

# Shinfield Health Centre

## Quality Report

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Shinfield

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



# 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 Shinfield Health Centre on 11 January 2017. Overall the practice is rated as requires improvement. Specifically the practice is rated good for the provision of effective services and requires improvement for the provision of safe, caring, responsive and well-led services.

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

- The practice was managed by partners of another practice nearby. Data and feedback from patients was combined across both practice locations. Patients registered at the practice could also be seen at the nearby practice if this was more convenient for them.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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. However, at the time of inspection the lead for infection control had not received training relevant to this responsibility. The practice has since inspection made relevant training available.

- Most patients said they were treated with compassion, dignity and respect. However, feedback relating to involvement in their care and decisions about their treatment was below average.
- Patients said they could obtain urgent appointments on the same day and received continuity of care. The practice had reviewed appointment systems and was introducing a revised more flexible appointment system within two weeks of this inspection.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients. However, the response to patient feedback was inconsistent.
- Most risks to patients were assessed and well managed. However, some aspects of the legislation

# Summary of findings

regarding control of substances hazardous to health (COSHH) were not being met. The practice has, since inspection, dealt with these matters. Some recruitment checks had not been recorded.

- Information about services and how to complain was limited in availability. The system for ensuring improvements were made to the quality of care as a result of complaints and concerns was managed inconsistently. Communication of learning from complaints was not always effective.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Monitoring arrangements for the administration of medicines had not identified that the appropriate legal requirements were not being followed when the health care assistant administered vaccinations.
- Health checks were offered to a wide range of patients with long term conditions but arrangements to deliver annual health checks for patients diagnosed with a learning disability were not in place.
- Information leaflets were available but these were not held in languages other than English. A significant number of patients were registered from Southern Asia whose first language was not English.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.

- Ensure arrangements to identify, assess and manage risk are operated consistently. For example in complying with COSHH regulations and making relevant training in control of infection available.
- Ensuring the views of patients expressed in the national patient satisfaction survey are considered when delivering care and treatment. Also ensure that when changes in service delivery are made, in response to feedback, they are monitored and evaluated.
- Ensure medicines are administered in accordance with national guidance and legislation at all times.
- Ensure learning from complaints is communicated consistently.

In addition the provider should:

- Ensure arrangements are in place for patients diagnosed with a learning disability to receive an annual health check and encourage patients to take part in the national breast and bowel cancer screening programmes.
- Provide practice information in appropriate languages and formats.
- Ensure updates in practice policies and protocols are shared with staff in a timely manner.

## **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 requires improvement for providing safe services.

- The practice was clean and tidy. Systems were in place to reduce risk of cross infection. However, the lead member of staff for control of infection had not received training relevant to their lead role. The lead for infection control received relevant training within a month of the inspection date.
- Procedures relating to management of medicines were not operated consistently. The procedure for health care assistants to administer vaccines within their competence did not meet legal requirements.
- Most risks to patients who used services were assessed. The systems and processes to address these risks were not implemented consistently because the requirements of the control of substances hazardous to health (COSHH) were not fully undertaken. The practice dealt with this following inspection.
- There was an effective system in place for reporting and recording significant events
- 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 safeguarded from abuse.

Requires improvement



### 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 at or above average compared to the national average.
- 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 all staff.

Good



# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff's understanding of and competence in applying the legal framework for consent was inconsistent. Particularly in the areas of assessing mental capacity and consent from patients under 16 years of age.
- The practice performance was below average in the national screening programmes for both bowel and breast cancer screening. However, it was above average for the national cervical cancer screening programme.
- There were 59 patients diagnosed with a learning disability. A total of 29 had received a physical health check in the last year and the practice had not made arrangements for these health checks to be undertaken.

## Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

- The practice did not have an action plan to address the below average feedback from patients in regard to certain aspects of providing care and treatment.
- Data from the national GP patient survey showed patients rated the practice below others for some aspects of care. For example, 77% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- Information for patients about the services was available but not everybody would be able to understand or access it. For example, there were no information leaflets available in south Asian languages despite there being a large number of patients registered from this area.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients said they were treated with compassion, dignity and respect.

