

Ragstone Road Surgery

Quality Report

Ragstone Road 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

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ragstone Road Surgery in Chalvey, Slough on 30 June 2016. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for provision of effective, caring and well-led services. The practice was rated good for providing safe and responsive services. The concerns which led to these ratings apply to all population groups using the practice with the exception of the care of people whose circumstances may make them vulnerable which was rated good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and

external incidents were maximised. This included liaisons with neighbouring practices to share information about significant events and rare presentations of clinical conditions.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Over the previous three years the practice had seen a significant amount of change, instability and a lack of clear leadership and management. The practice was now stable; the new management team had introduced governance arrangements including a comprehensive understanding of performance. As a result of historic low performance scores the practice could evidence significant improvement.

Summary of findings

- Feedback from patients on the day of the inspection about access to appointments was consistently positive.
- The practice worked closely with other organisations and with the local ethnically diverse community in planning how services were provided to ensure that they meet patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and data from the national GP patient survey. This included an in-house patient survey completed in March 2016 following low scores in the national survey. Findings were used to design and implement a nine point action plan to improve patient satisfaction.
- The practice had limited facilities which had been adapted and procedures implemented to treat patients and meet their needs.
- The practice received a low number of complaints. The complaints that had been received had been reviewed, managed and responded to.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision was regularly reviewed and discussed with staff.
- We observed the practice had strong and visible clinical and managerial leadership and governance arrangements. The practice proactively sought feedback from staff and patients, which it acted on.

We areas of outstanding practice including:

- Ragstone Road Surgery could demonstrate how they ensured role and community specific training and updating for relevant staff. For example, given the community that Ragstone Road Surgery provides GP services for, the fifth highest birth rate in the UK, high

levels of child poverty, congenital birth problems, complex family cases, increased likelihood of Female Genital Mutilation (FGM) and recent examples of radicalisation. The practice had arranged all staff to complete additional specific training, for example additional Safeguarding Children training, FGM awareness training and radicalisation awareness training including warning signs and legal obligations for reporting any suspected or identified cases.

However, there was an area where the provider must make improvements:

- Continue to review patient outcomes to ensure that patients receive appropriate care and treatment. This would include a review of the system in place to promote the benefits of cervical and bowel screening in order to increase patient uptake.

There were also areas of practice where the provider should make improvements:

- Ensure extended hours appointments details are advertised on the practice website and displayed in the premises.
- Ensure there are mechanisms in place to identify and record all feedback from patients, thus ensuring the practice is responsive to all patient feedback.
- Continue to review patient's feedback and address concerns regarding GPs listening, giving patients enough time, explaining tests and treatments, and treating them with care and concern during consultations.

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
- Lessons were shared to make sure action was taken to improve safety in the practice. Findings were learnt and communicated widely to support improvement including sharing with other local practices in the clinical commissioning group.
- 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. This included additional training specific to the needs of the community. For example, enhanced Safeguarding Children training, Female Genital Mutilation and radicalisation awareness training.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as requires improvement for providing effective services.

Requires improvement



- Data showed patient outcomes were similar to average for the locality. However, exception reporting was very high in the quality outcomes framework (QOF) data from 2014 and 2015. 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.
- Data from 2014/15 reported exception reporting was significantly higher when compared to the CCG and national averages, the practice had 25% exception reporting, the CCG average exception reporting was 8% and the national average was 9%. This had been identified by the practice, an action plan was developed and implemented and regular reviewed with an aim to reduce exception reporting. More recent data, from

Summary of findings

2015/16 indicates the action plan was successful. For example, in 2015/16, Ragstone Road Surgery exception reporting for hypertension related indicators was 19%. This was a 15% reduction from the previous year's data.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. We saw evidence of a completed two cycle audit which was completed following a successful audit at another local practice within the Bharani Medical Group.
- 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.
- Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.

Are services caring?

The practice is rated as requires improvement for providing caring services.

- Most of the results from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. For example, 65% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 74%, national average 85%). The results were published using data collected during a period of significant change within the practice. A recent in-house patient survey indicated that patients were now satisfied with the care provided as staff levels within the practice had stabilised.
- Support was available at the practice and externally for those suffering bereavement or that had caring responsibilities for others.
- 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.

Requires improvement



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Slough Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was in discussion with the clinical commissioning group, NHS England and patients to involve them in developing and designing a community health hub (to deliver primary health services and additional services which were currently provided under secondary care). The work that was in progress in the new building once completed would allow for the practice to plan ahead and invite other teams such as health visitors to work from there as a base and build on existing working relationships.
- Patients said they found it easy to make an appointment with a named GP and there were urgent appointments available the same day.
- The practice and practice staff had made amendments and implemented systems to the limited facilities within Ragstone Road Surgery to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



- There was 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 this.
- There was a clear leadership structure, staff levels was now stable and staff felt supported by 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 improve patient outcomes and identify risk. An understanding of the performance of the practice was now maintained. This included action plans which identified exception reporting as a high risk area in need of urgent attention.

