

# The Health Centre (Runnymede Medical Practice)

## Quality Report

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

## Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# 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 The Health Centre (Runnymede Medical Practice) on 11 April 2017. We carried out this inspection to check that the practice was meeting the regulations and to consider whether sufficient improvements had been made.

Our previous announced comprehensive inspection in August 2016 found breaches of regulations relating to the safe, effective, caring and well-led delivery of services. Specifically, the practice was rated inadequate for safe and well-led domains, requires improvement in effective and caring domains and good in responsive. The overall rating of the practice in August 2016 was inadequate and the practice was placed into special measures for six months. Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance.

At the inspection in April 2017, we found the practice had made significant improvements. Specifically, we found the practice good for the provision of safe, effective, caring, responsive and well-led services. Overall, the practice is rated as good.

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

- The practice had strong and visible clinical and managerial leadership and governance arrangements and they demonstrated significant improvements since the previous inspection.
- The practice had a clear vision which had quality and safety as its top priority.
- The practice had implemented effective monitoring system and all the areas of concerns from the previous inspection had been resolved.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Risks to patients were assessed and well-managed.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. There was a clear leadership structure. The practice had provided effective leadership and support to the nursing team.
- We found that completed clinical audit cycles were driving positive outcomes for patients.

# Summary of findings

- Data showed the practice had demonstrated improvements in patient's outcomes.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, the practice had organised health education and awareness workshops in consultation with PPG delivered by practitioners, to support patients self managing their long term conditions.
- Staff feedback had been considered and the practice had increased staffing levels.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice including:

- There was a proactive approach to understanding the needs of different groups of patients and to deliver care in a way that meets these needs. Specifically the practice was able to demonstrate how they promoted

quality improvements and how their approach improved patient outcomes for health and well-being. This included patients who were in vulnerable circumstances or who had complex needs. For example,

- The practice had responded to the needs of a higher than average older patients list size by developing a 'pro-active care scheme' during the winter time, which included combination of health and social care support. This scheme had been evaluated and recognised by Health Education England. This scheme had identified more than 2000 patients with frail characteristics and the practice was planning a targeted approach to deliver the services to meet their needs.
- The practice had secured the funding and launched a project 'you care, we care' to identify carers to enable them to access the support available via the practice and external agencies. The practice had taken a number of positive steps and the register of patients who were carers had increased from 76 (0.63%) patients to 299 patients (2.5% of the practice patient population list size).

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

**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.

- Following our previous inspection in August 2016 the practice had made significant improvements in areas relating to the infection control measures, management of legionella and monitoring of fire safety.
- We observed that the practice had taken steps to ensure appropriate recruitment checks had been undertaken prior to employment including registration with the appropriate professional body.
- Blank prescription printer forms and pads were tracked through the practice and kept securely at all times.
- The practice had reviewed and increased staffing levels.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There was an effective system in place for reporting and recording significant events.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Following our previous inspection in August 2016 the practice had made improvements in areas relating to the high exception reporting of the cervical screening and childhood immunisation rates for the vaccines given to under five years old.
- We noted that recent data demonstrated the considerable improvements to the bowel cancer screening uptake which had increased from 55% to 73%. The practice informed us that this was better than the highest performing CCG average (67%) in England. However, recent national data was not available to validate this information.
- All staff we spoke with demonstrated the relevant consent and decision-making understanding.
- There was evidence of appraisals and personal development plans for all staff.

Good



# Summary of findings

- We noted the practice had demonstrated improvements in reducing exception reporting for Quality and Outcomes Framework (QOF) year 2016-17. QOF data showed patient outcomes were above average compared to the national average.
- The practice had taken steps to encourage the uptake of smoking cessation advice.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- At the inspection in April 2017, we noted that the recent national GP survey results were not published. However, data from the NHS Friends and Family test, NHS Choices websites and internal survey showed satisfactory patients experience, which demonstrated the positive impact of significant changes made by the practice. For example, 98% of respondents said that the quality of consultation with nurses were good or very good.
- The practice register of patients who were carers had increased from 76 (0.63%) patients to 299 patients (2.5% of the practice patient population list size).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Following our previous inspection in August 2016, the practice had made significant improvements.
- The practice had higher than average older patients and they responded to meet their needs by developing a 'pro-active care scheme' during the winter time.
- The practice had launched a project 'you care, we care' to promote awareness and identify more young carers.