Requires improvement



## Are services responsive to people's needs?

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical

Requires improvement



# Summary of findings

Commissioning Group to secure improvements to services where these were identified. For example, the practice worked with local commissioners to secure the contract for services delivered from Shinfield Health Centre until 2020.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available via the practice website and patient information leaflet. Evidence showed the practice responded quickly to issues raised. However, the practice was unable to demonstrate that learning from complaints was communicated consistently to staff.
- Patients said they were able to make an urgent appointment the same day. However, accessing appointments by telephone often proved difficult.
- The practice was implementing a revised more flexible appointment system in late January in response to patient feedback. It was too early to evaluate whether this would improve patient feedback.

## Are services well-led?

The practice is rated as requires improvement for being well-led. Governance processes were operated inconsistently.

- The practice had a vision and a strategy and staff were aware of this and their responsibilities in relation to it.
- There was a documented leadership structure and staff felt supported by management. Staff said this had improved since the appointment of a new practice manager.
- The practice had a number of policies and procedures to govern activity. These had been reviewed but changes in policy were not yet embedded in the day to day operation of the practice. The practice implemented a revised system for sharing policies following inspection.
- Governance processes had not identified failure to operate appropriate systems for health care assistants to administer vaccines or that COSHH requirements were not met in full.
- All staff had received inductions but not all attended staff meetings and events.
- The practice approach in responding to patient feedback was inconsistent. They responded to feedback regarding access to the service but did not have a plan to respond to below average feedback relating to care and treatment.
- The partners were aware of and complied with the requirements of the duty of candour. The partners encouraged

**Requires improvement**



# Summary of findings

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.

# 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 requires improvement for provision of safe, caring, responsive and well led services. These ratings apply to all patient groups although there were areas of good practice for this population group

- The number of registered patients aged over 50 was significantly below national average. Incidence of diseases commonly experienced by older people was therefore lower than average.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Data showed the practice had ensured a scan to diagnose osteoporosis (a condition that weakens bones) had been undertaken for 100% of patients who were being treated with a bone sparing medicine. This was above the clinical commissioning group average of 81% and national average of 78%.

Requires improvement



### People with long term conditions

The practice is rated as requires improvement for provision of safe, caring, responsive and well led services. These ratings apply to all patient groups although there were areas of good practice for this population group

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice achieved 85% of the indicators for care of patients diagnosed with diabetes. This was above the clinical commissioning group (CCG) average of 78% but below the national average of 90%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



# Summary of findings

## Families, children and young people

The practice is rated as requires improvement for provision of safe, caring, responsive and well led services. These ratings apply to all patient groups although there were areas of good practice for this population group

- 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 for the standard childhood immunisations were mixed. For example, whilst the practice had achieved the 90% target for three of the four immunisations offered to children aged under 24 months only 82% had received the pneumococcal booster immunisation.
- 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's uptake for the cervical screening programme was 83%, which was above the CCG average of 78% and national average of 82%
- 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 and health visitors.
- Nursing staff were not clear in their understanding of national legislation relating to consent from patients under 16 years of age.

Requires improvement



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

The practice is rated as requires improvement for provision of safe, caring, responsive and well led services. These ratings apply to all patient groups although there were areas of good practice for this population group

- 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.

Requires improvement



# Summary of findings

- The practice offered extended hours appointments on two evenings per week and patients were able to attend alternative Saturday morning clinics at a different local GP practice. Telephone appointments were available for patients who found it difficult to attend the practice during working hours.

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for provision of safe, caring, responsive and well led services. These ratings apply to all patient groups although there were areas of good practice for this population group

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. There were 59 patients diagnosed with a learning disability. A total of 29 had received a physical health check in the last year and the practice had not made arrangements for these health checks to be undertaken.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.

Requires improvement



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

The practice is rated as requires improvement for provision of safe, caring, responsive and well led services. These ratings apply to all patient groups although there were areas of good practice for this population group

- Due to the lower than average number of patients registered over the age of 50 the incidence of dementia was also lower than average. 97
- The practice had agreed a care plan in the last year with 97% of patients diagnosed with a long term mental health problem. This was above the CCG and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Requires improvement



# Summary of findings

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

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016 and were taken from surveys conducted between July and September 2015 and January to March 2016. The results were for the two practices managed by the provider and could not be separated to identify specific responses for the Shinfield Health Centre. They showed the provider, overall, was performing below local and national averages. 319 survey forms were distributed and 107 were returned. This represented 2% of the provider's patient list.

