

# Reading Walk-in Health Centre

## Quality Report

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Date of inspection visit: 20 April 2016  
Date of publication: 15/06/2016

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	Requires improvement	
Are services safe?	Good	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Requires improvement	
Are services well-led?	Good	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to Reading Walk-in Health Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Reading Walk-in Health Centre (the service is provided by Assura Reading LLP) on 20 April 2016. Overall The service is rated as requires improvement. We had previously inspected in January 2015 and found the service was breaching regulations, specifically good governance and was rated requires improvement overall. We rated the service requires improvement in providing effective and responsive services and good for providing safe, caring and well-led services. Overall we rated the service requires improvement. Since that inspection some improvements have been made, but the service must continue to make further adjustments to ensure it meets the needs of its patients.

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

- There was a system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- The management of medicines, including repeat prescriptions was appropriate.
- The necessary support and procedures were not available to nursing staff to assess patients with long term conditions ongoing needs. Managing long term conditions training was not provided to all nurses.
- Registered patients said they found it difficult to make an appointment with a named GP and there was not always continuity of care. There was action planned to improve the amount of appointments available.
- GP care was delivered in line with current evidence based guidance.
- Staff had most training to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The walk-in service provided patients with the care and treatment they needed in a timely way.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

# Summary of findings

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns, but there was no revisiting of old complaints to ensure improvements were embedded.
- The service 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 service proactively sought feedback from staff and patients..
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Support staff to follow national guidance in the management of patients with long term health conditions, specifically with templates and training, and provide appropriate care to these patients when required.

- Improve the access to appointments and provide adequate levels of trained staff to ensure registered patients receive effective, consistent and safe provision of care and treatment.

The areas where the provider should make improvement are:

- The service should improve uptake of childhood immunisation rates.
- Review the performance of diabetes against national standards and identify improvements to managing ongoing diabetes care.
- Review the processes used to identify and register carers in order to provide any necessary support to this group of patients.

**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 service 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 a written 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 service is rated as requires improvement for providing effective services.

- The systems in place for managing patients with long term conditions were not appropriate. There was a lack of training and staff did not use guidance templates during patients' health checks. Care plans were in place for patients with complex conditions. However, patients with asthma were not provided with care plans.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were lower than the local and national average. The patient population was transient and some management of health conditions was difficult to manage due to its turnover.
- GPs and nurses provided urgent care to walk-in patients based on current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff mostly 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.

Requires improvement



### Are services caring?

The service is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the service similarly to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The service is rated as requires improvement for providing responsive services.

- Practice staff reviewed the needs of its local population and secured some improvements to services where these were identified. However, patients were not always responded to in a way that ensured they could access the services they needed. This potentially affected some patients' continuity of care.
- National survey data and discussions with patients showed they found it difficult to make an appointment with a GP.
- Improvements were planned to the premises to adjust the capacity for providing appointments, including a temporary cap on the patient list.
- The service was well equipped to ensure patients with limited mobility were able to access the premises and receive services.
- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised.

**Requires improvement**



## Are services well-led?

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

- In January 2015 we found the service was not meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 17 Good Governance. At this inspection we found that governance improvements had improved, although there were still concerns which related to other regulations.
- The service had a clear vision and 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 service had a number of policies and procedures to govern activity and held regular governance meetings.

**Good**



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However, this did not always identify risks to patient care. Some processes were not effectively monitored to ensure they were appropriate such as long term condition management.
- The provider was aware of and complied with the requirements of the duty of candour. The service had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The service proactively sought feedback from staff and patients. This was partially acted on although short term measures to alleviate pressure on the appointment system was not taken.

# 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 service is rated as requires improvement for the care of older people.

- There were concerns related to the management of health conditions and availability of appointments which relate to this population group. Therefore it has been rated as requires improvement.
- The service offered proactive, personalised care to meet the needs of the older people in its population.
- The service was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The premises were accessible for patients with limited mobility and poor hearing.
- Patients over 75 had a named GP.

