

Drs T A Underwood & V A Pizura

Quality Report

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Date of inspection visit: 25 May 2016
Date of publication: 22/06/2016

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 Drs T.A. Underwood and V.A. Pizura on 25 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Most patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make GP appointments, although there could be a delay before seeing a named GP. Urgent appointments were available on the same day.
- The practice had good facilities and was 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 and complied with the requirements of the duty of candour.

We saw two areas of outstanding practice:

- The practice provided a 'reversing diabetes' programme. Patients with type 2 diabetes were supported to manage their condition through weight loss and diet and reduce reliance on medicine. 103 patients had participated in the programme and 37 of these had three years of follow-up study. 59% of the patients who had three years follow up had experienced improvement in diabetes. 12 patients managed diabetes through diet alone and no medicine and 10 patients were prediabetic or non diabetic.

Summary of findings

- The practice website provided comprehensive information for patients with a wide variety of health and emotional needs. GPs used the website as an educational resource and referred patients to this during consultations to direct patients to relevant services. The website included information about technology that patients could use to promote a healthy lifestyle.

The areas where the provider should make improvement are:

- Ensure that there are single versions of both the adult and child safeguarding policies available to staff.

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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly in line with the national average. Where figures were slightly below national averages the practice described measures that were being taken to make improvements.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- We observed a strong patient centred culture.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Most patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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 were instrumental in setting up a community fibroscan service for liver investigation
- Feedback from patients was that access to a named GP was not always available quickly, although urgent appointments were available the same day.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision 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 a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong 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 people.

- 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 provided visits and monitoring for patients at local nursing homes and liaised with relevant health and social care professionals and nursing home staff.
- There was a dedicated page on the practice website providing information for older patients about health screening and immunisations.
- The practice referred older patients to services to help reduce isolation where appropriate.
- GPs reviewed all patients aged over 75 within three days of discharge from hospital.
- The practice had compiled a register of patients with frailty to ensure that the needs of these patients were monitored and met.

Good



People with long term conditions

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

- GPs and 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 was slightly lower than the national average for some indicators.
- The practice offered a 'reversing diabetes' programme whereby patients with type 2 diabetes were supported to manage their condition through weight loss and diet, and reduce the need for medicine.
- Longer appointments and home visits were available when needed.
- 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.

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.
- Immunisation rates were relatively high 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, and we saw evidence to confirm this.
- The practice average for cervical screening was in line with CCG and national averages.
- 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 nurses.
- There was a dedicated page on the practice website providing information for young people about confidentiality, sexual health, smoking, drugs and alcohol, and emotional support. There was also information for new mothers about breast feeding.

Good



Working age people (including those recently retired and students)

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

- 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 practice offered face to face and telephone appointments.
- Early morning, evening, and weekend appointments were available.
- There was a text reminder and cancellation service for appointments.
- As a result of increasing numbers of students registering, the practice had carried out a survey to seek the views of this population group. Results demonstrated positive feedback. Where areas for development were highlighted the practice acted on these, such as increased appointment availability.

Good



Summary of findings

- The practice had provided extra clinics to help students receive appropriate immunisations when starting university.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances, including patients with learning disabilities, homeless people, travellers, patients who are unable to leave the house.
- The practice offered longer appointments for vulnerable patients where needed.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had liaised with the safeguarding team to enable patients who were unable to leave the house to have home fire safety checks.
- 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 people experiencing poor mental health (including people with dementia).

- The percentage of patients diagnosed with dementia who had their care reviewed in a face-to-face meeting between 1 April 2014 to 31 March 2015 was 75%, which was lower than the CCG and national averages of 84%.
- Performance for other mental health related indicators was in line with CCG and national averages.
- The practice website contained information about dementia and a link to an online dementia screening test.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out care planning for patients with dementia.

Good



Summary of findings

- 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 in January 2016. The results showed the practice was performing in line with local and national averages. 305 survey forms were distributed and 124 were returned. This represented 0.9% of the practice registered population and a 41% response rate.

- 74% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 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 30 comment cards which all contained positive comments about the standard of care received. Three comments cards described difficulty getting appointments with preferred GPs and three stated that they were unhappy with interactions with GPs. However, the majority of comments cards were generally positive about the care and treatment provided by GPs and nurses and described staff as caring, supportive and compassionate.

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

Drs T A Underwood & V A Pizura

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 adviser and a practice manager specialist adviser.

Background to Drs T A Underwood & V A Pizura

Drs T.A. Underwood and V.A. Pizura operate from two premises in Reading. The practice has approximately 13300 registered patients between the two sites. The practice has a high proportion of patients aged 0 to 19 years and 45 to 59 years.