Summary of findings

- 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 gathered feedback from patients which influenced practice development. Examples of this included an in-house patient survey completed in March 2016. This resulted in a nine point action plan to increase patient satisfaction.
- There was a focus on continuous learning and improvement at all levels.

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 requires improvement for the care of older patients. The provider was rated as requires improvement for effective, caring and well-led. The concerns which led to these ratings apply to this population group using the practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Ragstone Road Surgery was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice identified if patients were also carers; information about support groups was available in the waiting areas.
- The practice worked with the multi-disciplinary teams in the care of older vulnerable patients.
- Every month, Ragstone Road Surgery welcomes and hosts a leading UK older people charity to use the facilities and provide a support group for the older people in the Chalvey community. The aim of the charity is to provide services and support at a local level to inspire, enable and support older people.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were higher than local and national averages. For example, 100% of patients aged 75, with a fragility fracture and with a diagnosis of osteoporosis (a condition that weakens bones), are currently treated with an appropriate bone-sparing agent. This was higher when compared to the local CCG average (90%) and national average (92%). Exception reporting for this indicator was 0%, lower when compared to the CCG average (3%) and significantly lower when compared to the national average (15%).

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for effective, caring and well-led. The concerns which led to these ratings apply to this population group using the practice.

Requires improvement



Summary of findings

- 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 showed the practice had achieved 99% of targets which was higher when compared to the CCG average (91%) and the national average (89%). Ragstone Road Surgery exception reporting for diabetes related indicators was 25%, significantly higher when compared to the CCG average (9%) and national average (11%).
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the practice staff worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- A GP and nurse from the practice were planned to attend training for the “year of care planning”. The Year of Care (YoC) was about improving care for people with long-term conditions. The aim was supporting people with long term conditions such as diabetes to self-manage their condition.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for effective, caring and well-led. The concerns which led to these ratings apply to this population group using the practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Practice staff had completed specific training to reduce the potential risks that the unique patient population presents. For example, the community that Ragstone Road Surgery provides GP services for has the fifth highest birth rate in the UK, high levels of child poverty, congenital birth problems and complex family cases. The practice had therefore arranged all staff to complete additional Safeguarding Children training.

Requires improvement



Summary of findings

- Childhood immunisation rates for the vaccinations indicated success when compared to CCG averages. For example, data from 2015/16 showed childhood immunisation rates for the vaccinations given at the practice to five year olds ranged from 89% to 100%.
- The practice's uptake for the cervical screening programme was 67%, which was lower when compared to the CCG average (79%) and the national average (82%). We saw evidence of screening and recall programmes were impacted by patients being outside of the country for long periods of time and patients living in temporary short term accommodation within the Chalvey area.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for effective, caring and well-led. The concerns which led to these ratings apply to this population group using the practice.

- 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.
- Ragstone Road Surgery provided early morning appointments three times a week. The practice opened for appointments at 7.30am every Tuesday, Wednesday and Friday. In addition, the practice offered extended hours appointments every weekday evening between 6.30pm and 8.30pm and every Saturday and Sunday from 9am to 1pm at Bharani Medical Centre (funded by the Prime Minister's Access Fund).
- The practice was proactive in offering telephone consultations and online services as well as a range of health promotion and screening that reflects the needs for this age group.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. Although the provider was rated as requires improvement for effective, caring and well-led the practice could evidence additional work which impacted this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. All 20 patients with a learning disability have had an annual review in the last year.
- 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. This included comprehensive awareness including two recent referrals to the Government's counter-terrorism strategy team. These referrals alerted the strategy team and in turn the local police force to stop people becoming terrorists or supporting terrorism.
- GPs from the practice had attended a Somali community gathering. This well attended meeting aimed to promote GP services to the Somali community, this included distribution of new patient registration packs and a specific discussion about Female Genital Mutilation (FGM). Furthermore, there was evidence of new patients originally from Somalia registering at Ragstone Road Surgery who hadn't previously accessed or understood the NHS and how to access GP services.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for effective, caring and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 97% of people experiencing poor mental health had a comprehensive care plan documented in their record, in the

Requires improvement



Summary of findings

preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This was better when compared to the CCG average (89%) and national average (88%).

Exception reporting for this indicator was similar when compared to the local CCG and national averages. Ragstone Road Surgery excepted 12%, whilst the local CCG average was 10% and the national average was 13%.