Requires improvement



### People with long term conditions

The service is rated as requires improvement for the care of people with long-term conditions.

- There were concerns related to the management of health conditions and availability of appointments which relate to this population group. Therefore it has been rated as requires improvement.
- Nursing staff led in chronic disease management, but not all had the training to manage these conditions, such as specific qualifications in managing diabetes or respiratory conditions. There was no use of templates to ensure staff followed national best practice in the management of these conditions.
- Where long term conditions led to complications, patients had a named GP and were provided with more intensive support.
- The diagnosis and management plans of patients who may have long term conditions was not being completed in a timely way due to the delay in summarising records for patients who had transferred from a different GP practice.
- The most recent published quality outcomes framework (QOF) results showed 81% of the total number of points available were achieved compared to the CCG average of 91% and national average of 95%.
- The population had challenges for the service to manage, including a high turnover of patients and many new foreign

Requires improvement



# Summary of findings

nationals registering who were not familiar with the NHS system of primary care services. This caused difficulties in managing ongoing care for some patients with long term health conditions.

- Performance for diabetes related indicators was 52% compared to the national average of 80% and regional average of 93%. The service lost two diabetes specialist nurses during the previous year but had worked closely with the local specialist diabetes team to review complex cases.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The process for repeat prescriptions was appropriate and ensured patients were reviewed by a GP when required.

## Families, children and young people

The service is rated as requires improvement for the care of families, children and young people.

- There were concerns related to the management of health conditions and availability of appointments which relate to this population group. Therefore it has been rated as requires improvement.
- 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 people who had a high number of A&E attendances.
- Immunisation rates were relatively low for all standard childhood immunisations up to the age of five, but higher for under twos. The centre had trained two additional nurses to undertake childhood vaccinations and appointed a paediatric specialist nurse during the year to improve uptake.
- Patients told us that children and young people were treated in an age-appropriate way and the rights of under 16s were recognised.
- Specific appointments were allocated for post-natal and children's clinics to enable families with young children to access care.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Joint working with external organisations took place in the management of children at risk of abuse, although the service rarely attended these meetings.

**Requires improvement**





# Summary of findings

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

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

- There were concerns related to the management of health conditions and availability of appointments which relate to this population group. Therefore it has been rated as requires improvement.
- The needs of the working age population, those recently retired and students had been identified and the centre had adjusted services. However, the ability for registered patients to book appointments made accessing care for this population group difficult.
- Patients' feedback on the appointment system was poor overall.
- The service provided online services.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The service is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

- There were concerns related to the management of health conditions and availability of appointments which relate to this population group. Therefore it has been rated as requires improvement.
- Appointment availability for this population group posed a risk if there was not sufficient appointments to see a patient who was deemed vulnerable.
- The service held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The service offered longer appointments for patients with a learning disability.
- The service regularly worked with other health care professionals in the case management of vulnerable patients.
- The service 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.
- Joint working with external organisations took place in the management of patients at risk of abuse or harm, although the service rarely attended these meetings.

**Requires improvement**



# Summary of findings

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

The service is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- There were concerns related to the management of health conditions, including some mental health conditions, and availability of appointments which relate to this population group. Therefore it has been rated as requires improvement.
- Performance for mental health related indicators was 100% compared to the national average 92% and regional average of 91%. Exception reporting for mental health indicators was 11% which matched the national average.
- The service informed us that care plans for patients with mental health problems were provided by the community mental health team and updated by the service periodically and 96% of patients had their care plan reviewed in the last year. The service regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The service carried out advance care planning for patients with dementia.
- The service had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Requires improvement



# 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 service was performing similarly in some aspects of care but poorly in terms of access to appointments. There were 410 survey forms distributed and 84 were returned. This represented 0.9% of the service's patient list.