There are two GP partners, three salaried GPs and five long term locum / associate GPs. The practice employs two female practice nurses, and one health care assistant. The practice manager is supported by a team of administrative and reception staff. A number of staff work across both premises.

Services are provided via a Personal Medical Services (PMS) contract (PMS contracts are negotiated locally between GP representatives and the local office of NHS England).

Services are provided from the following locations:

Tilehurst Village Surgery

92 Westwood Road

Tilehurst,

Reading,
Berkshire,
RG31 5PP

Chancellor House Surgery
6 Shinfield Road

Reading,
Berkshire,
RG2 7BW

We visited both sites during our inspection.

When the practices are closed patients can access the Out of Hours Service via NHS 111 service.

Initial registration assessment determined that the practice was non-compliant with a minor impact for all regulated activities in relation to Regulation 21, Requirements relating to workers, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 May 2016. During our visit we:

- Spoke with two GP partners, one salaried GP, one locum GP, one nurse, two members of reception staff, and the practice manager.
- Observed how patients were being cared for and talked with family members
- Reviewed an anonymised sample of 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?

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

- Older people.
- People with long-term conditions.
- Families, children and young people.
- Working age people (including those recently retired and students).
- People whose circumstances may make them vulnerable.
- People experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available. 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, written and verbal apologies 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 at regular significant events meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had reviewed procedures to ensure timely diagnoses as a result of learning from significant events.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. There were two versions of both the child and adult safeguarding policies. However, information was available in treatment and consulting rooms which clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A partner GP was the lead member of staff for safeguarding and the deputy safeguarding lead was a non-clinical member of staff. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other

agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.

- Notices in the waiting room, treatment rooms, and consulting rooms advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Six monthly infection control 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 kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and recorded on delivery. At the time of our visit the practice did not have a system in place to track blank prescriptions that were subsequently computer generated. We discussed our findings with the practice. The practice was able to demonstrate that a tracking system had been put in place following our our visit. We also found that prescriptions awaiting GP signature and patient collection were stored in a location that was staffed, but they were not always stored securely away from patients. The practice told us that they had addressed this and secured these prescriptions following our visit. Patient Group Directions and Patient Specific Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files for recently employed staff and found appropriate recruitment checks had been undertaken prior to employment. For example,

Are services safe?

proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). Where staff had not had checks with the DBS the practice described their process of actively risk assessing this and taking steps to mitigate risk where necessary. The practice told us that DBS checks would depend on the role and responsibilities of the staff member, and that they would be carried out if there was a need for staff to be alone with vulnerable patients.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and poster available in the practice. The practice had up to date fire risk assessments and carried out regular fire drills. 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 in place 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).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty at both practices.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was system for alerting staff to any emergency.
- Staff had received annual basic life support training. We saw guidance on resuscitation displayed in the treatment and consulting rooms.
- The practice had defibrillators available at both 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 areas of both the practices. All staff knew of their general location, but one emergency medicine box was not clearly labelled and therefore more difficult for staff to locate. All the medicines we checked were in date and stored securely.

The practice had comprehensive business continuity plans in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and 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 95% of the total number of points available.

Data from 2014 to 2015 showed:

- Performance for diabetes related indicators was slightly lower than the national average in some areas. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within 1 April 2014 to 31 March 2015 was 71%, compared to the CCG and national averages of 88%. The practice reported that these figures were due to previous staff shortages and stated that they were taking steps to encourage patients to attend, such as providing reminders and recruiting a new member of administrative staff to improve recall. Current figures held by the practice, for 2015/16, were 75% and showed slight improvement.
- Performance for mental health related indicators was variable compared to the national average. For example, the percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, between 1 April 2014 to 31 March 2015 was 93%, compared to the CCG average of

90% and the national average of 88%. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review between 1 April 2014 to 31 March 2015 was 75% compared to the CCG and national averages of 84%. The practice told us that they sent patients repeat reminder letters, but some patients declined to attend for appointments.

- The percentage of patients with hypertension in whom the last blood pressure reading measured between 1 April 2014 and 31 March 2015 was within the target range was lower than the national average. The practice average was 74% compared to the CCG average of 81% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been 29 clinical audits completed in the last two years, eight of these were repeat audits where the improvements made were implemented and monitored.
- The practice participated in local audits, local benchmarking, peer review and research.
- Findings were used by the practice to improve services. For example, the practice provided a 'reversing diabetes' programme whereby patients with type 2 diabetes were supported to manage their condition through weight loss and diet and reduce reliance on medicine. 103 patients had participated in the programme and 37 of these had three years of follow-up study. 59% of the patients who had three years follow up had experienced improvement in diabetes. 12 patients managed diabetes through diet alone and no medicine and 10 patients were prediabetic or non diabetic.