- 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was higher when compared to the local CCG average (85%) and higher than the national average (84%). Exception reporting for this indicator was lower when compared to the local CCG and national averages. Ragstone Road Surgery excepted 0%, whilst the local CCG average was 7% and the national average was 8%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed patient satisfaction was below the local clinical commissioning group (CCG) and national averages. On behalf of NHS England, Ipsos MORI distributed 376 survey forms and 104 forms were returned. This was a 28% response rate and amounts to approximately 3% of the patient population.

- 65% of patients found it easy to get through to this practice by telephone (CCG average 49%, national average 73%).
- 64% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 78%, national average 85%).
- 59% of patients described the overall experience of this GP practice as good (CCG average 70%, national average 85%).
- 39% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 61%, national average 78%).

Following the results of the national GP patient survey published in January 2016 the practice designed, implemented and completed an in-house patient survey in March 2016. This in-house survey was completed by 110 patients and practice staff supported patients to complete the survey which included translating the survey into a different language when required.

The in-house survey showed patient satisfaction had improved across all questions. Specifically, 63% of patients said they would recommend Ragstone Road Surgery to someone who had just moved to the area. An improvement of 24% on the national GP survey.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards which were all positive about the standard of care received. Written

comments from patients indicated they were satisfied with how they were treated and that this was with compassion, dignity and respect. Further written feedback highlighted vast improvements since the current team joined in June 2013 and that long term health conditions were well monitored and supported.

We spoke with five patients during the inspection, including a member of the patient participation group (PPG). (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care). All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Whilst speaking with patients it was clear patients were excited about moving to new premises but expressed a wish for the practice not to lose its traditional, family and community ethos.

During the inspection we reviewed information and patient feedback about the practice collated via the NHS Friends and Family Test. This national test was created to help service providers and commissioners understand whether their patients were happy with the service provided, or where improvements were needed.

- Ragstone Road Surgery achieved an 87% satisfaction rate in the NHS Friends and Family Test in May 2016, 88% in April 2016 and 38% in March 2016.

Following a suggestion from the PPG, Slough CCG and historical low responses to this test, Ragstone Road Surgery implemented a text messaging service to record responses to the NHS Friends and Family Test.

Since the launch of the text message service in April 2016 the response rate had significantly increased. For example in March 2016, eight responses had been recorded whilst in April 2016 and May 2016 there had been 47 responses.

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Continue to review patient outcomes to ensure that patients receive appropriate care and treatment. This would include a review of the system in place to promote the benefits of cervical and bowel screening in order to increase patient uptake.

Action the service **SHOULD** take to improve

- Ensure extended hours appointments details are advertised on the practice website and displayed in the premises.

- Ensure there are mechanisms in place to identify and record all feedback from patients, thus ensuring the practice is responsive to all patient feedback.
- Continue to review patient's feedback and address concerns regarding GPs listening, giving patients enough time, explaining tests and treatments, and treating them with care and concern during consultations.

Outstanding practice

- Ragstone Road Surgery could demonstrate how they ensured role and community specific training and updating for relevant staff. For example, given the community that Ragstone Road Surgery provides GP services for, the fifth highest birth rate in the UK, high levels of child poverty, congenital birth problems, complex family cases, increased likelihood of Female

Genital Mutilation (FGM) and recent examples of radicalisation. The practice had arranged all staff to complete additional specific training, for example additional Safeguarding Children training, FGM awareness training and radicalisation awareness training including warning signs and legal obligations for reporting any suspected or identified cases.

Ragstone Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Ragstone Road Surgery

Ragstone Road Surgery is located in Chalvey, Slough in Berkshire. The practice is based within a converted residential dwelling and joined Bharani Medical Group in June 2013.

Ragstone Road Surgery is one of the practices within Slough Clinical Commissioning Group (CCG) and provides general medical services to approximately 3,300 registered patients. 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.

All services are provided from:

- Ragstone Road Surgery, 40 Ragstone Road, Chalvey, Slough, Berkshire SL1 2PY.

Information from Slough Borough Council, the Office for National Statistics and the practice identifies the area of Chalvey as having well documented challenges. These challenges included above national average rates of early deaths due to coronary heart disease, a high rate of new cases of diabetes, the fifth highest birth rate in the UK, high levels of short term temporary housing, high levels of child poverty, high alcohol related crime rates, congenital birth problems and complex family cases.

Ragstone Road Surgery population has a lower number of patients aged under 19 and a significantly higher proportion of male patients aged between 20-59 when compared to national averages.

The practice has a highly transient patient population; patients are often outside of the country for long periods and patients registering at the practice are often only in the area for short, temporary amount of time. This has an impact on screening and recall programmes. The practice population is identified as having a deprivation rating of five in a rating scale of ten. People living in more deprived areas tend to have greater need for health services. The practice is aware of, and is able to identify their patients with income deprivation issues.