- 72% of patients found it easy to get through to this practice by phone compared to the national average of 74% and a clinical commissioning group (CCG) average of 75%.
- 76% 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 84% and CCG average of 87%.
- 64% of patients described the overall experience of this GP practice as good compared to the national average of 75% and CCG average of 86%.

- 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 79% and CCG average of 75%.

We received 12 comment cards from patients during the inspection and 11 of these were positive with one negative comment regarding appointments. The majority of patients we spoke with said they were satisfied with staff but there were key concerns regarding appointment availability and the consistency of care received.

The service undertook the friends and family test and 90% of patients said they would recommend the service between January and March 2016.

## Areas for improvement

### Action the service **MUST** take to improve

- Support staff to follow national guidance in the management of patients with long term health conditions, specifically with templates and training, and provide appropriate care to these patients when required.
- Improve the access to appointments and provide adequate levels of trained staff to ensure registered patients receive effective, consistent and safe provision of care and treatment.

### Action the service **SHOULD** take to improve

- The service should improve uptake of childhood immunisation rates.
- Review the performance of diabetes against national standards and identify improvements to managing ongoing diabetes care.
- Review the processes used to identify and register carers in order to provide any necessary support to this group of patients.

# Reading Walk-in Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a nurse specialist adviser, and an expert by experience.

## Background to Reading Walk-in Health Centre

We undertook an inspection of this practice on 20 April 2016.

Reading Walk-in Health Centre is a purpose built GP practice and walk-in centre located in Reading and had a registered patient population of 8,998 patients as of 11 April 2016. The practice provides a walk-in service seven days a week to the local population for any patients who need urgent GP or nurse appointments, regardless of whether they are registered at this or another practice. The service population has some economic deprivation with a significantly high deprivation among patients over 65, of which the practice has low numbers. There is very high proportion of those aged 25 to 40. The service has a very high proportion of employed patients registered and there is a university located nearby. Reading town centre is ethnically diverse, including ethnic groups of sub-continental, African and Eastern European origin. Patient services were located on one floor and the practice is accessible for those with limited mobility. The appointment system and walk-in service were both available to registered patients.

- There are five GPs working at the centre including one bank staff member. There is a mixture of male and female GPs. There are emergency care practitioners (ECPs), advanced nurse practitioners and practice nurses also employed at the centre. A number of administrative staff and a service manager support the clinical team.
- There were 19 GP long sessions provided per week (this equates to 38 traditional GP practice sessions per week or 142.5 clinical hours per week). There were 11 whole time equivalent nurses and paramedic practitioners..
- The service is open between 8am and 8pm seven days a week for walk-in patients and both phone lines and appointments are available during these times for registered patients.
- Out of hours GP services were available when the service was closed by phoning 111 and this was advertised on the service website.
- The service had an alternative provider medical services contract (APMS) for providing both a GP service to registered patients and walk-in service to the general population.

The service was inspected in January 2015 and we found concerns regarding providing responsive and effective services. We issued a requirement notice for regulation 17 Good Governance.

## 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

# Detailed findings

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.

The practice was previously inspected in January 2015 and was rated as requires improvement the responsive and effective domains and good for providing safe, caring and well-led services. The overall rating for the practice was requires improvement and we issued a requirement notice for Health and Care Social Act 2008 Regulated Activities Regulation 17 Good Governance.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 20 April 2016. During our visit we:

- Spoke with a range of staff, including two GPs, three members of the nursing team, the service manager, managers from the provider and reception staff.
- Observed how patients were being cared for and talked with carers and/or 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

- The service had a system in place for reporting, recording and monitoring significant events. 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. Staff told us that they would inform the service manager of any significant events and complaints. We saw that there was a standard form for recording events. These were escalated to the provider based offsite for analysis and review.
- When a significant event had been investigated the findings would be fed back to the staff in clinical team meetings (GP's, emergency care practitioners and Nursing staff), via email and in person where necessary.
- We saw that significant events and complaints were reviewed annually and analysis of the events (including learning) was undertaken at this review. For example, we saw a significant event where a patient's care was not communicated between GPs properly. The outcome was discussed at a clinical team meeting with actions to mitigate a recurrence. We saw an example where an incident led to a clinical audit taking place.