- 61% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 73% and national average of 73%.
- 77% 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 82% and national average of 85%.
- 76% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and national average of 85%.

- 68% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and 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 three comment cards which were all positive about the standard of care received. Patients commented that the GPs and staff were friendly and helpful and that they always had sufficient time during their appointments to discuss their symptoms and concerns.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, two of the patients told us they experienced difficulties in booking appointments due to delays in the telephone being answered. They also told us they often waited more than 15 minutes to be seen after their appointed time.

The practice made the national friends and family recommendation test available to patients. In the last year 14 patients had completed the test and of these 10 (71%) would recommend the practice to others.

# Shinfield Health Centre

## 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 Shinfield Health Centre

Shinfield Health Centre is one of two surgeries managed by South Reading and Shinfield Group Medical Practice. Shinfield Health Centre has a different contract arrangement to South Reading Surgery but shares policies and procedures and staff work across both sites. Patients registered at Shinfield Health Centre can be seen at South Reading Surgery if they prefer or if an earlier appointment is available.

Shinfield Health Centre is located within a purpose built health facility. The building is shared with a dental practice and other health related clinics. Shinfield village is a ward of Wokingham in Berkshire and has close links to Reading. The village is expanding with significant housing developments under construction close to the practice.

There are approximately 3,300 patients registered at the practice and these are predominantly in younger age groups. There are significantly fewer than average patients registered over the age of 65. Nationally reported data shows that income deprivation within the registered population is at six on a 10 point national scale (one being areas of highest deprivation and 10 the lowest).

The practice holds an Alternative Provider Medical Services (APMS) contract (An APMS contract is a locally negotiated contract open to both NHS practices, voluntary sector and private providers).

Most staff work at both Shinfield Health Centre and South Reading Surgery. The five GPs (three female and two male) share their time between the practices and offer 13 sessions at Shinfield. This is equivalent to approximately 1.6 whole time GPs. The practice nurse works the equivalent of two days at Shinfield Health Centre and the HCA works four days each week. The locum practice manager is supported in the day to day running of the practice by a team of nine administration and reception staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 11.30am every morning and 3.50pm to 5.50pm. Extended hours appointments are offered on a Monday and Thursday evening with the last appointment at 7.20pm. Extended hours were also offered on alternate Saturday mornings.

Services are provided from:

Shinfield Health Centre, School Green, Shinfield, Reading, Berkshire, RG2 9EH

The practice has applied to alter their registration with CQC. It is currently incorrectly registered as managed by an individual and has applied to become registered as a partnership. The partnership has been in existence since 2013.

## 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

# Detailed findings

part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 January 2017. During our visit we:

- Spoke with two GPs, the practice nurse, the practice manager, assistant practice manager and two members of the administration/reception team.
- Also spoke with three patients.
- 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

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 on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology 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.

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 recorded an incident when a piece of equipment needed to undertake an urgent test could not be located. The patient had to be sent elsewhere for their test. The practice took action by ensuring each consulting room was fully equipped to enable all urgent tests to be carried out in a timely way.

### 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. 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. The practice nurse and HCA were trained to level two in child safeguarding. All staff had completed training in safeguarding vulnerable adults.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse had been recently appointed as infection control clinical lead. They had not had the opportunity to liaise with the local infection prevention teams to keep up to date with best practice. At the time of inspection the infection control lead had not received any additional training to prepare them for their role. They were not yet suitably trained and skilled to offer advice and support to other staff in reducing risks of cross infection. Since inspection the practice has advised that relevant training for the infection control lead nurse was completed on 6 February 2017. There was an infection control protocol in place and staff had received on line training in basic infection control. The infection control lead was unable to audit staff competences in following appropriate infection control techniques. Annual infection control audits were undertaken. The last audit undertaken in August 2016 identified 19 tasks to reduce risk of cross infection and 18 had been completed.
- 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 which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. There was a