The practice has a unique mixed patient population. Patients registered at the practice are from a number of different ethnic backgrounds, approximately 44% of patients have an Asian background, 25% of patients are from Eastern Europe, specifically Poland and there was a growing number of Somalian patients. This ethnic mix is consistent with the variety of cultures in Slough. There are a large proportion of the patients who speak English as a second language.

The practice comprises of one principal GP (a male GP) and three salaried GPs (two female and one male). The principal GP has been awarded MBE (An MBE is an award given by the Queen to an individual for outstanding service to the community or local 'hands on' service). The all-female nursing team consists of two practice nurses, one of which is the designated nurse lead.

A practice manager, a business manager, a finance manager, a day manager and a team of reception and administrative staff undertake the day to day management and running of Ragstone Road Surgery.

Detailed findings

The practice had core opening hours between 8am and 6.30pm Monday to Friday with appointments available from 8.30am to 5.50pm daily including open access appointments with a duty GP. Extended opening hours were available every Tuesday, Wednesday and Friday when the practice opened for early morning appointments starting at 7.30am.

In addition, the practice has offered extended hours appointments every weekday evening between 6.30pm and 8.30pm and every Saturday and Sunday from 9am to 1pm at Bharani Medical Centre (funded by the Prime Minister's Access Fund).

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time by East Berkshire out of hour's service or after 6.30pm, weekends and bank holidays by calling NHS 111.

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.

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. This included information from Slough Clinical Commissioning Group (CCG), Healthwatch Slough, NHS England and Public Health England.

We carried out an announced visit on 30 June 2016. During our visit we:

- Spoke with a range of staff. These included two GPs, a practice nurse, the practice manager and business manager from Bharani Medical Group.
- Also spoke with five patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed seven comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed records relevant to the management of the service.
- Carried out observations and checks of the premises and equipment used for the treatment of patients.

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 Care Quality Commission at that time.

Are services safe?

Our findings

Safe track record and learning

There was an 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).
- 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 carried out a thorough analysis of the significant events.

Lessons were learnt and communicated widely to support improvement including sharing with other local practices in the clinical commissioning group. This included liaisons with neighbouring practices to share information about significant events and rare presentations of clinical conditions.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw a full comprehensive significant event analysis following a patient's health suddenly deteriorating following a test completed at the practice. The practice immediately revised the process, policy and supporting procedures to prevent this from happening again. The duty GP now immediately reviews results following this specific test before the patient leaves the premises.

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 were in place to safeguard children and vulnerable adults from abuse. These arrangements 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 training on safeguarding children and vulnerable adults relevant to their role. For example, all Ragstone Road Surgery staff (GPs, nurses and reception staff) were trained to Safeguarding Children level three due to the health concerns of large areas of the practice population and could provide evidence of completed training. Both GPs and nurses had completed adult safeguarding training.
- Notices in the waiting area 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 checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an annual infection control statement, an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. We saw the latest audit from March 2016 and subsequent action that was taken to address any improvements identified as a result, for example implementation of new pedal operated non-clinical waste bins throughout the practice to reduce the risk of cross contamination.
- 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

Are services safe?

audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed three 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 reception office 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 (March 2016) to ensure the equipment was safe to use and clinical equipment was checked (September 2016) 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 and infection control and legionella (December 2015). 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 at peak times of the day. The practice had experienced a significant amount of change in staff in the last two years; as a result the practice had a strategic approach to the use of locum GPs. A locum is a person who stands in temporarily for someone else of the same profession. Ragstone Road Surgery had recently appointed two long term locum GPs as salaried GPs to respond to patient demand and provide continuity of care.

Arrangements to deal with emergencies and major incidents

The practice had adequate 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 and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice 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 through risk assessments, audits and random sample checks of patient records.

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 97% of the total number of points available; this was similar to the local CCG average (97%) and higher when compared to the national average (95%). The most recent published exception reporting was significantly higher when compared to the CCG and national averages, the practice had 25% exception reporting, the CCG average exception reporting was 8% 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 indicated that high numbers of patients had not been included in the QOF data. This may have attributed to the practice's high QOF score.

GPs and the management team explained that this was due to known documented challenges within the practice population and vast numbers of patients not attending for long term condition reviews despite being contacted at least three times by letter. The practice had a highly transient patient population; patients were often outside of

the country for long periods and patients registering at the practice were often only in the area for short, temporary amount of time. This had an impact on screening and recall programmes.

Furthermore, the GPs and management team reflected the changes within staff in the past two years and inheriting a practice in 2013 with no recall systems and limited governance arrangements had an effect on the systems for recalls and patient outcomes.