### Overview of safety systems and processes

- 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. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Although staff informed us they attended safeguarding meetings, there was only evidence of a meeting from June 2016.

- Notices advising patients that chaperones were available were written in English, Nepalese and Polish and were in both waiting rooms, on televisions, and on each of the clinical and treatment rooms. 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 service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The service had an infection control 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Medicines were managed safely. Blank prescription forms and pads were securely stored. Medicines were stored safely and accessible only to staff. Patient Group Directions (PGD's) had been adopted by the service to allow nurses to administer medicines in line with legislation. Training was undertaken by nurses to ensure they could administer certain medicines such as vaccines in line with national standards. Vaccine fridges were monitored appropriately to ensure vaccines were effective and safe to use.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service

### Monitoring risks to patients

There were some procedures in place for monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and staff had received training on this. The service had other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

## Are services safe?

- Fire equipment was tested and maintained. The service had an appropriate fire risk assessment.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated to ensure it was working properly.

### **Arrangements to deal with emergencies and major incidents**

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

service had an automated external defibrillator and this was checked regularly. Emergency medicines which may be required urgently were available and checked regularly.

- All staff had received basic life support training.
- The service had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. This was also stored offsite.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our last inspection in January 2015 we found problems in the system for reviewing patients' medicine. GPs told us that it was not easy to pick those patients who may be over or under requesting medicines due to the way the IT system flagged up patients who needed a prescription review. The lead GP at the time acknowledged that this was an area of concern. At our previous inspection in January 2015 we found that the monitoring of referrals was not adequate. Specifically referrals made by the nurse practitioners and 'physician's assistant' may not have been monitored or supervised by GPs.

### Effective needs assessment

The service did not always assess patient needs and deliver care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- There were no templates used in the management of patients with long term conditions in order to ensure that best practice was used. The templates were available on the patient record system but were not implemented in condition reviews. Staff had access to guidelines from NICE and could refer to these during long term condition reviews. However, without the use of templates there was no assurance staff could effectively use this guidance.
- Nursing staff who undertook these reviews did not all have training relevant in long term condition reviews. There was a risk patients were not receiving the quality of check-up they required according to national guidelines.
- There was care planning for patients with some conditions such as diabetes, but no care plans were provided to patients with asthma.
- We reviewed 10 sets of records belonging to patients with complex long term conditions. We saw that patient's care was overseen by a GP where there was difficulty in managing their condition. There was a means of escalating patients identified as having exacerbated needs as a result of their condition to see a GP. Our GP specialist adviser noted the practice provided quality care and monitoring in the selection of patients we reviewed. However, for patients with less complexity in their care, there was a risk their standard health condition reviews were not robust.

- The service identified new patients with any long term conditions through summarising their medical records when received from their previous GP. In the six months prior to our inspection in April 2016 there had been 1426 patents registered at the service. There were 1071 patient records awaiting summarising the oldest dating from September 2015. This meant that patients with any long term conditions who needed a review of their care may not be picked upon the record system and booked in for a health check or other care requirements. The lead GP explained medical students were recruited during breaks in their study to clear the backlog of summaries and update records. This would enable the backlog to be cleared in the summer
- There were no standard new patient health checks to identify any patient conditions as this was not required under the service's contract. If patients presented with a problem when registering a GP appointment could be booked to review the patient's health.

The walk-in service provided patients with effective care and treatment:

- Patients were triaged when they attended the centre for a walk-in appointment.
- They were prioritised on need and referred to an appropriate clinician.
- Staff had access to clinical protocols to ensure the care delivered was in line with national best practice. We noted the protocols did not all have a date of review but the clinical lead informed us they were updated regularly.