Good



# Summary of findings

- The practice had organised health education and awareness workshops delivered by external practitioners.
- The practice offered services to three learning disabilities home, two nursing homes, a residential home and a probation bail hostel.
- Anti-coagulation clinic, an ultrasound scan and an electrocardiogram (ECG) services were offered onsite, resulting in patients who required this service not having to travel to local hospitals. An electrocardiogram (ECG) is a simple test that can be used to check heart's rhythm and electrical activity.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had secured funding to become dementia friendly practice.
- The practice installed a self-check in machine and an automatic floor mounted blood pressure monitor in the waiting area for patients to use independently.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- Following our previous inspection in August 2016 the practice had made significant improvements in areas relating to ineffective leadership and poor governance system.
- At the inspection in April 2017, we noted the practice had carried out a complete review of the provision of services, 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. The practice had provided effective leadership and support to the nursing team. Staff we spoke with informed us they felt supported by management. The practice had a number of policies and procedures to govern activities. We observed that governance arrangements had been regularly discussed during the meetings.
- Effective monitoring systems had been implemented and all the areas of concerns from the previous inspection had been resolved.

Good



# Summary of findings

- We saw evidence that the practice had implemented an effective monitoring system to ensure appropriate recruitment checks, monitor the cleaning standards and the management of blank prescriptions.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had demonstrated improvements in patient's outcomes.
- The provider was aware of and complied with the requirements of the duty of candour.
- 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 good for the care of older patients.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had higher than average older patients and they responded by developing a 'pro-active care scheme' during the winter time. This scheme had helped to meet complex health needs, patients were referred to social services if required and identified more than 2000 patients with frail characteristics, which would help to plan targeted services.
- There was a register to effectively support patients requiring end of life care.
- There were good working relationships with external services such as district nurses, social worker and project coordinator for external carers support organisation.
- The premises were accessible to those with limited mobility.

Good



### People with long term conditions

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

- There were clinical leads for chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a named GP and the practice carried out a structured annual review to check that their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered an ECG and an anti-coagulation services to 151 patients onsite.
- The practice had organised health talks delivered by practitioners, to support patients self managing their long term conditions.

Good





# Summary of findings

## Families, children and young people

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

- 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 patients who had a high number of A&E attendances.
- The practice had identified three young carers in the last few months as part of their new initiative 'you care, we care'.
- The practice's uptake for the cervical screening programme was 83%, which was above the national average of 81%.
- Immunisation rates were comparable or higher than the national average for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals.
- 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.

Good



## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The bowel cancer screening uptake had increased from 55% to 73% since the previous inspection.
- The practice had achieved an attendance rate of 62% for NHS health checks for patients aged 40–74 in last five years. This was significantly higher than the local authority average of 42% and national average of 48% in 2016/17.
- We noted the practice offered telephone consultations.
- The practice offered extended hours appointments at the branch practice (Newton Court Medical Centre) every Monday evening from 6.30pm to 8.30pm. In addition, the practice

Good



# Summary of findings

offered extended hours appointments Monday to Friday from 6.30pm to 9pm, Saturday from 9.30am to 4pm and Sunday from 9.30am to 4pm at Kings Edward Hospital and Saint Marks Hospital (funded by Prime Minister's Access Fund).

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered services to three learning disability care homes, two nursing homes, a residential home and a probation bail hostel.
- Data from 2016-17 showed health checks and care plans were completed for 92% patients on the learning disability register.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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

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

- Data from 2015-16 showed, performance for dementia face to face reviews was higher than the CCG and national average. The practice had achieved 97% of the total number of points available, compared to 86% locally and 84% nationally.
- The practice had secured funding to have dementia friendly status and was in the process of implementing changes which would help to identify more patients with early risk of dementia.
- Patients experiencing poor mental health were involved in developing their care plan and health checks.

Good



# Summary of findings

- 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 how to access various support groups and voluntary organisations.
- Systems were in place to follow up patients who had attended accident and emergency, when experiencing mental health difficulties.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The recent national GP patient survey results had not been published since our previous visit in August 2016. However, we saw that the practice had reviewed previous survey results and had developed an action plan to address issues identified in the survey.

During this inspection we noted the practice had gathered patients feedback from various sources which demonstrated the positive outcome of all steps the practice had taken to improve the patient's experience. For example,

The practice had received 173 responses to the NHS Friends and Family test for the period between August 2016 and February 2017. Of which 95% of the respondents stated they were extremely or likely to recommend the practice.

The practice had carried out an internal patient survey in December 2016 about the quality of care provided by the

nurses during consultations. The practice had received 438 responses. Of which 98% of the respondents stated that the quality of consultation with nurses were good or very good.

Local Healthwatch carried out a survey for the period between August 2016 and March 2017. Of which 82% patients responded positively.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All of the 38 patient CQC comment cards we received were positive about the service experienced. We spoke with three patients and two patient participation group (PPG) members during the inspection. Patients we spoke with were positive about the care and treatment offered by the GPs and nurses at the practice, which met their needs.

