

# Theale Medical Centre

#### **Inspection report**

**Englefield Road** Theale Reading Berkshire RG7 5AS Tel: 0118 930 2513. www.thealemedicalcentre.com

Date of inspection visit: 27 February 2019 and 5 March 2019

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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 location | Requires improvement |  |
|----------------------------------|----------------------|--|
| Are services safe?               | Requires improvement |  |
| Are services effective?          | Requires improvement |  |
| Are services caring?             | Good                 |  |
| Are services responsive?         | Good                 |  |
| Are services well-led?           | Inadequate           |  |

# Overall summary

We carried out an announced comprehensive inspection of the practice on 27 February and 5 March 2019 as part of our inspection programme. The practice was previously inspected in March 2017, with an overall rating of requires improvement, as safe and well-led were rated as requires improvement. A follow up inspection was undertaken in October 2017 and the practice was rated as good overall.

Our judgement of the quality of care at this service is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about the service and information from the provider, patients, the public and other organisations.

The practice is rated as:

Are services safe? - Requires Improvement

Are services effective? – Requires Improvement

Are services caring? - Good

Are services responsive? - Good

Are services well-led? - Inadequate

#### This practice is rated as requires improvement overall.

We concluded that:

- The practice had clear systems, practices and processes to keep people safeguarded from abuse.
- Patients were supported, treated with dignity and respect and were involved as partners in their care.

However, we also found that:

- The practice did not always have systems to keep people safe.
- People's needs were not always met by the way in which services were organised and delivered.
- The delivery of high quality care was not always assured by effective governance procedures.

The areas where the provider **must** make improvements

• Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements

• Ensure systems for monitoring cervical screening outcomes are fully embedded and effective.

#### Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

### Population group ratings

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

#### Our inspection team

On 27 February our inspection team was led by a CQC inspector and included a second inspector, GP specialist

advisor, nurse specialist advisor and a pharmacy specialist. On 5 March our inspection was led by a lead inspector and included a nurse specialist advisor and a different GP specialist advisor.

## Background to Theale Medical Centre

Theale Medical Centre provides primary care services to approximately 10,800 patients from a purpose built building in a semi-rural area of Reading. The premises are accessible for patients and visitors who have difficulty managing steps. All patient services are offered on the ground floor, with administration offices over both floors. The practice comprises nine consulting rooms, four treatment rooms, a patient waiting area, reception area, administrative and management offices and a meeting room. The practice also offers services from a branch surgery in Calcot.

The practice population of patients aged between 0 to 9 years and 40 to 64 years are higher than the national average and there are slightly lower number of patients aged above 80 years old compared to the national average. The practice serves a small ethnic population (8%), with the majority of patients being from a white

British background. The practice is located in a part of Reading with low levels of income deprivation, although there are pockets of high deprivation within the practice boundary.

Services are provided via a General Medical Services (GMS) contract. (This is the contract between general practices and NHS England for delivering primary care services to local communities). Services are provided from the following two sites:

Theale Medical Centre, Englefield Road, Reading, West

Berkshire, RG7 5AS

And

Calcot Surgery, 72a Royal Avenue, Calcot, Reading, RG31 4UR.

We visited Theale Medical Centre during this inspection.

## **Enforcement actions**

## Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

#### Regulation Regulated activity Diagnostic and screening procedures Regulation 17 HSCA (RA) Regulations 2014 Good governance Family planning services · Our inspection found governance systems in place to Maternity and midwifery services assess, monitor and mitigate risks to the health and Surgical procedures welfare of patients were inconsistently operated and managed. Treatment of disease, disorder or injury • There was a lack of consistent policies and procedures to govern clinical activity which had resulted in a backlog of around 103 records awaiting summarising with the oldest being received into the practice in April 2018. • Recall systems for long-term conditions were inconsistently managed. • There was a lack of a process for reviewing patients coded as having hypertension who were no taking hypertension medicines. There was a lack of a system to ensure structured oversite of clinicians clinical work, particularly those with extended clinical roles.