

Ragstone Road Surgery

Quality Report

Ragstone Road Surgery
40 Ragstone Road
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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.

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Overall summary

Letter from the Chief Inspector of General Practice

This inspection was a short notice announced focused inspection carried out on 5 April 2017 in response to information of concern received by CQC since February 2017. The practice had received a comprehensive inspection in June 2016 and this was followed up with a desk based exercise in February 2017. The practice was rated good following these previous inspections. The full

comprehensive report, and shorter desk top review report, following the inspection on 16 June 2016 can be found by selecting the 'all reports' link for Ragstone Road Surgery on our website at www.cqc.org.uk.

The information received by CQC indicated:

- Inconsistent response to patient requests for a call from a practice GP.
- Information received from external sources was not being entered into patient records in a timely manner.

Summary of findings

- The practice was not being kept tidy and clean.
- Test results were not being followed up in a timely manner.

We also reviewed how the practice responded to complaints. CQC had, in the previous four months, received copies of complaints lodged with the practice.

We have not updated the ratings for the practice as this inspection focused on specific areas of service delivery and the concerns raised.

Our key findings were as follows:

- Entry of clinical information into patient records was undertaken in a timely manner by appropriately trained staff.
- GPs called patients back on the day the patient requested to be called. Records of the return call were kept and these identified action required from the telephone consultation.
- Medical test results and correspondence from other providers of care and treatment were reviewed by the GP on duty on the day they were received. The action identified from correspondence and results was clearly documented and actioned either immediately or on the day following receipt. Records showed that the GPs clearly identified the urgency for action to be taken.
- The practice was kept clean and tidy. However, two disposable curtains around an examination couch had not been replaced in accordance with the practice replacement schedule.

The provider should:

- Ensure disposable curtains in clinical rooms are replaced every six months.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Ragstone Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was undertaken by a lead CQC inspector.

Background to Ragstone Road Surgery

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

Ragstone Road Surgery is one of the practices within Slough Clinical Commissioning Group (CCG) and provides general medical services to approximately 3,300 registered patients. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

All services are provided from:

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

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

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

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

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

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

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

Detailed findings

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

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

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

Why we carried out this inspection

We undertook a comprehensive inspection of Ragstone Road Surgery on 16 June 2016 under Section 60 of the

Health and Social Care Act 2008 as part of our regulatory functions. This inspection was subsequently followed up in February 2017 with a desktop review of evidence supplied by the practice. Both inspections resulted in the practice being rated as good. The full comprehensive report, and shorter desktop review report, following the inspection on 16 June 2016 can be found by selecting the 'all reports' link for Ragstone Road Surgery on our website at www.cqc.org.uk.

We undertook this responsive focused inspection of Ragstone Road Surgery on 5 April 2017. This inspection was carried out in response to information of concern received by CQC since the last inspection of the practice.

How we carried out this inspection

During our visit we:

- Spoke with a member of the practice admin team, the practice manager, a GP and the business manager.
- Looked at information the practice used to deliver care and the appointment system.

We had notified the practice the day before inspection of our intention to visit.

Are services safe?

Our findings

Overview of safety systems and process

CQC had received information advising that the practice was not being maintained in clean and tidy manner. We inspected consulting rooms, the treatment room and non-clinical areas. We found all to be clean and tidy and noted that the cleaning schedule had been followed and standards of cleanliness checked.

The practice had undertaken an audit of cleaning standards and processes to reduce the risk of cross

infection in the two weeks prior to inspection. The report of the audit was in draft awaiting review by senior managers and clinicians. During our walk through the practice we found that the audit had not identified two disposable curtains used around the examination couch in a consulting room that had not been changed in the last six months. This did not comply with best practice guidance or the practice replacement programme. The practice confirmed later on the day of inspection that these two curtains had been replaced.

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

Information received by CQC indicated that staff were not appropriately trained to undertake data entry or effectively use the practice computer system. Our review of training data showed all staff had received training in use of the patient database during induction. We found staff who undertook data entry to be appropriately trained and saw data entry being undertaken in a comprehensive and timely manner during our inspection.

Coordinating patient care and information sharing

CQC had been told that information, relating to care patients received from other health, voluntary or social

care organisations was not being recorded in patient records in a timely manner. We found that three members of staff had been trained in data entry and summarising of patient records. These staff undertook entry into patient records on a daily rota. We looked at the summarising procedure and found that the practice was up to date in processing entries into patient records. On the day of inspection we found information received and reviewed by a GP on the previous day was being entered into the patient records. Scanning of patient information received from other sources was also undertaken on a daily basis. We found that scanning of such data was being undertaken in a timely manner to enable GPs and other clinical staff to obtain up to date information if they personally saw or consulted with a patient by telephone.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We had received information of concern regarding patients not receiving a call back from a GP when they requested advice. We checked the records of such requests for the two weeks prior to inspection. The records identified that patients requesting a GP call received a call on the day of request unless they asked for a call back from a specific GP who was not available that day.

We also reviewed the turnaround of prescription requests and found that the practice had no outstanding prescriptions to process on the day of inspection. All requests for repeat prescriptions had been dealt with and the prescriptions were awaiting collection by the patient.

We had also been advised that results of medical tests and correspondence from other providers of health care were not being reviewed or actioned in a timely manner. The practice had a system for dealing with both results and correspondence and we found that this system was being managed in a timely way. We looked at the results that had arrived on the day of and the day before inspection. We found that the actions identified from results received the day before inspection had been taken or were being processed at the time of inspection. The results from the day of inspection had been reviewed by the GP on duty that day. All had actions identified and were ready to be processed.

Listening and learning from concerns and complaints

CQC had received copies of three complaints about the service provided at the practice since late 2016. We reviewed the practice's complaints procedure and found this complied with current best practice guidance. We also looked at the practice's responses to complaints received in the last six months. We found:

- The practice conducted a thorough investigation of concerns received from patients.
- Patients received a comprehensive, timely and comprehensive reply to the concerns they raised.
- A review of each complaint was undertaken by the GPs and the wider clinical team at the weekly clinical team meetings.
- Lessons learnt from complaints were shared with the practice team to avoid recurrence in the future.
- Staff who were subject to a complaint were supported to reflect on their practice and avoid similar complaints arising in the future.

We noted that the practice had identified a trend in complaints and had taken action to support staff to adapt their consultation techniques. We also looked at the friends and family test results for the last three months. These showed that six patients had given compliments to the member of staff who had been the subject of three complaints in the last six months.