## Are services safe?

system in place to monitor the distribution and use of blank prescription forms and pads. These were securely stored awaiting distribution and there were systems in place to monitor their use. During our inspection we found two GP consulting rooms were not in use and had been left unlocked. The prescription forms were left in the computer printers in these unlocked and unattended rooms, which presented a security risk. We also found that a printer at reception held prescription forms that could be removed due its position on the front desk. The practice dealt with these security issues immediately.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. When we started the inspection we found that eight of these had not been appropriately signed by the nurse. This was corrected before we left the inspection. The Health Care Assistant was trained to administer vaccines and medicines. However they were administering these vaccines without appropriate authorisation from an approved prescriber. (Patient Specific Directions are written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment but not all had been recorded. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. There were two references not recorded for one member of the clinical staff.

### Monitoring risks to patients

Risks to patients were assessed but managed inconsistently.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All

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. These included a risk assessment for control of substances hazardous to health (COSHH). However at the time of inspection, data sheets for the chemicals used within the practice were not kept. If there was a spillage of chemicals staff would not have access to the instructions on how to deal with the spillage safely. The practice has confirmed, since inspection, that data sheets had been obtained and staff would be able to access these in the event of a spillage. There were risk assessments for 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.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan 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 random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available. The overall exception rate was 13% which was above the CCG average of 9% and national average of 10%. For example, exceptions from the coronary heart disease indicators was 13% which was above the CCG and national average of 8%. However, no patients diagnosed with depression had been removed from the depression indicators compared to the CCG average of 24% and national average of 22%. (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 exception rates which showed significant variation from average. The GP advisor looked at a random sample of patient records and considered the exceptions to be appropriate given the significant number of frail elderly patients living in care homes who were unable to receive a review.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 85% which was above the clinical commissioning group (CCG) average of 78% but below the national average of 90%.
- Performance for mental health related indicators was 100% which was above than both the CCG average of 87% and national average of 93%.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits undertaken in the last two years. Of these two were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a two cycle audit to ensure all patients diagnosed with diabetes and chronic kidney disease were offered a test to check that albumin ( a protein) was not discharging from the patient's kidneys. The test had been extended to include patients diagnosed with diabetes. National indicators only require the test for patients diagnosed with chronic kidney disease. The first audit identified that some patients diagnosed with diabetes were not being offered the test. Results were shared with GPs to ensure they encouraged patients to attend for the test and make arrangements for patients to be called for the test. The second audit showed that all patients received an invitation for the test. Data showed the practice had achieved 100% for the chronic kidney disease QOF indicator.

Information about patients' outcomes was used to make improvements such as: The practice had identified 0% exception reporting for Cancer care indicators. The practice was aware of this and had undertaken a cancer care audit to ensure their recording of exceptions was accurate.

### 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.

# Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice nurse and health care assistant had both recently completed enhanced training in care of patients diagnosed with diabetes. They were able to offer a wider range of health checks and reviews for this group. They had also undertaken training in applying legislation relating to consent from patients aged under 16. However, the practice nurse was not clear on these requirements and told us they would seek GP advice if a patient under the age of 16 presented for treatment without an adult. This could have delayed treatment or prevented the patient sharing important information which they did not wish to divulge with an adult present.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, external training seminars and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff, who had been in post for over a year, had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. The practice ensured that staff had access to and made use of e-learning training modules and in-house training. Completion of training was not always managed effectively. For example, staff had completed a wide range of training modules in one day and found it difficult to recall all the learning from these courses.

## 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 a monthly basis when 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.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, neither the practice nurse or health care assistant were not confident in undertaking assessments and told us they would seek support and discuss with the GPs. Training records showed that both had received relevant training in applying this legislation.
- When providing care and treatment for children and young patients, GPs carried out assessments of capacity to consent in line with relevant guidance. However, the practice nurse was unclear on the relevant guidance and said they would seek support from GPs. This could delay treatment or prevent the young patient sharing important information.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP 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 and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

# Are services effective?

(for example, treatment is effective)

- The practice had offered advice on the benefits of stopping smoking to 98% of patients diagnosed with a long term mental health problem. This was above the clinical commissioning group average of 94%. Smoking cessation advice was available from a local support group that visited the practice every week.