During the inspection we saw evidence that contact was attempted with these patients on three different occasions. Staff explained that they would not exception report any patients until their QOF submission was due in March to provide as much time as possible to provide all patients with condition reviews who required one.

The practice had identified the high levels of exception reporting as an area for improvement and formulated action plans to reduce exception reporting. We saw the latest exception reporting action plan from March 2016; this was a live document and regularly reviewed. Actions included monthly reviews of performance, increased awareness of the importance of regular recalls to all patient groups which included two practice staff planned to attend specific training to help manage patients with long term conditions. Furthermore, with the recent appointment of three salaried GPs and staffing issues stabilising the practice were concentrating on QOF for 2016/17.

This action plan and previous plans identified which clinical domain indicator groups to concentrate on reducing the exception reporting. For 2015/16 the two clinical domain indicator groups the practice aimed to reduce exception reporting was asthma indicators and hypertension (high blood pressure) indicators.

QOF data from 2015/16 indicated the practice was successful in reducing exception reporting for these two clinical domain indicator groups. For example:

- In 2014/15, exception reporting for asthma related indicators was 13%. This was higher than the CCG average (3%) and national average (7%). In 2015/16, Ragstone Road Surgery exception reporting for asthma related indicators was 5%. This was an 8% reduction from the previous year's data.
- In 2014/15, exception reporting for hypertension related indicators was 34%. This was higher than the CCG

Are services effective?

(for example, treatment is effective)

average (4%) and national average (4%). In 2015/16, Ragstone Road Surgery exception reporting for hypertension related indicators was 19%. This was a 15% reduction from the previous year's data.

Not all areas of clinical care had high exception reporting figures. For example:

- Exception reporting for depression related indicators for 2014-15 was 5.6%. The CCG average was 23.5% and the national average was 24.5%.
- Exception reporting for dementia related indicators for 2014-15 was 4.8%. The CCG average was 7.1% and the national average was 8.3%.
- Exception reporting for heart failure indicators for 2014-15 was 5.9%. The CCG average was 8.7% and the national average was 9.3%.

Data we reviewed showed this practice was not an outlier for any QOF (or other national) clinical targets. However, this may have attributed to the practice's high levels of exception reporting. Data from 2014/2015 showed:

Performance for diabetes related indicators showed the practice had achieved 99% of targets which was higher when compared to the CCG average (91%) and the national average (89%). Ragstone Road Surgery exception reporting for diabetes related indicators was 25%, significantly higher when compared to the CCG average (9%) and national average (11%).

- Performance for hypertension related indicators were comparable to the CCG and national averages. The practice achieved 100% of targets compared to a CCG average (99%) and national average (98%). Ragstone Road Surgery exception reporting for hypertension related indicators was 34%, significantly higher when compared to the CCG average (4%) and national average (4%).
- Performance for mental health related indicators showed the practice had achieved 100% of targets which was higher when compared to the CCG average (97%) and higher than the national average (93%). Ragstone Road Surgery exception reporting for mental health related indicators was 20%, significantly higher when compared to the CCG average (10%) and national average (11%).

There was evidence of quality improvement including clinical audit.

- There had been 14 clinical audits completed in the 12 months, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- We reviewed all three of the completed clinical audits and the findings which were used by the practice to improve services. For example, one of the completed clinical audits commenced in September 2015 and the second cycle was in February 2016 following a successful audit at another local practice within the Bharani Medical Group.
- This audit, reviewed Ragstone Road Surgery patients on a medicine used in the management of urinary frequency, urgency and overactive bladder syndrome. Latest NICE guidance advises there are known side effects of this medicine including severe uncontrolled hypertension and recommends regular blood pressure monitoring.
- In September 2015, two patients had been prescribed this medicine and both were having regular blood pressure monitoring and their blood pressure readings were within the agreed normal thresholds. The practice implemented a series of actions including an alert to add new patients prescribed this medicine to the blood pressure recall system and flag these patients on the clinical record system to check for opportunistic blood pressure checks.
- In February 2016, the second audit cycle identified three patients were now prescribed this medicine. Similarly, to the first cycle in September 2015 all patients, now three instead of two, were having regular blood pressure monitoring and their blood pressure readings were within the agreed normal thresholds.
- On review, the practice will continue with regular and opportunistic blood pressure checks.

Effective staffing

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

- Ragstone Road Surgery 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.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- Furthermore, as detailed in the exception reporting action plan and part of the full practice team endeavour to reduce exception reporting, a GP and nurse were planned to attend training for the “year of care planning”. The Year of Care (YoC) is about improving care for people with long-term conditions. The aim is supporting people with long term conditions such as diabetes to self-manage their condition.
- 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.

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.
- The process for seeking consent was monitored through patient records audits.