We spoke with three local care homes for patients with learning disabilities which The Health Centre provides GP services for. They spoke positively about the care provided to the residents.

# The Health Centre (Runnymede Medical Practice)

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a CQC Inspection Manager.

## Background to The Health Centre (Runnymede Medical Practice)

The Health Centre (also known locally as Runnymede Medical Practice) is situated in Egham, Surrey within a purpose built premises with car parking for patients and staff. All patient services are offered on the ground floor at the main location and the branch practice. The main location (The Health Centre) comprises of six consulting rooms, two treatment rooms, a patient waiting area, a reception area, administrative and management office. The branch practice (Newton Court Medical Centre) comprises of five consulting rooms, one treatment room, a patient waiting area, a reception area, administrative and management office.

The practice has core opening hours from 8am to 6.30pm Monday to Friday. The practice offers a range of scheduled appointments to patients every weekday from 8.30am to 5.50pm including open access appointments with a duty

GP throughout the day. The practice offers extended hours appointments at the branch practice (Newton Court Medical Centre) every Monday evening from 6.30pm to 8.30pm. In addition, the patients at the practice are able to access extended hours appointments through a East Berkshire extended hours service Monday to Friday from 6.30pm to 9pm, Saturday from 9.30am to 4pm and Sunday from 9.30am to 4pm at Kings Edward Hospital and Saint Marks Hospital.

The practice has a patient population of approximately 12,200 registered patients. The practice population of patients aged between 40 to 54, 65 to 69 years and aged above 80 years old is higher than the national average and there are lower number of patients aged between 0 to 4 and 15 to 34 years old compared to national average.

Ethnicity based on demographics collected in the 2011 census shows the patient population is predominantly White British and 13% of the population is composed of patients with an Asian, Black or mixed background. There are parts of Egham and Old Windsor with the lowest levels of income deprivation in the area.

There are five GP partners, a salaried GP, three trainee GPs at the practice. Three GPs are female and six male. The practice employs two practice nurses. The practice manager is supported by an IT and personnel manager, a practice coordinator, a team of administrative and reception staff. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

# Detailed findings

This is a training practice, doctor who is training to be qualified as a GP has access to a senior GP throughout the day for support. We received positive feedback from the trainee we spoke with.

Services are provided from the following main location and the branch practice, and patients can attend any of the two practice premises. We visited both premises during this inspection.

The Health Centre (the main practice)

Bond Street

Englefield Green

Egham

Surrey

TW20 0PF

Newton Court Medical Centre (the branch practice)

Burfield Road

Old Windsor

Berkshire

SL4 2QF

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 Primary Care 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. This inspection took place on 11 April 2017 and 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, review the breaches identified during previous inspection and update the ratings provided under the Care Act 2014.

The practice was previously inspected on the 3 August 2016 and was rated as inadequate for safe and well-led domains, requires improvement in effective and caring domains and good in responsive. The overall rating for the practice was inadequate and they were placed into special measures.

At the inspection in August 2016, the practice was found to be in breach of four regulations of the Health and Care Social Act 2008. Requirement and enforcement notices were sent for the regulations relating to the safe care and treatment, staffing, fit and proper person employed and good governance.

## How we carried out this inspection

Prior to the inspection we contacted the Windsor, Ascot and Maidenhead Clinical Commissioning Group (CCG), NHS England area team and local Healthwatch to seek their feedback about the service provided by The Health Centre (Runnymede Medical Practice). We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced visit on 11 April 2017. During our visit we:

- Spoke with number of staff (included GPs, nurses, a practice manager and administration staff), three patients and two patient participation group (PPG) members who used the service.
- Collected written feedback from 10 members of staff.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

# Detailed findings

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

- Older people.
- People with long-term conditions.
- Families, children and young people.
- Working age people (including those recently retired and students).

- People whose circumstances may make them vulnerable.
- People experiencing poor mental health (including people with dementia).

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

# Are services safe?

## Our findings

At our previous inspection in August 2016, the practice was rated as inadequate for providing safe services. We found that some safety issues were not consistently monitored in a way to keep patients safe. For example, a practice nurse was performing nursing duties with a lapsed registration (with the Nursing and Midwifery Council) since December 2015. We found concerns relating to monitoring of fridge temperature checks, management of blank prescriptions, monitoring of cleaning standards and management of legionella. A formal fire safety risk assessment had not been carried out at the branch practice (Newton Court Medical Centre).

During this inspection, we noted significant improvements had been made.

### 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 and discussed their findings and learning at their team meetings.
- We reviewed records of significant events and incidents that had occurred during the last year. There was evidence that the practice had learned from significant events and communicated widely to support improvement. For example, we saw an analysis of a significant event regarding cold chain failure. The practice had investigated the incident, contacted vaccines manufacturers and followed the advice and protocol correctly.

- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that the national patient safety and medicines alerts were systematically received and shared with the team. The practice had carried out searches to identify patient at risk and established a system to ensure that medicine and patient safety alerts had been acted on.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 relevant to their role. For example, GPs were trained to Safeguarding Children level three, nurses were trained to Safeguarding Children level two and both GPs and nurses had completed adult safeguarding training.
- A notice was displayed advising 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. The practice nurse and a GP were the joint infection control clinical leads and liaised with the local infection prevention teams to keep up to date with best practice. The practice had developed a new infection control protocol and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had worked closely with the contractor responsible for managing the main premises (The



## Are services safe?

Health Centre) and redecorated the premises. Effective monitoring of cleaning standards had been implemented at both premises. There was a dedicated member of staff responsible for carrying out regular spot checks. The practice was following their internal clinical waste management protocol and was segregating clinical waste into appropriate colour-coded containers.

- 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). There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. Processes were in place to check medicines were within their expiry date and suitable for use. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Records showed fridge temperature checks were monitored effectively. There was a policy for ensuring that medicines were kept at the required temperatures, which also described the action to take in the event of a potential failure.
- Blank prescription forms for use in printers and handwritten pads were handled in accordance with national guidance as these were securely stored and there were systems in place to monitor their use. We noted that the practice had installed new combination locks on all doors to ensure prescription security.
- 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 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 premises.
- The practice had up to date fire risk assessments in place and carried out regular fire drills. We noted a nominated member of staff was carrying out regular fire safety checks. The practice had carried out last smoke alarm checks on 5 April 2017 and electronic fire system was serviced on 20 December 2016.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments and regular checks in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella now in place (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice had increased staffing levels and recruited a new practice manager in January 2017. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.

### 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. A first aid kit and accident book were available.
- 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.

## Are services safe?

- 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

At our previous inspection in August 2016, the practice was rated as requires improvement for providing effective services. We found concerns relating to the high exception reporting of the cervical screening. Childhood immunisation rates for the vaccines given to under five year olds were below the CCG average. Two clinical staff we spoke with on the day of inspection did not understand the relevant consent and decision-making requirements. The practice was not able to find an appraisal and six monthly review documents for two practice nurses.

During this inspection, we noted improvements had been made.

### 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 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). In 2015-16, the practice had achieved 99.9% of the total number of points available, compared to 98% locally and 95% nationally, with 12% exception reporting. The level of exception reporting was above the CCG average (10%) and the national average (10%). Exception reporting is the percentage of patients who would normally be monitored but had been exempted from the measures. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included.

We noted that the practice followed the national QOF protocol for inviting patients three times for the review of their long term conditions and all potential exceptions of the patient from the recall programme were reviewed by a GP. During this inspection in April 2017 we found the practice had demonstrated improvement in reducing exception reporting in the QOF year for 2016-17. For example,

- The overall level of exception reporting in the QOF year 2016-17 was 8%. This was a 4% reduction from the previous year's data.
- In 2015-16, exception reporting for diabetes related indicators was 19%. This was higher than the CCG average (13%) and national average (12%). During QOF year in 2016-17, the practice exception reporting for diabetes related indicators was 11%. This was a 8% reduction from the previous year's data.

Data from 2015-16 showed;

- Performance for mental health related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 97% locally and 93% nationally.
- Performance for diabetes related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 95% locally and 90% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average. The practice had achieved 87% of the total number of points available, compared to 83% locally and 83% nationally.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved in improving care and treatment and patient outcomes.

- The practice had carried out number of repeated clinical audits cycles. We checked eight clinical audits conducted in the last three months, four of these were completed audits where the improvements made were implemented and monitored. In addition, we noted 15 clinical audits conducted in 2016, four of these were completed audits.
- The practice participated in applicable local audits, national benchmarking, accreditation, and peer review.
- Findings were used by the practice to improve services. For example, we saw evidence of number of repeated

# Are services effective?

## (for example, treatment is effective)

audit cycle undertaken to monitor the uptake of bowel cancer screening. The aim of the audit was to identify and encourage all eligible patients to book bowel screening appointment. The practice had taken number of steps to promote the benefits of bowel screening in order to increase patient uptake. We saw recent data which demonstrated the significant impact of effective monitoring and the bowel cancer screening uptake had increased from 55% to 73%.