Effective staffing

Staff had the skills, knowledge and experience 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. For example, staff reviewing patients with long-term conditions had training in areas such as asthma, COPD, and diabetes.

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received training. 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, discussion at practice meetings, and attendance at training.
- 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. Staff had received appraisals within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to in-house and external training.
- 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 patients, 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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking, and those experiencing emotional and mental health difficulties. Patients were signposted to the relevant service.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on regular basis. Care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 78% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of females, aged 50 to 70 years, screened for breast cancer in last 36 months was 70% which was slightly higher than the CCG average of 66% and national average of 72%. The percentage of patients, aged 60 to 69 years, screened for bowel cancer in last 30 months was 51% which was similar to the CCG average of 50% and slightly lower than the national average of 58%. The practice told us that they contacted all patients who did not participate in screening.

Childhood immunisation rates for the vaccinations given were higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 96% and five year olds from 93% to 98%. This was compared to CCG averages where vaccinations given to under two year olds ranged from 81% to 93% and five year olds from 81% to 92%.

Are services effective? (for example, treatment is effective)

Patients had access to appropriate health assessments and checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice website contained detailed information for patients of different ages and with various physical and

mental health conditions. Comprehensive information was included about health screening and links to other health and social care organisations were available. The website also contained details of technology that patients could access to promote a healthy lifestyle.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

All of the 30 patient Care Quality Commission comment cards contained positive comments about the service experienced. Most patients said they felt the practice offered an excellent service and that staff were helpful, caring and treated them with dignity and respect.

We spoke with three 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. Most comment cards 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 in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.

- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% 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. The majority of patients 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 mostly positive and aligned with these views. We also saw that care plans were personalised.

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 to the CCG average of 83% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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.
- Staff told us that they gave patients printed and written information about their treatment and about available services.

Patient and carer support to cope emotionally with care and treatment

There were some patient information leaflets and notices were available in the patient waiting area which told

Are services caring?

patients how to access a number of support groups and organisations. There was also a screen in the waiting area which provided information. Information about sources of emotional support was available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 73 patients as carers (0.5% of the practice list). The practice supported

carers to access respite care if needed. Written information was available to direct carers to the various avenues of support available to them and the practice website also contained information.

Staff told us that if families had suffered bereavement, their usual GP contacted them and gave advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was instrumental in helping set up a community fibroscan service for liver investigation which was scheduled to start later in 2016 and would be hosted at the practice.

- The practice offered early morning, evening, and weekend appointments for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Prescriptions could be booked online and at the surgery.
- Appointments could be made online, over the telephone, or at the surgery.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities, a hearing loop and translation services available. However, there was no lowered area of the reception desk in either practice for patients using wheelchairs. The practice planned to address this as part of the renovation project.
- Appointments were offered on the ground floor for patients who experienced difficulty using stairs.
- There were methods to assist patients who did not speak English to access the service. For example, there was access to interpreting services, check in screens could be used in a number of languages, and some GPs spoke multiple languages.
- There were baby changing facilities available.

Access to the service

Tilehurst Village Surgery and Chancellor House surgery were open for patient appointments between 8am and

6.30pm Monday to Friday. Tilehurst Village surgery was open early mornings from 7.30am on Monday, and on Tuesday evenings until 7.30pm. Chancellor House Surgery was open early mornings from 7.00am on Friday, and on Tuesday evenings until 7.30pm. Both practices were open for appointments on alternate Saturday mornings.

In addition to pre-bookable appointments that could be booked up to six 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.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 75%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them and most feedback about appointments on the comments cards was also positive. Some patients reported delays in obtaining appointment with preferred GPs.

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.

GPs would telephone 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, appropriate 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 from reception and on the practice website.

We looked at 14 complaints received in the last 12 months and found that these were dealt with in a timely way and that there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends

and action was taken to as a result to improve the quality of care. For example, the practice responded with an explanation and full written and verbal apology to a patient who complained about interactions with practice staff. Discussion with staff about interactions with patients took place to ensure learning occurred as a result of the complaint.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust 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 in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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 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 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 patients reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us 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.
- Staff said they felt respected, valued and supported, by the partners and practice manager 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.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and discussed proposals for improvements with the practice management team. For example, following feedback the practice had reviewed the appointment system and planned to provide patient information leaflets about the nature of urgent and non-urgent appointments.
- The practice had gathered feedback from staff 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. For example, staff told us that they could ask for any required training and be provided with this. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Are services well-led?

Good 

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

There was a focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was helping set up a community fibroscan service for liver investigation.