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 received support or were signposted to the relevant service.
- The practice population had a low prevalence of current and ex-smokers. Smoking cessation advice was available from a local support group. Information presented on the day of the inspection indicates within the last year, four patients had been referred to this smoking cessation service and three of the four patients had successfully stopped smoking.

Further evidence of the cultural challenges and a transient patient population; impacted the practices cervical screening programme, for example:

- The practice’s uptake for the cervical screening programme was 67%, which was lower when compared to the CCG average (79%) and the national average (82%). There was a policy to send postal reminders and

Are services effective?

(for example, treatment is effective)

telephone reminders for patients who did not attend for their cervical screening test. There was partial success but this was impacted by patients being outside of the country for long periods of time and patients living in temporary short term accommodation within the Chalvey area.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from Public Health England indicates success when compared to local CCG averages, for example:

- 49% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was higher when compared to the CCG average (42%) and lower when compared to the national average (58%).
- 68% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was higher when compared to the CCG average (63%) and lower when compared to the national average (72%).

The practice had improved childhood immunisation rates given to children registered at the practice. For example, in 2014/15 childhood immunisation rates for the vaccinations given at the practice to under two year olds ranged from 90% to 100% (CCG averages ranged between 85% to 94%) and five year olds from 84% to 89% (CCG averages ranged between 81% to 93%).

The practice had implemented an action plan to increase childhood immunisation rates for patients aged five years old. Recent data, from 2015/16 indicated this now ranged from 89% to 100% (previously 84% to 89%).

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 away from the reception area to discuss their needs.

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

Results from the national GP patient survey published in January 2016 showed patient satisfaction scores were lower when compared to local Clinical Commissioning Group and national averages. For example:

- 75% of patients said the last GP they saw or spoke to was good at listening to them (CCG average 82%, national average 89%).
- 62% of patients said the last GP gave them enough time (CCG average 78%, national average 87%).
- 87% of patients said they had confidence and trust in the last GP they saw (CCG average 91%, national average 95%).
- 65% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 74%, national average 85%).
- 85% of patients said the nurses was good at listening to them (CCG average 82%, national average 91%).
- 81% of patients said the nurses gave them enough time (CCG average 83%, national average 92%).

- 83% of patients said they found the receptionists at the practice helpful (CCG average 80%, national average 87%).

The practice was fully aware of the low patient's satisfaction and once the results were published immediately arranged an in-house survey.

The in-house patient survey, completed in March 2016 had 110 responses and practice staff supported and encouraged patients to complete the survey. This support included translating the survey into a different language when required.

The in-house survey results indicated significant improvement in terms of patient satisfaction, for example:

- 99% of patients said they had confidence and trust in the last GP they saw. This was an increase of 12% from the GP national survey.

However, several comments received highlighted the low scores may be due to the significant changes in staff within Ragstone Road Surgery. With the recent appointment of three salaried GPs and implementation of a nine point action plan to address the patient feedback the practice is optimistic that satisfaction scores for the next national GP patient survey will mirror the most recent in-house survey results. An example of completed actions within the plan included additional customer care training to all practice staff.

All the patient feedback, written and verbal, highlighted the GPs were sincere, welcoming, respectful, supportive, compassionate and caring. Patients we spoke with told us they said staff treated them with respect and were genuinely interested in their wellbeing.

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.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and

Are services caring?

had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Written patient feedback from the comment cards we received was also positive and aligned with these views.

However, results from the national GP patient survey did not support these findings. Results about patient's involvement in planning and making decisions about their care and treatment were below local and national averages. For example:

- 72% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 78%, national average 86%).
- 56% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 70%, national average 82%).

Results regarding interactions with nursing staff were above local averages and in line with national averages. For example:

- 85% of patients said the last nurse they saw was good at explaining tests and treatments (CCG average 82%, national average 90%).
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 75%, national average 85%).

The in-house patient survey, which was completed in March 2016, shows results and patient satisfaction regarding care planning and involvement in decisions had improved. For example:

- 81% of patients said the last GP they saw was good at involving them in decisions about their care. This was an increase of 25% from the GP national survey.

Several patient comments highlighted the frequency of GP changes at the practice over the last three years. Patients said that they now see their regular GP since the appointment of three salaried GPs.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the three most commonly spoken languages for Ragstone Road Surgery in the reception and waiting area informing patients this service was available.

