

# Southmead Surgery

## 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 a comprehensive inspection of Southmead Surgery on 14 July 2016. The practice was rated inadequate and the practice was placed in special measures for a period of six months. Specifically, the practice was rated inadequate for the provision of safe and well-led services. The practice was rated requires improvement for responsive services and good for effective and caring services. We asked the practice to tell us what action they would take to address the breach of regulation found at inspection. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Southmead Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection, on 13 March 2017, was a comprehensive inspection undertaken to check the actions taken had addressed the breach of regulation and to apply an updated rating for the practice.

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

- We found evidence that improvements had been made. The practice had implemented new systems

and processes to evidence these improvements. Our improved rating of good reflects the positive development of leadership and management systems to deliver significant progress in improving services across the board for all patient groups.

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- Southmead Surgery has made significant improvements following the last inspection. The practice should continue to sustain these and ensure further continuous improvements are identified through their governance processes.

The areas where the provider should make improvement are:

- Review the monitoring system of blank prescription stationary to ensure that prescription use is monitored more effectively.

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.

Good



During our previous inspection in July 2016, we identified that:

- There were concerns with the triage system for the walk in clinic, lack of some medicines needed to deal with emergency situations, out of date equipment in the emergency bag and safety alerts not being actioned and recorded appropriately.

At the inspection in March 2017, we found the practice had made a range of improvements:

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons had been shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. Patients 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that 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 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.

During our previous inspection in July 2016, we found concerns relating to responding to patients needs and complaints. We identified that:

- Patients needs were not met and risks relating to an open access clinic were not identified.
- Data from the GP patient survey showed that patients felt there was not always continuity of care within the practice.
- Verbal complaints were not recorded to ensure patients were appropriately responded to.

At the inspection in March 2017, we found the practice had made a range of improvements:

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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 good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from seven examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as good for providing well-led services.

Good



# Summary of findings

During our previous inspection in July 2016, we found concerns regarding governance procedures. We identified that:

- There were concerns with learning from significant events and complaints, actions from safety alerts, systems for logging of blank prescription stationary, governance processes for professional staff checks and building safety checks.

At the inspection in March 2017, we found the practice had made a range of improvements:

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of and complied with the requirements of the duty of candour.
- The GP partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# 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 provider had resolved the concerns for safety, responsiveness and well-led identified at our inspection on 14 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services, such as out of hours GP services.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked with multi-disciplinary teams in the care of older vulnerable patients.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were higher than the average.
- For example, 96% of patients with dementia had been reviewed face-to-face in the previous 12 months compared to the CCG average of 85% and national average of 84%.

**Good**



# Summary of findings

## People with long term conditions

The provider had resolved the concerns for safety, responsiveness and well-led identified at our inspection on 14 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators showed the practice had achieved 99% of targets which was higher when compared to the CCG average (95%) and the national average (90%).
- Performance for Chronic Obstructive Pulmonary Disease (known as COPD, a collection of lung diseases including chronic bronchitis and emphysema) indicators showed the practice had achieved 100% of targets which was similar when compared to the CCG average (99%) and higher when compared to the national average (96%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



## Families, children and young people

The provider had resolved the concerns for safety, responsiveness and well-led identified at our inspection on 14 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good





# Summary of findings

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were above expected achievements in all four areas for standard childhood immunisations.
- The practice had a policy for following up all children who had not attended for immunisations with outside agencies, such as health visitors, and GPs reviewed all records to identify any vulnerabilities or concerns.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided support for premature babies and their families following discharge from hospital.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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

The provider had resolved the concerns for safety, responsiveness and well-led identified at our inspection on 14 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- 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.
- 88% of women aged 25 to 64 had a cervical screening test in the last five years compared to the CCG average of 84% and national average of 81%.
- The practice offered extended opening hours on a Monday morning from 7.20am.

Good



# Summary of findings

- Requesting repeat prescriptions and booking appointments could be done online.

