairly dealt with and changes to practice would be made if this was appropriate.

# 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. GPs and the practice manager attended neighbourhood and Clinical Commissioning Group (CCG) meetings to identify needs within the community and tailored their services accordingly. The GPs we spoke with demonstrated an understanding of their area of responsibility and they took an active role in ensuring that a high level of service was provided on a daily basis. Staff we spoke with said they felt they were valued and their views about how to develop the service were acted upon.

The practice vision and values for the next five years was to maintain a good balance between its core values of being patient focused and to maintain the quality of the service that they provided through individual patient lists. There was also a real emphasis on research, teaching and training, to ensure there was continuous improvement and effective delivery of service.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the practice computer system. These included policies in safeguarding children and vulnerable adults, complaints, recruitment and repeat prescribing. All of these policies were updated regularly to reflect new legislation and guidance and future review dates were also in place.

The practice held different types of meetings. These included clinical meetings, end of life care meetings and meetings with the CCG and locality. The practice also hosted a local safeguarding leads meeting. We reviewed minutes of recent clinical meetings and found that significant events, clinical audits, dissemination of learning from courses staff had attended; performance, quality and risks were discussed. The non-clinical team had their own team meetings where training needs and learning from complaints were discussed. The practice regularly submitted governance and performance data to the Clinical Commissioning Group (CCG).

The practice had systems in place to monitor all aspects of the service such as complaints, incidents, safeguarding, risk management, clinical audits and infection control. All the

staff we spoke with were aware of each other's responsibilities. All the policies we looked at had been reviewed and were up to date. The systems and feedback from staff showed us that strong governance structures were in place.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed they were performing in line with national standards. We saw evidence QOF data was regularly reviewed and discussed in team meetings and actions plans were implemented to improve outcomes. We saw practice performed well in areas such as palliative care and medicine management.

We found the practice had not taken measures to always identify, assess and manage risks in relation to medicines management and dispensing systems did not always reflect national guidelines.

### Leadership, openness and transparency

The practice had adopted a flat hierarchal structure. Staff told us the culture at the practice was of openness and transparency, with free discussion at all levels. We saw evidence there was a clear leadership arrangement in place which had named staff members in lead roles. For example, there were staff members responsible for the areas of safeguarding, research, finance and palliative care. GPs had individual patient lists, which fostered a culture of responsibility and ownership and improved continuity of care for patients. The staff we spoke with were all clear about their own roles and responsibilities. They told us they felt valued and well supported, and they knew who to go to in the practice with any concerns.

The practice proactively promoted staff within and supported career progression. For example, the deputy and practice manager posts had been recruited internally. This was also reflected in the clinical team, as previous registrar had been employed as a salaried GP with a view to become a partner. The practice keen to ensure all staff members were upskilled to enable them to do new roles and expand their capabilities. For example, an administration team member had been trained to do dispensing work.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice had an active patient participation group (PPG), where 20 members attended. The PPG members

# Are services well-led?

Good 

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

told us they met every two months and the meetings were attended by two GP partners and a reception staff member. There was also a virtual PPG of approximately 60 members who the PPG made contact with regularly to involve in decisions about the running of the practice. The present PPG group comprised of retired patients, a young mum and patient with a disability. The PPG had identified it was difficult to get teenagers and working age people involved and were looking at different ways to attract these patients. We saw evidence the PPG had advertised information on how to join the group on the practice website and in the waiting area.

We spoke with three PPG who told us they felt valued and thought their views were listened to. We were given examples of where the PPG had highlighted areas where PPG feedback was acted on and changes were made. For example, automatic doors in the front entrance had been suggested by the PPG for easier access. This was reviewed and new automatic doors were put in place.

Staff told us they felt involved in the running of the practice. They told us they were encouraged to share ideas for best practice and their suggestions have been acted upon. Staff were aware there was a whistleblowing policy. They knew who they should approach if they had any concerns.

## **Management lead through learning and improvement**

Peer support and regular formal appraisals were evident. The staff we spoke with told us they regularly attended

training courses. Staff told us they were able to request relevant training courses that would enhance their performance at work. For example, the practice manager had identified the current appraisals system for staff required improvement and had requested training for this. The practice manager told us they attended the 'Appraisal Training for practice managers' and were now working to put together a rolling programme for staff.

The practice actively promoted a learning culture. We saw evidence learning from training and areas of improvement identified from audits was disseminated during clinical meetings. Mandatory training was provided during the weekly staff meetings. These meetings were also an opportunity for other training to be delivered during protected learning time, and we saw training was monitored and arranged when required. The practice had completed reviews of significant events

and other incidents and shared these with staff via their regular clinical meetings to ensure the practice improved the outcomes for patients.

GPs and nurses told us they were supported to maintain their continual professional development (CPD). Staff told us they felt very well supported at work and that the management team had an open door policy so they could raise any concerns they had at any time.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  
**The registered person failed to implement a system to monitor, assess and manage the risk and ensure the proper and safe management of medicines. Regulation 12 (2)(g).**

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  
**The registered person did not take reasonable steps to ensure that information required under schedule 3 was available. Regulation 19 (3)(a).**