### Effective staffing

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

- The practice had a staff handbook for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. We spoke with a trainee GP who told us they had had an in-depth induction when they started and had continual supervision from in in-house clinical GP trainer. We also noted that new practice manager (started in January 2017), was well supported and had an in-depth induction which enabled her to contribute towards many significant improvements we found during this inspection.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. For example, the clinical staff had been awarded diplomas in family planning and diabetes which enabled the practice to provide these services.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during one-to-one meetings, appraisals, coaching, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding children and adults, fire safety, basic life support, health and safety and equality and diversity. 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. The practice had identified 178 patients who were deemed at risk of admissions and 89% of these patients had care plans been created to reduce the risk of these patients needing admission to hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

During the inspection in April 2017 we found all staff had undertaken training in the Mental Capacity Act 2005.

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.

# Are services effective?

## (for example, treatment is effective)

- The provider informed us that verbal consent was taken from patients for routine examinations and minor procedures and recorded in electronic records. The provider informed us that written consent forms were completed for more complex procedures.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

### Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice.

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and wishing to stop smoking. Patients were signposted to the relevant external services where necessary such as local carer support group.
- Health checks and care plans were completed for 92% patients on the learning disability register.
- The practice had developed a new smoking cessation policy. The practice had developed a new patient information leaflet and business card size flyers to offer smoking cessation advice. The practice was offering smoking cessation clinic and patients were signposted to a local support group. For example, information from Public Health England (2015-16) showed 86% of patients (15+ years old) who were recorded as current smokers had been offered smoking cessation support and treatment in last 24 months. This was comparable to the CCG average (88%) and to the national average (87%).

The practice's uptake for the cervical screening programme was 83%, which was above the national average of 81%. The practice informed us that high exception rate of 19% for the cervical screening was due to coding error. The practice had reviewed the coding of their patient data and amended it to accurately reflect the clinical needs of their patients. On the day of inspection we saw that the exception rate for the cervical screening had fallen from 19% to 4%. There was a policy to offer text message reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they

encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer screening. According to 2015-16 data, in total 75% of patients eligible had undertaken breast cancer screening, which was comparable to the CCG average of 76% and the national average of 73%. In total 55% of patients eligible had undertaken bowel cancer screening, which was comparable to the CCG average of 55% and the national average of 58%.

The practice had taken significant steps to promote the benefits of bowel screening in order to increase patient uptake and ran a pro-active promotional campaign since September 2016. The practice had created a new practice policy on bowel cancer screening and trained staff to improve staff awareness about the national screening programme. On the day of inspection we observed a reception staff prompting patients to book their bowel screening appointment whilst attending the practice for other appointment. The practice had developed a new patient information leaflet, business cards, proactively contacted eligible patients and advertised on television screen and dedicated notice boards in the waiting areas. The practice had contacted hard to reach groups such as two patients in prison, eight partially sighted patients and two patients with learning disabilities to offer personalised assistance for completion of the screening. We saw recent data which demonstrated the significant impact of steps taken and the bowel cancer screening uptake had increased from 55% to 73%. The practice informed us that this was better than the highest performing CCG average (67%) in England. However, recent national data was not available to validate this information.

The practice informed us they had resolved the coding issues which had impacted the childhood immunisation rates for the vaccines given to under five year olds during previous inspection. During this inspection we found childhood immunisation rates for the vaccines given were comparable or higher than the CCG and national averages. For example:

# Are services effective?

(for example, treatment is effective)

- Childhood immunisation rates for the vaccines given in 2015/16 to under two year olds ranged from 92% to 96%, these were higher than the national expected average of 90%.
- Childhood immunisation rates for vaccines (MMR Dose 1) given in 2015/16 to five year olds were 91%, these were comparable to the CCG average of 94% and the national average of 94%.
- Childhood immunisation rates for vaccines (MMR Dose 2) given in 2015/16 to five year olds were 91%, these were higher than the CCG average of 87% and the national average of 88%.

Patients were encouraged to attend NHS health checks with nurses or assistants, and the practice had achieved an attendance rate of 62% for patients aged 40–74 in last five years. This was significantly higher than the local authority average of 42% and national average of 48% in 2016/17. Patients attending these health checks were referred as required to smoking cessation services, exercise schemes and dietary advice. 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

At our previous inspection in August 2016, the practice was rated as requires improvement for providing caring services. Data showed that patient outcomes were mixed compared to others in the locality for several aspects of care. Carers were being supported to access services but the practice had only identified 76 patients (0.63%) of the practice patient population list size who were carers.

Improvements had been made at this inspection and we found:

### Kindness, dignity, respect and compassion

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

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

All of the 38 patient CQC comment cards we received were positive about the service experienced. Patients providing positive feedback said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with three patients and two members 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. They spoke highly of the staff and how caring and attentive they were. This was supported in the conversations we held with three other patients we spoke with on the day. Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required. We noted the practice was aware of their patients social and medical needs. We saw an example when the practice responded compassionately and holistically by putting the family in contact with the social worker who made the arrangements to relieve the stress for the patient.

