

# Chatham Street Surgery

## Quality Report

The Surgery  
121 Chatham Street  
Reading  
Berkshire  
RG1 7JE

Tel: 0118 950 5121

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

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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Chatham Street Surgery on 30 September 2016. The overall rating for the practice at that time was requires improvement. Specifically the practice was rated requires improvement for provision of safe, effective and caring services, good for provision of responsive services and inadequate for the provision of well led services. The

practice had previously been rated as inadequate overall in April 2016 and remains in special measures. The full comprehensive report of the September 2016 inspection can be found by selecting the 'all reports' link for Chatham Street Surgery our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 9 February 2017 to follow up on a warning notice the Care Quality Commission served following the comprehensive inspection on 30 September 2016. The

# Summary of findings

warning notice was served relating to regulation 17, Good Governance. The timescale given to meet the requirements of the warning notices was 12 January 2017. The practice had submitted an action plan detailing the actions they were taking to meet legal requirements. This report covers our findings in relation to those requirements. Due to the focussed nature of this inspection the ratings for the practice have not been updated. We will conduct a further comprehensive inspection within six months of publication of the report of the inspection undertaken in September 2016.

Our key findings were as follows:

- The process to monitor cleaning standards was operated effectively.
- The practice had implemented a secure system for holding blank prescriptions
- Equipment and medicines were in date and fit for use.
- The audit process and programme had been reviewed and an audit plan was in place.
- The practice had implemented an effective system to identify and register patients with caring responsibilities.

- A targeted approach was in place to encourage take up of cancer screening programmes.
- The practice clinical governance structure had been reviewed and an additional partner had been appointed.
- Environmental safety checks were carried out to reduce risk.

At our previous inspection on 30 September 2016, we rated the practice as requires improvement overall and the practice remained in special measures. At this inspection we found that the practice had taken action to address the breach of regulation set out in the warning notice issued in November 2016. However, the practice will remain in special measures until they receive a further inspection to assess the full extent of the improvements achieved since September 2016. If there is not enough improvement we will move to close the service.

Keeping the practice in special measures will give people who use the service the reassurance that the care they get should improve. The service will be kept under review and if needed could be escalated to urgent enforcement action.

**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 provider had addressed the breaches of regulation that resulted in the issue of a warning notice arising from the inspection on 30 September 2016. The ratings for this service will not be reviewed until a further comprehensive inspection has been undertaken.

At the focused inspection on 9 February 2017 we found:

- The process for monitoring cleaning standards was operated effectively. Appropriate cleaning standards were being maintained.
- Blank prescriptions were being held securely.
- Safety checks were undertaken on the premises to reduce risks.
- Monitoring processes ensured equipment and material were in date and fit for use.

### Are services effective?

The provider had addressed the breaches of regulation that resulted in the issue of a warning notice arising from the inspection on 30 September 2016. The ratings for this service will not be reviewed until a further comprehensive inspection has been undertaken.

At the focused inspection on 9 February 2017 we found:

- An audit plan had been identified that was relevant to the practice population.
- Action had been taken to promote the benefits of cancer screening programmes. Patients who did not attend for cancer screening were followed up.

### Are services caring?

The provider had addressed the breaches of regulation that resulted in the issue of a warning notice arising from the inspection on 30 September 2016. The ratings for this service will not be reviewed until a further comprehensive inspection has been undertaken.

At the focused inspection on 9 February 2017 we found:

- There was an effective system in place to identify and register patients who held caring responsibilities.

### Are services well-led?

The provider had addressed the breaches of regulation that resulted in the issue of a warning notice arising from the inspection on 30 September 2016. The ratings for this service will not be reviewed until a further comprehensive inspection has been undertaken.

# Summary of findings

At the focused inspection on 9 February 2017 we found:

- An additional partner had been appointed to reduce the reliance on the full time partner.
- Governance systems had been put in place to monitor safety and effective delivery of care.
- Additional GP hours had been recruited to increase access for patients and share the on call GP duties equitably.

# Chatham Street Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector accompanied by a GP advisor.

## Background to Chatham Street Surgery

Chatham Street Surgery is located in a purpose built health centre and is situated in the heart of Reading town centre. There are approximately 6,800 registered patients.

Chatham Street Surgery is one of 20 practices within South Reading Clinical Commissioning Group (CCG). (A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services).