### Management, monitoring and improving outcomes for people

The service 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 81% of the total number of points available compared to the CCG average of 91% and national average of 95%. The service had a rate of 12.2% exception reporting compared to the national average of 9.2% and regional average of 7.3%. (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). We reviewed the process for



# Are services effective?

## (for example, treatment is effective)

exception reporting and found that this followed national guidance and the final decision to exclude patients from data was made by a clinician. The service had a very transient population with a high turnover and high numbers of new patients. This made it difficult to monitor a significant proportion of its population. As a result some indicators of care were significantly below national average, specifically for diabetes but the service performed well in mental health indicators. Data from 2015 showed:

- Performance for diabetes related indicators was 52% compared to the national average of 80% and regional average of 93%.
- Performance for mental health related indicators was 100% compared to the national average 92% and regional average of 91%. Exception reporting for mental health indicators was 11% which matched the national average. The service informed us that care plans for patients with mental health problems were provided by the community mental health team and updated by the service periodically and 96% of patients had their care plan reviewed in the last year.

There was evidence of quality improvement including clinical audit.

- There was a programme of clinical audits, with plans to complete audits where and evidence they were repeated to ensure quality improvements were made where necessary.
- The service participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the service to improve services. For example, a urinary tract infection which was not identified in a pregnant patient and led to a complication resulted in an audit which identified improvements and was an ongoing audit to ensure improvements were implemented in care.

We saw action had been taken to improve the process for repeat prescribing and ensuring patients' medicines were effective. We saw that the process ensured that medicine reviews would be prompted at the correct time to enable staff to undertake reviews. We requested the up to date figures on medicine reviews completed within timescales but the provider did not give us these figures.

We reviewed the process for referring patients onto other services such as hospitals. We found the process was appropriate and monitored. There was an audit into referrals with any queries regarding referrals noted in the audit for staff to follow up on these.

The walk in service was monitored to ensure that patients were seen within set timeframes. The timeframes agreed with commissioners were regularly checked by the service. We saw the service was regularly meeting the requirements for triaging patients and treating and discharging them.

### Effective staffing

Staff did not always have the skills, knowledge and experience to deliver effective care and treatment.

- The service 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. Staff told us they could access role-specific training and updates when required and that there was a comprehensive programme of training. However, nurses undertaking long term condition reviews did not always receive appropriate training. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. 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.
- 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.

### 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 service's patient record system and their intranet system.

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

# Are services effective?

(for example, treatment is effective)

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 a quarterly basis (or sooner if clinically appropriate) when care plans were routinely reviewed and updated for patients with complex needs. There were 138 patients deemed at risk of unplanned admissions to hospital with care plans to reduce the risk of this occurring.

## 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 (MCA).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- There was a protocol for the MCA and this was available to staff.
- The process for seeking consent was monitored through patient records audits.

## Supporting patients to live healthier lives

The service 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 and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- In the last three months of 2015 18 patients were offered access and attended smoking cessation service.

The service's uptake for the cervical screening programme was 68%, which was below the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. Staff told us that the demographic of patients and high turnover made targeting patients for cervical screening difficult. To improve figures in recent years the service implemented female health clinics which proved popular, offering appointments later in the evenings and at weekends to meet the needs of this population. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the service followed up women who were referred as a result of abnormal results.

There was screening for patients deemed at risk of developing dementia and the service reported all eligible patients had received screening. Advanced care planning was in place for patients with dementia.

The service also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The service offered annual health checks to four patients listed as having a learning disability.

In the full year prior to the inspection there were 214 patients screened for chlamydia, including walk-in patients.

Childhood immunisation rates for the vaccinations given to under two year olds overall averaged 85% (CCG average 88%) and under five year olds the average was 57% (CCG average 87%). The figures for under fives were significantly lower than local averages. The centre had a high volume of families entering UK from abroad, and frequently moving between UK and their country of origin. This made tracking of immunisation timelines problematic.

# Are services caring?

## Our findings

At our previous inspection in January 2015 we found that patient confidentiality was potentially not being protected at the reception desk.