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. In June 2016, the practice patient population list was 3,314. The practice had identified 299 patients, who were also a carer; this amounted to 9% of the practice list. 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 or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or 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 the local Chalvey population and engaged with the NHS England Area Team and Slough Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Ragstone Road Surgery provided early morning appointments three times a week. The practice opened for appointments at 7.30am every Tuesday, Wednesday and Friday. In addition, the practice offered extended hours appointments every weekday evening between 6.30pm and 8.30pm and every Saturday and Sunday from 9am to 1pm at Bharani Medical Centre (funded by the Prime Minister's Access Fund). We noted the website had not been updated to reflect the additional opening times.
- People's individual needs and preferences were central to the planning and delivery of tailored services. For example, following patient feedback about the lack of GP choice and lack of continuity of care the practice had recently appointed two salaried GPs.
- Longer appointments were available for patients. Double appointment slots could be booked for patients with complex needs. Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Ragstone Road Surgery was located within a converted residential dwelling and was restricted to what amendments could be made to improve access for people with disabilities and mobility difficulties. However, we saw that the waiting area and consulting and treatment rooms were large enough to accommodate patients with wheelchairs and prams and there was a portable hearing loop to help those with hearing difficulties.
- The practice had a high population of Muslim patients. The practice informed us they were issuing death certificates within 24 hours as required by religious customs.

- All signage and patient information within the practice, including opening times, fire evacuation instructions and chaperone procedures was displayed in the three most commonly spoken languages within the patient population.
- In December 2015, GPs from the practice attended a Somali community gathering together with the local police force, CCG, Slough Borough Council and local schools. This well attended meeting aimed to promote GP services to the Somali community, this included distribution of new patient registration packs and a specific discussion about Female Genital Mutilation (FGM). Furthermore, there was evidence of new patients originally from Somalia registering at Ragstone Road Surgery who hadn't previously accessed or understood the NHS and how to access GP services.
- We saw arrangements were in place and the practice had comprehensive awareness including two recent referrals to the Government's counter-terrorism strategy team. These referrals alerted the strategy team and in turn the local police force to stop people becoming terrorists or supporting terrorism. All staff we spoke with understood warning signs and legal obligations of radicalisation as a form of exploitation and therefore a safeguarding issue.

Access to the service

The practice had core opening hours between 8am and 6.30pm Monday to Friday with appointments available from 8.30am to 5.50pm daily including open access appointments with a duty GP. Extended opening hours were available every Tuesday, Wednesday and Friday when the practice opened for early morning appointments starting at 7.30am. In addition, the practice offered extended hours appointments every weekday evening between 6.30pm and 8.30pm and every Saturday and Sunday from 9am to 1pm at Bharani Medical Centre (funded by the Prime Minister's Access Fund). We noted the practice website had not been updated to reflect the additional opening times.

With exception of telephone access and patients seeing their preferred GP, the results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower when compared to local and national averages. For example:

Are services responsive to people's needs?

(for example, to feedback?)

- 64% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 78%, national average 85%).
- 53% of patients said they usually got to see or speak to their preferred GP (CCG average 42%, national average 59%).
- 44% of patients said their experience of making an appointment was good (CCG average 54%, national average 73%).
- 76% of patients said the last appointment they got was convenient (CCG average 83%, national average 92%).
- 52% of patients were satisfied with the practice's opening hours (CCG average 70%, national average 75%).
- 65% of patients said they could get through easily to the practice by phone (CCG average 49%, national average 73%).

Similar to concerns that the GP national survey highlighted about kindness, compassion and care planning the in-house patient survey from March 2016 reviewed patient's satisfaction regarding access to Ragstone Road Surgery. We saw there had been significant improvement across all questions on patient access. Completed actions included increasing the number of online appointments, revising nurse appointments and commencing a GP call-back service. These actions positively impacted patients' satisfaction regarding access, for example:

- 84% of patients said their experience of making an appointment was good. This was an increase of 40% from the GP national survey.
- 89% of patients were satisfied with the practice's opening hours. This was an increase of 37% from the GP national survey.
- 83% of patients said they could get through easily to the practice by phone. This was an increase of 18% from the GP national survey.

All patient feedback, written and verbal regarding access was positive. All patients told us they were able to get appointments when they needed them and we saw routine appointments were still available for the day of the inspection.

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. Although a limited number of complaints had been received (three complaints in the last 12 months) we saw an analysis of trends and action was taken as a result to improve the quality of care.
- We saw that information was available to help patients understand the complaints system. Staff we spoke with were aware of their role in supporting patients to raise concerns.

We looked at all three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints. Although no complaints required an apology, the practice manager advised if an apology was required this would be issued to the patient and the practice offered complainants the opportunity to meet with either the practice manager or one of the GPs.

The practice manager had reviewed and responded to all feedback on NHS Choices website, sought patients' feedback and engaged patients in the delivery of the service.

Are services well-led?

Requires improvement 

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

Our findings

In June 2013, Ragstone Road Surgery joined Bharani Medical Group. During the inspection we were informed and we saw evidence of significant improvements as to how the practice operated and was managed. Previously, the practice had no recall systems, limited governance arrangements and no vision or strategy. Furthermore there had been important changes into the methodology to GP recruitment; this included the recent appointment of three salaried GPs.