Results from the national GP patient survey, published in July 2016 showed most patients felt they were treated with compassion, dignity and respect. The practice was mostly above the CCG average and the national average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 88% of patients said the last GP they spoke with was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 92% of patients said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 84% of patients said the last nurse they spoke with was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.

We noted that the previous national GP patient survey results had been published in July 2016, which meant that the above survey results were not reflecting the outcome of all positive steps the practice had taken to improve the patient's experience.

We saw evidence that the practice had reviewed above survey results and had developed an action plan to address issues identified in the survey.

The practice had received 173 responses to the NHS Friends and Family test for the period between August 2016 and February 2017. Of which 95% of the respondents stated they were extremely or likely to recommend the practice.

Local Healthwatch carried out a survey for the period between August 2016 and March 2017. Of which 82% patients responded positively.

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

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

## Are services caring?

Results from the national GP patient survey, published in July 2016 showed patients responded less positively to questions regarding nurse consultations, specifically about their involvement in planning and making decisions about their care and treatment and results were mixed compared to the CCG average and the national average. For example:

- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

We saw the practice had developed an action plan to address issues identified regarding nurse consultations from the July 2016 survey results. For example, the practice had appointed a lead GP for the nursing team with protected time. The lead GP had held regular meetings with the nursing team and provided support to improve their consultation skills. The practice had offered an appraisal to both nurses and provided support for their revalidation.

The practice had carried out an internal patient survey in December 2016 about the quality of care provided by the nurses during consultations.

The practice had received 438 responses. Of which 98% of the respondents stated that the quality of consultation with nurses were good or very good.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. The practice informed us that notices on the display screen in the reception areas informing patients this service was available.

- Information leaflets were available in easy read format.

### **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 had secured the funding and launched a project 'you care, we care' to identify carers to enable them to access the support available via the practice and external agencies. The practice had actively contacted patients to specifically identify more young carers. The practice had revised their policy, redesigned new patient questionnaire, improved staff awareness and advertised patient information leaflets. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice had nominated a member of staff as a carer's champion. The practice was offering weekly drop-in clinics for carers at both sites. The practice's computer system alerted GPs if a patient was also a carer. The practice register of patients who were carers had increased from 76 (0.63%) patients to 299 patients (2.5% of the practice patient population list size). Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

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

At our previous inspection in August 2016, the practice was rated as good for providing responsive services. Patients we spoke with on the day of inspection said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice had responded to complain in a timely manner and learning was shared with staff.

Significant improvements had been made at this inspection and we found:

### Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and systems were in place to address identified needs in the way services were delivered. Many services were provided from the practice including diabetic clinics, smoking cessation clinics, dietician clinics, mother and baby clinics and a family planning clinic. The practice worked closely with health visitors to ensure that patients with babies and young families had good access to care and support. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice informed us on average they were offering 35 home visits per week.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines.
- The practice had installed a touch screen check-in facility at the branch practice (Newton Court Medical Centre) to reduce the queue at the reception desk.
- The practice website allowed registered patients to book online appointments and request repeat prescriptions.
- There were disabled facilities, a hearing induction loop and translation services available. The practice provided a low level desk at the front reception.
- The practice had higher than average older patients (85+ years old) on its register, which represented 4% of its patient list size, compared to the national average of 2%. The practice had responded to the needs of older patients with complex conditions by developing a 'pro-active care scheme' during the winter time. This scheme had helped to meet the complex health needs of the older patients and they were referred to the social services as required. This scheme had been evaluated and recognised by Health Education England. This scheme had identified more than 2000 patients with frail characteristics and the practice was planning a targeted approach to deliver the services to most frail patients later in the year.
- An anti-coagulation clinic was offered onsite, resulting in 151 patients who required this service not having to travel to local hospitals. The practice had recruited two clinical pharmacists as the lead role in carrying out medicine reviews for patients on anti-coagulation register and elderly patients with complex needs.
- An electrocardiogram (ECG) service was offered onsite. An electrocardiogram (ECG) is a simple test that can be used to check heart's rhythm and electrical activity. Sensors attached to the skin are used to detect the electrical signals produced by heart each time it beats.
- An ultrasound scan service was offered onsite. An ultrasound scan is a procedure that used high-frequency sound waves to create an image of part of the inside of the body.
- The practice installed an automatic floor mounted blood pressure monitor in the waiting area for patients to use independently and results were checked by the clinicians and recorded in their records.
- The practice had worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice offered services to 17 patients at the probation bail hostel. The practice was pro-active and flexible in accommodating their medical appointments and hostel visits by taking into consideration their past history and medical needs.
- In addition the practice was offering services to three learning disabilities home, two nursing homes and a residential home. There was a dedicated member of staff who was acting as a regular link to oversee the

# Are services responsive to people's needs?

## (for example, to feedback?)

registration process to ensure the practice had gathered previous medical history and necessary patient information to ensure delivery of services in a safe and effective manner.