### Kindness, dignity, respect and compassion

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

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

Eleven of the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. The negative comment related to accessibility. Patients we spoke with said they felt the service offered a caring service and staff were helpful and treated them with dignity and respect. Comment cards highlighted staff responded in a caring manner 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 service was similar to local averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said their GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 97% 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%.
- 85% 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% national average of 85%.

- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91% and regional average of 89%.
- 91% of patients said they found the receptionists at practice the service helpful compared to the CCG average of 85% and the national average of 87%.

As this inspection we found measures had been put in place to ensure patients could discuss sensitive information with receptionists without being overheard.

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

Most patients told us they felt involved in decision making about the care and treatment they received when we spoke with them and on CQC comment cards.

We also saw that care plans were personalised and there was individual planning of care where patients had complex needs.

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:

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

The service 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.
- Information leaflets were available in easy read format and in other languages.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

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 service website.

The service's computer system alerted GPs if a patient was also a carer. The service had identified seven patients as carers. There was a low prevalence of patients over 65 where there were higher numbers of patients who were carers. Patients on the carer register were subject to

admission avoidance protocols, offered a personalised care plan and had their records annotated. Reception staff were automatically alerted by the clinical system to offer the patient same day access. However, this figure was still very low and there was the potential that patients may not have been identified and provided with support or prioritised for specific services if not identified. Staff told us that if families had suffered bereavement, there was a protocol for contacting relevant services and offering support to bereaved relatives, depending on circumstances.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection in January 2015 we found that there was limited information in languages other than English despite there being a large proportion of patients attending the service whose first language was not English.

At our inspection in January 2015 we found that on some occasions registered patients faced problems booking appointments, particularly in booking advanced appointments. Many registered patients were using the walk-in service in order to see a GP because there were such difficulties for them in gaining an appointment. During this inspection we found that patients were still experiencing similar problems, although there were plans to try and alleviate the pressure on appointments.

### Responding to and meeting people's needs

The service reviewed the needs of its local population and planned its services accordingly. For example:

- We found that the service had invested in providing a range of literature on services and external support in a variety of languages relevant to the local population demographic. There was a leaflet created summarising antenatal care in the NHS to help new immigrant arrivals. This was in the process of being translated into the key population languages.
- There were longer appointments available for vulnerable patients including those with a learning disability.
- There were designated trained staff for dealing with minor injuries and minor illness.
- Allocated appointments for babies and young children were available to provide improved access for this group of patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the service.
- There was a hearing loop and translation services available.
- The premises were accessible for wheelchair users and those with mobility scooters.

However, there were some patients we spoke with who felt the service was not being responsive to their needs. For example, one patient we spoke with had specifically asked to see a female GP and informed us that wish had been met when awaiting their appointment. We witnessed them

being called by a male GP and the patient shared their frustration with us prior to entering the consultation room. Two other patients reported finding it difficult to see the same GP for the same ongoing problems.

### Access to the service

Walk in patients reported being very happy on the day of the inspection. The comment cards were positive overall about being able to access to the service.

For registered patients there was an appointment booking system via phones, in person and online. However, registered patients reported finding it very difficult to book appointments when they wished to and the GP national survey data identified problems in January 2016. Registered patients could chose to use the walk in service for convenience. However, registered patients also told us they used the walk-in service due to the difficulty of accessing an appointment as it was so difficult to do so, not as their preferred option.

The service phone lines were open between 8am and 8pm seven days a week. Pre-bookable appointments and same day appointments were available. On the day of the inspection we noted that the nearest pre-bookable appointment on the system for any GP was four days later on Sunday 24 April. We looked at the appointment schedule and noted that per week there were 329 pre-bookable appointments and 45 same day appointments for 8,998 registered patients. Pre-bookable GP telephone consultation appointments were also offered to patients and the service had conducted an audit which showed 59 such appointments were provided per week. The service had audited the use of GP appointments and we saw that 28% of GP appointments were being used for walk-in patients (There were 321 GP appointments for the registered list and 170 GP appointments were given to walk-in patients between 20 March and 2 April 2016). This was partly due to the fact that two advanced nurse practitioners were in training to become prescribers, meaning GPs were supporting in prescribing medicines required by many walk-in patients.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable or better than national averages in some points:

# Are services responsive to people's needs?

## (for example, to feedback?)

- 90% of patients were satisfied with the service's opening hours compared to the CCG average of 78% and national average of 75%.
- 72% found it easy to contact the surgery by phone compared to the CCG average of 74% and national average of 73%.