The management team had implemented in-house action plans for full practice improvement. The actions plans were being completed and reviewed during the June 2016 inspection.

Vision and strategy

The practice had a clear vision to deliver safe, up-to-date care whilst maximising the wellbeing of patients. The in-house performance improvement action plans ensured this vision was regularly updated and reviewed.

- The practice had a robust strategy and supporting business plans which reflected Ragstone Road Surgery values. This was regularly monitored and was based on providing quality patient centred healthcare to the community of Chalvey.
- Training and staff development was a fundamental feature of the practice's strategy and staff felt well supported in this regard when we discussed their personal development with them.
- We saw a systematic approach to working with other organisations to improve care outcomes and tackle health inequalities.

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. Regular meetings took place for staff groups including whole staff, nurse, partner, clinical governance and reception and administration staff meetings.

- Lessons were learnt and communicated widely to support improvement including sharing with other local practices in the clinical commissioning group. This included liaisons with neighbouring practices to share information about significant events and rare presentations of clinical conditions.
- Practice specific policies were implemented and were available to all staff.
- Despite a significant amount of change within Ragstone Road Surgery, an understanding of the performance of the practice was now maintained. This included action plans which identified exception reporting as a high risk area in need of urgent attention and improvement required to ensure all patients received the correct care and treatment.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Practice staff had completed specific training to reduce the potential risks that the unique patient population presented.

Leadership and culture

On the day of inspection the GPs, business manager and practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff levels, notably GP numbers have recently changed, the leadership team had recently stabilised and continues to be developed. The leadership team told us it had been a challenge since taking over the practice in June 2013 but they were now confident that practice patients received safe, high quality and compassionate care.

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 support training for all staff 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:

Are services well-led?

Requires improvement 

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

- The practice gave affected people 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 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. Staff were involved in discussions about how to run and develop the practice. They showed optimism for relocating to new premises and the challenges and opportunities moving to new premises presents.

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 feedback received. The PPG was active, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, at a recent PPG meeting a child of a PPG member was invited to attend the meeting and proposal suggestions to improve the patient experience for younger patients.

- We found the practice to be involved with their patients and the PPG. We spoke with one member of the PPG and they were positive about the role they played and told us they felt engaged with the practice.
- The practice was engaged with the local GP network and peers. We found the practice was open to sharing and learning and engaged openly in multi-disciplinary team meetings. This included liaisons with neighbouring practices to share information about significant events and rare presentations of clinical conditions.
- We saw the practice had gathered feedback from staff and generally through staff meetings, appraisals and

discussion. Every member of staff received the weekly practice newsletter, known as the 'Ragstone Rocket' which updated staff on important updates and was an opportunity to celebrate successes within the practice.

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. For example:

- We saw the practice supported staff to maintain their clinical professional development through training and mentoring. We looked at three files and saw that regular appraisals took place which included personal development plans. We reviewed staff training records and saw that staff were up to date with attending mandatory courses such as annual basic life support, infection control and safeguarding of children and vulnerable adults.
- The provider was forward thinking and had recently been granted planning permission to develop a community health hub in Chalvey area (the fourth most deprived area in England). The practice was in discussion with CCG, NHS England and patients to involve them in developing and designing a community health hub (to deliver primary health services and additional services which were currently provided under secondary care). The work that was in progress in the new building once completed would allow for the practice to plan ahead and invite other teams such as health visitors to work from there as a base and build on existing working relationships.
- In September 2016, a pharmacist was joining the team with a view to enabling practice patients receiving comprehensive medicines advice. The pharmacist would also support the practice to complete medicine management reviews.
- As detailed in the performance improvement action plan and part of the full practice team endeavour to reduce exception reporting, a GP and nurse were planned to attend training for the "year of care planning". The Year of Care (YoC) is about improving care for people with long-term conditions. The aim is supporting people with long term conditions such as diabetes to self-manage their condition.

Are services well-led?

Requires improvement



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

- The practice was interested and started discussions to become a training practice and welcoming foundation doctors to join Ragstone Road Surgery for up to four months. A foundation doctor (FY1 or FY2) is a grade of

medical practitioner in the United Kingdom undertaking a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist/general practice training.

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	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Regulation: 12 Safe care and treatment</p> <p>The provider was not providing care and treatment in a safe way.</p> <p>Patient outcomes were low and patients were at risk of not receiving appropriate care and treatment. This included low patient uptake for the national cancer screening programme.</p> <p>In addition, there was not appropriate monitoring of patient care indicated by the high levels of exception reporting.</p>