Since our previous inspection in August 2016 the practice had made further improvements and we found:

- The practice had contacted hard to reach groups such as two patients in prison, eight partially sighted patients and two patients with learning disabilities to offer personalised assistance for completion of the bowel screening, these steps had contributed to increase the bowel cancer screening uptake from 55% to 73%. However, recent national data was not available to validate this information.
- The practice had worked closely with the external organisations and local school as part of 'you care, we care' project and identified three young carers.
- The practice was forward thinking and responded to the needs of ageing population by winning a bid to have dementia friendly status. The practice was part of network of practices across the Thames Valley who had committed to develop an action plan which involved bringing in best practice to benefit the patients with dementia and their carers. The practice was in the process of implementing changes which would help to identify more patients with early risk of dementia and the practice was expecting improved outcomes for patients with dementia in the future.
- The practice had organised health education and awareness workshops delivered by practitioners, to support patients self managing their long term conditions better due to improved lifestyles. The practice co-designed workshops in consultation with patient participation group (PPG) which included diabetes, dementia, arthritis (a condition that causes pain and inflammation in a joint) and heart disease.

### Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. The practice offered a range of scheduled appointments to patients every weekday from 8.30am to 5.50pm including open access appointments with a duty GP throughout the day. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them. The practice offered extended hours appointments at the branch practice (Newton Court

Medical Centre) every Monday evening from 6.30pm to 8.30pm. In addition, the patients at the practice were offered extended hours appointments through a East Berkshire extended hours service Monday to Friday from 6.30pm to 9pm, Saturday from 9.30am to 4pm and Sunday from 9.30am to 4pm at Kings Edward Hospital and Saint Marks Hospital. We saw these extended hours appointments were advertised on the practice website and was displayed in the waiting area.

We checked the online appointment records of three GPs and noticed that the next pre-bookable appointments with named GPs were available within two weeks and any GP within one week. Urgent appointments with GPs or nurses were available the same day.

Results from the national GP patient survey, published in July 2016 showed that patient's satisfaction with how they could access care and treatment were better than the CCG average and the national average. For example:

- 81% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and national average of 73%.
- 87% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and national average of 85%.

The practice had a system in place to assess:

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

The practice operated a triage system for urgent on the day appointments. Patients were offered an urgent appointment, telephone consultation or a home visit where appropriate. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

### 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.

# Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. The complaints procedure was available from reception, detailed in the patient leaflet and on the patient website. Staff we spoke with were aware of their role in supporting patients to raise concerns. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at seven complaints received in the last 12 months and found that all written complaints had been addressed in a timely manner. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the manager or one of the GPs. We saw the practice had included necessary

information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response. The Ombudsman details were included in complaints policy, on the practice website and a practice leaflet.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a message of concern from a patient regarding the closure of the practice on the social media, the practice had investigated this thoroughly. The practice had contacted the local councillor and organised a public gathering which was attended by 35 patients. The practice had informed patients about their commitment, improvements and action plan for the future and handout from the meeting was posted on the practice website to assure the patients.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection in August 2016, the practice was rated as inadequate for providing well-led services. We observed that the practice had weak governance framework which did not support the delivery of good quality care. For example, we found an unregistered professional had continued to perform nursing duties with lapsed registration. Staff we spoke with raised concerns regarding limited leadership support for the nursing team. Systems and processes to minimise the risk and spread of infection, a consistent monitoring of fridge temperature checks and the management of blank prescription forms for use in printers and handwritten pads were not always managed in line with national guidance. The practice did not have a robust system to monitor and keep nursing staff appraisal records in staff files.

Significant improvements had been made at this inspection and we found the leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care.

### Vision and strategy

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

- The practice had a mission statement which included the delivery of accessible high quality patient care in order to meet the expectations of registered patients by promoting the health and well-being.
- We found details of the aims and objectives were part of the practice's statement of purpose. The practice aims and objectives included providing highly effective and safe healthcare. This also included maintaining a stable, committed and highly trained workforce, in order to provide high quality health care.
- The practice had a clear strategy and supporting business plan which reflected the vision and values and were regularly monitored.
- The practice business plan had identified clear priorities. For example, the practice had taken pro-active steps to meet the health and care needs of higher than average older population.
- The practice sent CQC a service improvement plan, two weeks prior to inspection, detailing the improvements they had completed to address the breaches of

regulation found in August 2016. Our discussions with staff during the inspection showed a clear understanding that the partners and the new practice manager were responsible for driving the improvements identified in the plan. There were a number of improvements that had been completed in a timely manner. The practice demonstrated that they had implemented substantial changes identified in the improvement plan.