## People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety, responsiveness and well-led identified at our inspection on 14 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- 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 vulnerable patients.
- 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.
- We saw there were 15 patients on the learning disabilities register and nine of the patients (60%) had a recorded health check. The remaining patients had been contacted and invited to attend a health check if appropriate.
- 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 provider had resolved the concerns for safety, responsiveness and well-led identified at our inspection on 14 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- 96% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.
- 95% of patients with mental health conditions had an agreed, documented care plan, which is higher than the CCG average of 92% and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



# Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with local and national averages. 224 survey forms were distributed and 118 were returned. This was a 53% response rate and amounted to approximately 1.8% of the practice's patient list.

- 82% of patients described the overall experience of this GP practice as good compared with the CCG average of 86% and the national average of 85%.
- 75% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Comments showed

that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns. Patients said they felt that the GPs, nurses and receptionist were kind, caring and compassionate.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

We reviewed information and patient feedback about the practice collated via the NHSFriends 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.

- Southmead Surgery achieved 95% satisfaction rate in the NHS Friends and Family Test from March 2016 to March 2017.

# Southmead Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The inspection was led by a CQC Lead Inspector. The team included a GP specialist adviser, an assistant inspector and a second GP specialist adviser (who was shadowing the experienced GP specialist adviser).

## Background to Southmead Surgery

Southmead Surgery provides GP services to 6600 patients in a suburban area of Slough. It is based in an area of mixed ethnicity and this is reflected in its patient list. The locality has a relatively low level of deprivation, with a higher working age population compared to the national average.

The practice has three GP partners and three salaried GPs, four female and two male. It currently has one practice nurse and one healthcare assistant. There are 11 members of administration, reception and support staff, including a practice manager. Southmead Surgery is a training practice and support qualified doctors undertaking their GP training.

Services to patients are provided under a General Medical Services (GMS) contract with NHS England. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

Southmead Surgery comprises two floors. The ground floor has six GP consulting rooms and two nurse treatment rooms. A phlebotomy room and a non-clinical consulting room. The second floor is for administration staff with two

extra consulting rooms. There is step free access to the main entrance, parking (including disabled parking spaces) and automatic entrance doors. The practice has been extended over the years to maximise space.

Information from Public Health England 2015 shows the practice population age distribution is not comparable to national averages; the practice has a higher working age population and a lower elderly population. Of the working population 2% were unemployed which is below the national average of 5%.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the Southmead Surgery is in the least deprived decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas).

The average male and female life expectancy for the practice is 82 and 83 years respectively, which is similar than the national averages of 79 and 83 years.

The practice is open between 8.30am and 1pm, then between 2pm and 6.30pm Monday to Friday (opening at 7.10am on Monday). Telephone lines are open between 8.30am and 1pm, then between 2pm and 6pm Monday to Friday. When the practice is closed the East Berkshire out of hours service covers the phone lines. The practice has opted out of providing out of hours services to their patients. The out of hours service is provided by East Berkshire out of hours service and is accessed by calling NHS 111. Advice on how to access the out of hours service is contained in the practice leaflet, on the patient website and on a recorded message when the practice is closed.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

# Detailed findings

Southmead Surgery is registered to provide services from the following location:

Blackpond Lane, Farnham Common, Slough, Berkshire, SL2 3ER.

## 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, such as health watch and, the clinical commissioning group and NHS England to share what they knew. We carried out an announced visit on 13 March 2017. During our visit we:

- Spoke with a range of staff (including GPs, an advanced nurse practitioner, the practice manager, and several members of the administration and reception team). We also spoke with ten patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members

- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed 19 comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 comprehensive inspection on 14 July 2016 the practice was rated as inadequate for providing safe services.** There were concerns with the triage system for the walk in clinic, lack of some medicines needed to deal with emergency situations, out of date equipment in the emergency bag and safety alerts not being actioned and recorded appropriately. At this inspection the practice had made improvements to all the concern areas.