The practice has a mixed patient population. Patients registered at the practice are from a number of different ethnic backgrounds with no specific background being prominent due to the variety of cultures in Reading. There are a large proportion of the patients who speak English as a second language. The practice also provides care to asylum seekers, homeless, refugees and the travelling community. People living in more deprived areas tend to have greater need for health services. The practice has a transient patient population; patients are often outside of the country for long periods. This has an impact on screening and recall programmes.

The practice population has a higher than national average patient group aged from 25 to 34, with a number of patients being working professionals. However, ten percent of the practice population has a working status of unemployed compared to the national average of 6.2%.

There are seven GPs (five male and two female) at the practice comprising of three partners and four salaried GPs. The seven GPs equate to 3.5 whole time GPs. The all-female nursing team consists of a nurse practitioner, two practice nurses and a health care assistant with a mix of skills and experience. The practice management function is shared with a practice from the Midlands and comprises a team of three. The practice manager or assistant practice manager are on site every weekday. The management team are supported by nine administrative staff who undertake the day to day management and running of the practice. The practice has a Personal Medical Services (PMS) contract. (A PMS contract is a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

During the last three years the practice has undergone a significant amount of change, changes in partners, instability and a lack of clear leadership and management. Recent appointment of a third partner has stabilised the team and increased clinical governance capacity.

The practice is open between 7am and 6.30pm every weekday. Appointments are offered from 8.30am to 12.40pm every morning and afternoon clinics commenced at 12pm with the last appointment at 5.30pm daily. Extended hours appointments were offered every weekday morning from 7am.

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Westcall. The out of hours service is accessed by calling 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and in the practice information leaflet.

All services are provided from: 121 Chatham Street, Reading, Berkshire, RG1 7JE

# Detailed findings

## Why we carried out this inspection

We undertook a comprehensive follow up inspection of Chatham Street Surgery on 30 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement overall and inadequate for providing well led services. It remains in special measures. The full comprehensive report following the inspection in September 2016 can be found by selecting the 'all reports' link for Chatham Street Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Chatham Street Surgery on 9 February 2017. This inspection was carried out to review in detail the actions taken by the practice to meet the legal requirements of the Health and Social Care Act 2008 that had been breached in September 2016 and subject to issue of a warning notice.

## How we carried out this inspection

During our visit we:

- Spoke with two GPs, the practice manager, assistant practice manager and two members of the administration and reception team.
- Observed how patients were being cared for in the reception area.
- The GP advisor reviewed an anonymised sample of the personal care or treatment records of patients to corroborate information given to us by the practice.
- Reviewed 30 comment cards where patients and members of the public shared their views and experiences of the service.

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

At our previous inspection on 30 September 2016, we rated the practice as requires improvement for providing safe services because regulations had been breached in regard to:

- Inconsistent monitoring of cleanliness and infection control standards.
- Security of prescriptions
- Ensuring medicines and equipment were in date and fit for use.
- Identifying and acting to mitigate environmental risks.

These arrangements had significantly improved when we undertook a follow up inspection on 9 February 2017.

### Overview of safety systems and process

- During the inspection on 9 February 2016 we checked the cleaning standards attained in three treatment

rooms and four consulting rooms. We found all were clean and tidy. The practice had introduced a more rigorous monitoring system to ensure appropriate cleaning standards were maintained.

- Improvements had been achieved in management of medicines and equipment. Digital locks had been installed to all treatment and consulting rooms that resulted in prescriptions being held securely in each of these rooms when unoccupied. The practice also tracked prescriptions to each prescription printer.
- The practice had completed improvements to the environment. Hard floors had been installed in all clinical rooms. At our previous inspection we found trailing cables at the edges of both waiting rooms. These had been secured and safety checks were undertaken on a regular basis by the practice management team.
- We checked medical equipment, medicines and test kits held in the treatment rooms and consulting rooms. All the medicines and test kits we checked were in date. The practice nurse had introduced a colour coded sticker system to easily identify the expiry dates of test kits and other medical consumables.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 30 September 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical audits and promotion of the benefits of cancer screening were not effective.

These arrangements had significantly improved when we undertook a follow up inspection on 9 February 2017. The practice was meeting the regulation that had led to issue of a warning notice. We have not re-rated the practice because they will be subject to a further inspection to determine their compliance with all requirements of the Health and Social Care Act 2008.