- The practice worked well with other organisations to ensure improved care and health outcomes for patients. For example, the support and services provided to the probation bail hostel.

### Governance arrangements

The practice had demonstrated significant improvements during this inspection. Governance and performance management arrangements had been proactively reviewed and reflected best practice. We found an overarching governance framework which supported the delivery of the strategy and good quality care. For example:

- All the partners and staff had worked hard to undertake a complete review of the service.
- There was a clear staffing structure. Improvements had been made in the defining of responsibilities and demonstrating greater accountability.
- The nursing team had appropriate leadership support to enable them to perform their duties effectively.
- The practice had improved the systems and processes in place to effectively monitor recruitment checks, infection control procedures, monitoring of fridge temperature checks and the management of blank prescription forms.
- The practice had improved record keeping and demonstrated improvements in patient outcomes.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. For example, the practice had carried out regular audits to monitor bowel cancer screening uptake.

# Are services well-led?

Good 

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

## Leadership and culture

Leaders had an inspiring shared purpose to deliver and motivate staff to succeed. The partners and GPs in the practice prioritised safe, high quality and compassionate care. They were visible in the practice and staff told us that they were approachable and always took time to listen to all members of staff. Staff told us there was an open atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues.

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:

- 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 were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive staff engagement. Staff at all levels were actively encouraged to raise concerns. There was a clear leadership structure in place and staff felt supported by management. The practice had taken steps to provide effective leadership and support to the nursing team.

- Communication across the practice was well structured. We found regular meetings were held and well attended by the GP partners and all other staff. We reviewed the meeting minutes which covered a range of issues from day to day responsibilities to lessons learnt from complaints and significant incidents.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

- Staff we spoke with informed us they had noticed significant improvements in the last six months. They were extremely supportive of the new practice manager and regarded them highly. Staff told us they were proud of the changes to the service. They said they were clear about their role and how they had directly contributed to improving the service.
- This was a training practice, for doctors who were training to be qualified as a GP. The doctor in post had access to a senior GP throughout the day for support. We received positive feedback from the trainee we spoke with. We also received extensive written feedback from one of the GP Registrars who spoke of the quality of leadership and support received at the practice.

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

The practice had encouraged and valued patients' and staff feedback and engaged them in the delivery of the service.

- The practice had an active patient participation group (PPG) which met on a regular basis and submitted proposals for improvements to the practice management team. For example, the practice had published quarterly newsletter in consultation with the PPG, organised health promotion and awareness workshops, upgraded contents on the practice website and on the notice board in the waiting area following feedback from the PPG.
- The GP partners and practice manager had attended the meetings held with the patient participation group (PPG).
- We spoke with two members of the PPG who confirmed their experience of the practice had been positive. They said the PPG members had seen improvements in the care and treatment patient had received since August 2016. They praised the commitment and hard work of all staff.
- The practice had gathered feedback from patients through the PPG and through surveys including friends and family tests, NHS choices, Healthwatch and complaints received.

# Are services well-led?

Good 

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

- The practice was in discussion with PPG and planned to undertake a comprehensive patient survey in October 2017.
- The practice had also gathered feedback from staff through staff surveys, staff meetings, appraisals and discussion. We saw that appraisals were completed in the last year for staff. Staff told us they felt involved and engaged to improve how the practice was run.
- We noted the staff friends and family test (FFT) results and 94% staff were recommending the practice for treatment and care, compared to the national average of 77%. We also noted that 77% staff were recommending the practice as a good place to work, compared to the national average of 66%.
- We saw clinical staff had been awarded diplomas in family planning and diabetes which enabled the practice to provide these services.
- We saw practice nurses were supported to attend further training in asthma, cytology, travel vaccination, children vaccination and wound dressing.
- The practice informed us that a new practice manager had signed up for a level three leadership course.
- The practice had developed a tool to identify frail older patients and were using this information to plan future services.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the practice had joined a network of practices across the Thames Valley who had committed to develop an action plan which involved bringing in best practice to benefit the patients with dementia and their carers. The practice had secured the funding to become dementia friendly practice.

## Continuous improvement

The leadership team ensured continuous improvement. There were clear proactive approaches to seeking out and embedding new ways of providing care and treatment.

- The continued development of staff skills, competence and knowledge was recognised by the leadership team as integral to ensuring high-quality care. We saw evidence and staff we spoke with told us they are supported to acquire new skills and share best practice.