### Safe track record and learning

There was a system 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).
- From the sample of seven documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a new system for labelling the results of 24 hour blood pressure monitoring was introduced to ensure the process was efficient, following the wrong patient details being recorded against a set of results.
- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- The practice had reviewed the walk in clinic arrangements and at this inspection all patients attending the walk in service were assessed when contacting the surgery and were offered a timed appointment, to reduce waiting times.
- Arrangements for safeguarding 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. From the sample of documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses level two.
- A notice in the waiting room 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. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

## Are services safe?

- 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. 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. Blank prescription forms and pads were securely stored and there were systems to monitor their use. However, the monitoring system did not always ensure that prescription use was monitored effectively.
- The practice nurse had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire

marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.
- The practice had a comprehensive business continuity plan 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%.

Data from 2015/16 showed the practice was above QOF (or other national) clinical targets:

- Performance for diabetes related indicators showed the practice had achieved 99% of targets which was higher when compared to the CCG average (95%) and the national average (90%).
- Performance for hypertension (high blood pressure) related indicators showed the practice had achieved 100% of targets which was higher when compared to the CCG average (99%) and the national average (97%).
- Performance for mental health related indicators showed the practice had achieved 100% of targets which was higher when compared to the CCG average (96%) and the national average (93%).

The most recent published exception reporting was comparable to the CCG and national averages, the practice had 4% 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). For example:

- The practice levels of exception reporting for diabetes related indicators was 4%. This was lower when compared to the local CCG average of 10% and national average of 12%.
- The practice levels of exception reporting for hypertension related indicators was 1%. This was lower when compared to the local CCG average of 4% and national average of 4%.
- The practice levels of exception reporting for mental health related indicators was 5%. This was lower when compared to the local CCG average of 10% and national average of 11%.

There was evidence of quality improvement including clinical audit:

- There had been 16 clinical audits commenced in the last two years, nine of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit into the outcomes and record keeping for urine samples meant that if a urine sample tested as positive and needed further exploration, there were clear instructions regarding the next steps to be taken in 84% of cases. This was an increase from 47% in the previous audit.
- Information about patients' outcomes was used to make improvements such as: For example, recent action taken as a result included, ensuring National Institute of Clinical Excellence (NICE) guidance was implemented for patients with atrial fibrillation.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. The

# Are services effective?

## (for example, treatment is effective)

practice nurse had undertaken a prescribing course and regularly attended updates for administering vaccines and undertaking health reviews for those with long-term conditions.

- 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 and nurses. 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.
- We reviewed the system used to log training needs. This was a training matrix, which effectively highlighted future learning for all members of staff. This system and the staff files we checked including a review of training certificates indicated staff were up to date with their mandatory 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.
- We found that 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. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### 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 and signposted them to relevant services. 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.
- Smoking cessation advice was available from onsite.

The practice's uptake for the cervical screening programme was 88%, which was comparable with the CCG average of 84% and higher than the national average of 81%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice

## Are services effective?

(for example, treatment is effective)

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 bowel and breast cancer screening. Breast cancer screening uptake was 78%, compared to the national average of 73%. Bowel screening uptake was 59%, which was comparable to the national average of 58%.

Childhood immunisation rates for the vaccinations given were higher when compared to the national averages.

There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved the target in all four areas. These measures can be aggregated and scored out of 10, with the practice scoring 9.8 (compared to the national average of 9.1).

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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same gender.

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 91% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 95% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 91% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

### 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. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals. The practice had implemented a young person's friends and family test form to encourage younger patients to leave feedback.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.