However, in most areas, the provider's performance was lower than local and national averages.

- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 85%.
- 64% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 53% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.
- 46% usually got to see or speak to their preferred GP compared to the CCG average of 58% and national average of 60%.

Some patients also reported feeling rushed during appointments with one example where the next patient was called into a consulting room when a parent was still dressing their child after an examination.

The provider was working with commissioners to try and improve access to appointments. Changes to the premises were planned to help provide more consultation rooms and capacity for staff. These plans were awaiting the

approval of commissioners and we were informed they would be completed within three months once approved. The patient list had been capped at 9000 (due for review in August 2016) to prevent further pressure on the existing services. Recruitment for new GPs was planned on the basis of the expansion of the premises. However, improvements to capacity and the appointment system have been minimal since our last inspection in January 2015, in order to meet patients' needs.

There were 240 patients registered to use online appointment booking.

### Listening and learning from concerns and complaints

The service 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 service.
- We saw that information was available to help patients understand the complaints system.

We looked at several complaints received in the last 12 months and there was a process for assessing and investigating the complaint. They were satisfactorily handled, dealt with in a timely way and patients received a response with an outcome.

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

- The service had a mission statement and staff knew and understood the values of this statement. It was available for patients on the website.
- The service had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The service had an overarching governance framework which supported the delivery of the strategy and good quality care. There was monitoring and identification of improvements. However, there was also a lack of action in response to monitoring of the appointment system in the short term:

- 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 service 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.
- However, the risks to patients with long term conditions and the problems experienced by patients in their continuity of care as a result of the appointment capacity were not mitigated in the short and medium term.

### Leadership and culture

The leadership team had systems to identify and learn incidents and complaints. Improvements had been made as a result of the previous inspection in January 2015. However, there still concerns regarding the responsiveness to patients needs in terms of the appointment system and the provider had not ensured registered patients' needs

were always met. Staff told us the management were approachable and always took the time to listen to all members of staff. Staff felt included in the running of the service.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The service had systems in place to ensure that when things went wrong with care and treatment:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- The service 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 service held regular team meetings.
- Staff told us there was an open culture within 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. All staff were involved in discussions about how to run and develop the service.

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

The service 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 service had gathered feedback from a patient survey in September 2015. There was also a 'you said we did' programme of improvement. The service had found out that Nepalese patients asked for more information on how to book an appointment and a leaflet was drawn up in Nepalese with the support of a translator.
- There was a small patient participation group (PPG) and changes to the service were discussed with the group for their input.

# Are services well-led?

Good 

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

- The service undertook the friends and family test and 90% of patients said they would recommend the service between January and March 2016.
- The service had gathered feedback from staff through appraisals and meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management

## Continuous improvement

There was focus on continuous learning and improvement at all levels within the service. Changes to the premises were planned to help provide more capacity for patients. The patient list had been capped at 9000 to prevent further pressure on the existing services. Recruitment for new GPs was planned on the basis of the expansion of the premises. New advanced nurse practitioners were being provided with prescribing qualifications.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They were not providing staff who undertook checks on patients with long term health conditions with the appropriate tools based on national guidance with which to provide safe care and treatment. The provider was not ensuring that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing</p> <p><b>How the regulation was not being met:</b></p> <p>Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed in order to meet the requirements of the service and patients.</p>

This section is primarily information for the provider

## Requirement notices

This was in breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.