### **Management, monitoring and improving outcomes for people**

When we inspected the practice in September 2016 we found the practice had commenced an audit programme and identified improvements arising from audit. During this inspection the practice demonstrated a more focused approach to clinical audit and had identified an audit

programme for the coming year. The audit programme included prescribing audits relevant to the practice population. For example, reviewing prescribing for patients with long term conditions.

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

The practice had lower than national average rates of cervical cytology, breast and bowel cancer screening.

- Since the inspection in September 2016 the practice had obtained leaflets setting out the benefits of cancer screening in Nepalese, Urdu and Polish. The practice had identified these three languages as relevant to a number of the registered patients.
- A system of contacting patients who failed to attend for their cancer screening appointments had been introduced. The GPs and nurses took this opportunity to explain the benefits of attending screening.

Due to the relatively recent introduction of the new systems it was not possible to obtain data to assess whether the promotion of benefits of cancer screening had increased uptake.



# Are services caring?

## Our findings

At our previous inspection on 30 September 2016, we rated the practice as requires improvement for providing caring services as the practice did not have an effective system in place to identify and support patients who held carer responsibilities.

These arrangements had significantly improved when we undertook a follow up inspection on 9 February 2017. The practice was meeting the regulation that had led to issue of a warning notice. We have not re-rated the practice because they will be subject to a further inspection to determine their compliance with all requirements of the Health and Social Care Act 2008.

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

An exercise to review all patients on the practice admission avoidance, mental health and learning disability registers

had been undertaken. These patients were contacted to find out if they had carers supporting them. In addition the practice used a wide range of written material, displayed in the reception and waiting rooms, to promote the benefits of registering as a carer. We spoke to reception staff who were able to tell us the action they would take if a patient identified themselves as a carer. They also showed us the 'carers pack' that was given to newly registered carers. This contained a wide range of information about local carers groups and support organisations.

- In September 2016 there were 39 patients on the carers register. At this inspection we found the number had risen to 154 (approximately 2% of the registered patient population).
- A sub group of the patient participation group had been established to identify further avenues of support for carers.
- All patients identified as carers were invited for an annual health check and a flu immunisation.

# Are services well-led?

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

## Our findings

At our previous inspection on 30 September 2016, we rated the practice as inadequate for providing well led services. There were breaches of regulation arising from:

- Failure to identify, assess and manage risk consistently.
- Inconsistent governance of processes to assess, monitor and improve the quality of services provided to the registered patient population.
- A lack of resilience in the clinical management of the service.
- The needs of the local population had not been evaluated to determine the provision of services by the practice.
- The practice had not engaged with the local health community and demonstrated a focus on treatment of disease. Health promotion activities were not at the forefront of practice service delivery.

Governance arrangements had significantly improved when we undertook a follow up inspection on 9 February 2017. The practice was meeting the regulation that had led to issue of a warning notice. We have not re-rated the practice because they will be subject to a further inspection to determine their compliance with all requirements of the Health and Social Care Act 2008.

### Governance arrangements

The practice had appointed a third partner. This GP was working two days every week at the practice. Clinical management responsibilities had been reorganised to place less reliance on the full time partner. We found the duty GP rota had been amended to reduce the commitment on the full time partner to two days a week

from four. The full time partner was no longer required to review results and correspondence on four days of the week. Our review of results and letters received showed these were being dealt with, and action taken when necessary, in a timely manner.

We also found that:

- Clinical governance responsibilities were being shared equitably. The new partner had assumed the lead role for clinical audit and had developed an audit programme.
- The practice had increased their engagement with the local clinical commissioning group (CCG) and had joined a locality practice group.
- Risks to patients had been assessed and we found action had been completed on any risks identified.
- The practice had analysed the needs of their registered patients. At risk patient registers had been reviewed resulting in an increase in identification of patients with carer responsibilities. Information leaflets on care and treatment had been obtained to assist patients whose first language was Polish, Urdu or Nepalese. An alternative interpreter service had been sourced to provide telephone access to interpretation for patients whose first language was not English.
- Health promotion and prevention activities were being pursued more rigorously with a focus on cancer prevention through screening programmes.
- Clinical staffing had been increased by two days per week offering improved access to patients.
- The 30 patients who completed CQC comment cards were positive about the care, support and advice they received from GPs and nurses at the practice.