## Are services caring?

- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The NHS e-Referral Service was used with patients as appropriate. (The NHS e-Referral Service is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

### **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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 126 patients as carers (1.9% of the practice list). The practice had recently appointed a carers lead who had designed an information pack detailing services available to carers to help ensure that the various services supporting carers were coordinated and effective. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, their usual GP contacted them and 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 comprehensive inspection on 14 July 2016 the practice was rated as requires improvement for providing responsive services.** We found concerns relating to responding to patients needs and complaints. We identified that:

- Patients' needs were not met and risks relating to an open access clinic were not identified.
- Data from the GP patient survey showed that patients felt there was not always continuity of care within the practice.
- Verbal complaints were not recorded to ensure patients were appropriately responded to.

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice had changed the process for the open access clinic to ensure that patients were assessed to their level of need at the point of contact and were given a time specific appointment to ensure their waiting times were reduced.
- 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 took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- The practice was fully accessible for people with disabilities and mobility difficulties. We saw that the waiting areas and consulting and treatment rooms were

large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. All treatment rooms were on the ground floor and patients with mobility issues would be seen in consultation rooms on the ground floor. The practice had a step free access, an automatic door entrance to help those with mobility difficulties and a lowered reception desk.

- The practice referred patients to other services for social issues and public health issues, such as the Live well Stay well service (which aims to support patients to understand the impact of lifestyle choices on their mental and physical health).
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

### Access to the service

The practice was open between 8.30am and 1pm, then between 2pm and 6.30pm Monday to Friday (opening at 7.10am on Monday). Telephone lines are open between 8.30am and 1pm, then between 2pm and 6pm Monday to Friday. When the practice is closed East Berkshire out of hours service offers emergency cover. 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.

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

- 68% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 80% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 85% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 88% and the national average of 85%.



# Are services responsive to people's needs?

## (for example, to feedback?)

- 92% of patients said their last appointment was convenient compared with the CCG average of 92% and the national average of 92%.
- 75% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 48% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 57% and the national average of 53%.

The practice were aware of the lower satisfaction with waiting times and opening hours and had recently worked with the patient participation group to run a survey to find out what improvements the patients wanted. At the time of our inspection, the results had only just been shared with the practice and were due to be discussed at the next clinical meeting in March 2017.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

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

This was done by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Leaflets were displayed on the notice board in the waiting area and there was details of how to complain on the website and in the patient leaflet.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. The practice had, since the last inspection, recorded all verbal complaints, as well as written ones, and had used them to discuss any trends and actions.

# 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 comprehensive inspection on 14 July 2016 the practice was rated as inadequate for providing well-led services.** There were concerns with learning from significant events and complaints, actions from safety alerts, systems for logging of blank prescription stationary, governance processes for professional staff checks and building safety checks. At this inspection the practice had made improvements to all the concern areas.

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice mission statement had been developed and implemented as a team.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- The practice had implemented a software system to ensure all areas of the practice were managed consistently. This involved in putting all of the information relating to staff, practice policies and onsite stock into the system and developing it to remind and share information with all members of the practice team. Significant events and complaints were inputted into the system and this was then shared with each team member and tasks allocated to the appropriate member of staff. The system highlighted when medicines were going out of date and when staff needed to complete any training.

- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held weekly 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.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. All outstanding actions and areas requiring improvement highlighted at the previous inspection in July 2016 had been assessed and changes implemented.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

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

The provider was aware of and had systems 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. From the sample of seven documented examples we reviewed we found that the practice had systems 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 was a clear leadership structure and staff felt supported by management.



# Are services well-led?

Good 

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- 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. Minutes were comprehensive and were available for practice staff to view on the online system. The system also documented when they had been read by team members.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- the NHS Friends and Family test, complaints and compliments received
- staff through: an annual staff survey, which was scheduled for the week following the inspection and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management add your own examples of where the practice had listened to staff feedback. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice had an 'over and above fund' which was used to reward staff members who had excelled and offered a heightened service to patients.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had recently been formed and the practice had enlisted the support of the local PPG advisor to ensure that the service was utilised appropriately.

## 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. The practice referred patients to onsite physiotherapy services and offered onsite phlebotomy services. They also referred patients to a local support service when further social support was needed.