The practice's uptake for the cervical screening programme was 83%, which was above the CCG average of 78% and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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. However, uptake of these cancer screening programmes was below national average but similar to local averages. Of the women eligible to attend for breast cancer screening in the last three years 67% had attended compared to the CCG average of 69% and national average of 72%. Take up of the bowel cancer

screening programme was 49% which matched the CCG average but was below the national average of 58%. (Data is for both Shinfield Health Centre and South Reading Surgery)

Data relating to childhood immunisation rates for the vaccinations given to children under two showed that the practice had achieved the 90% national target for three out of four vaccinations. The data for immunisation of five year olds receiving the two stage MMR booster showed the practice had achieved above the 90% national standard in both. For example the stage one booster was taken up by 96% of children compared to the CCG average of 92% and national average of 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

There were 59 patients registered at Shinfield Health Centre and South Reading Surgery diagnosed with a learning disability. Of these 29 (49%) had received a physical health check in the last year. The practice did not have arrangements in place to ensure these patients received their health check. Research showed that patients in this group are at higher risk of developing physical health problems.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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.

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

We spoke with a member of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 below average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 90% and the national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.

- 84% 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 national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice did not demonstrate a response to the below average feedback and there was no evidence of an action plan to address this.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the three comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 77% 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%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 82%.
- 80% 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 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. The practice did not promote this service by displaying notices in the reception areas informing patients this service was available.

## Are services caring?

- Information leaflets were available on a variety of topics but were not available in languages other than English. The practice identified a significant number of registered patients from South Asia whose first language was not English.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 81 patients as

carers (1% of the practice list). We noted that the carers register did not identify whether the carers preferred to be seen at Shinfield Health Centre or South Reading Surgery. GPs used the register to invite carers for an annual health check and for their flu vaccinations. They were also able to offer carers advice on local support groups and where to obtain advice about benefits available to them. Written information was also available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### 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. The practice had applied to and been successful in obtaining the contract to maintain services to the patients at Shinfield Health Centre for an additional five years commencing in late 2015.

- The practice offered extended hours clinics on a Monday and Thursday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities and translation services available. The practice did not have a hearing loop available to assist patients that used hearing aids. Since the inspection the practice has told us they have ordered a portable hearing loop.
- All consulting and treatment rooms were located on the ground floor.
- One of the GPs led a local service based at the practice that offered specialist support and prescribing for patients requiring opiate substitutes.
- GPs undertook weekly visits to two large care homes in the local area.
- An NHS talking therapies services was based at the health centre giving easy access to patients referred by the GPs at the practice. Patients requiring this service were able to avoid time consuming and costly visits to alternative locations.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am every morning and 3.50pm to 5.50pm daily. Extended hours appointments were offered until 7.20pm on Monday and

Thursday evenings every week. Extended hours clinics were also held on Saturday mornings. These alternated between Shinfield Health Centre and South Reading Surgery. Patients registered at Shinfield Health Centre could attend South Reading Surgery on a Saturday morning if that was more convenient for them. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

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

- 68% of patients were satisfied with the practice's opening hours compared to clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 61% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.

The practice was aware of the below average feedback. They had undertaken a review of their appointment system. This had resulted in a reorganisation of the appointment system that was scheduled for implementation in the week commencing 30 January 2017. We saw that the revised appointment schedule was set up on the practice computer system in readiness for the launch date. We noted that the new schedule had been refined to include a provision of 24 and 48 hour advance appointments to give a wider choice of appointment options. The updated appointment system had not been implemented and the practice could not demonstrate that this would improve patient feedback in regard to accessing appointments.

We also saw that the practice had obtained prices for the installation of a new telephone system which would receive more calls and advise patients of their place in the call queue. We were told that further assessment of options was required before the practice would be able to upgrade their telephone system. The effect on patient feedback could not be monitored or evaluated until the system was implemented. It was too early to assess whether patient feedback would improve when the changes were made.

# Are services responsive to people's needs?

(for example, to feedback?)

Patients told us on the day of the inspection that they were able to get appointments when they needed them but, accessing the practice by telephone in the morning was very difficult.

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.

Staff logged requests for home visits and these were passed to the GPs on duty to assess. The GPs telephoned the patient to obtain further clinical information to assess the urgency of the visit or give treatment advice over the telephone. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had 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.
- The practice made information about how to lodge a complaint available on both the patient website and in the patient information leaflet. However, details of the complaints procedure were not displayed in the waiting room or at the reception.

We looked at eight complaints received in the last 12 months and found these had been dealt with in a timely, open and honest manner. However, the communication channels for sharing learning from complaints were operated inconsistently. If staff were not present at the quarterly review of complaints the practice did not have a system to communicate the learning to them. Managers in the practice could not be reassured that incidents would not recur because of this. The practice demonstrated that they undertook a review of trends in complaints and action was taken to as a result to improve the quality of care. For example, the practice responded to complaints regarding access to appointments by reviewing the appointment system and setting up a more flexible pattern of appointments which was due for implementation in the last week of January 2017.

# Are services well-led?

Requires improvement 

(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 vision to deliver high quality care and promote good outcomes for patients.

- Staff were aware of the practice's vision and values and demonstrated behaviours that supported this.
- The practice was aware of the challenges it faced in the locality and was working closely with a neighbouring practice with a view to merging in 2017.
- There was recognition that completion of new housing developments close to the practice would give rise to an increase in the practice registered population. An assessment of the suitability of the premises to accommodate more patients had been undertaken.

### Governance arrangements

The practice had a governance framework in place, which did not always support the delivery of the strategy and good quality care. Governance was undertaken by the partners and managers for both Shinfield Health Centre and the neighbouring South Reading Surgery. Management systems and processes in place were applied at both sites but these were implemented inconsistently in identifying, recording and managing risk. For example;

- The management of medicines was not effective; governance arrangements had not recognised patient group directions and patient specific directions were not in line with legislation. They had also failed to identify suitable training for the infection control lead.
- Recruitment procedures had omitted some important background checks on staff.
- The practice nurse had been appointed to a lead role for infection control without appropriate training for this enhanced role.
- Responding to patient feedback in regards to care and treatment was inconsistent.
- Learning from complaints was not always shared consistently. For example, nursing staff were not included in the learning cascade process.
- The staff training provided did not ensure effective learning and the provider had not assessed staff understanding following learning opportunities.

- Arrangements had not been put in place to ensure vulnerable patients were suitably supported such as health checks for patients with a learning disability and a low number of identified carers.
- Practice policies had been updated and were available to staff but some staff had not had the opportunity to familiarise themselves with the updates. For example, some staff were unclear about the practice's whistleblowing policy but knew where it was to be found. The practice has told us since inspection that a system of sharing five policies a month with staff has been instituted to embed understanding of operational processes across the practice team.
- A programme of clinical audit was used to make quality improvements. However, on the day of inspection we were not shown evidence of a future programme of quality improvement.

However, the governance structure did ensure that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were updated and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

### Leadership and culture

On the day of inspection the partners in the practice 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 training 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

# Are services well-led?

Requires improvement 

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

- 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. Although the nursing team did not meet as a group and were limited to attending practice wide team meetings that were held once a quarter.
- 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, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

## 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 patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had met regularly in the past and undertook patient surveys. Due to resignations and retirements the group had not met for the last two years. The practice was able to demonstrate that they had taken action to re-establish the group. The one remaining member told us they had

worked with the practice on these initiatives and was aware that a group of patients had agreed to form a 'virtual' group via electronic communications. We noted that the remaining PPG member was active in seeking further members. There were examples of the practice responding to feedback from the previous PPG and other patients. These included; installation of a notice to advise patients when the next routine appointment was available and adding information about cancer support groups to the information screen.

- 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. The practice had adjusted the way services were provided based on staff feedback. For example, a 'post-box' had been installed inside the practice for patients to post their repeat prescription requests. This avoided patients having to wait to hand their repeat prescriptions to the reception staff. Staff told us they felt involved and engaged to improve how the practice was run and that their engagement had improved with the appointment of the new interim practice manager.

## Continuous improvement

There was a focus on learning and improvement at all levels within the practice. The practice team was forward thinking. For example they had promoted the benefits of using the electronic prescribing service. This resulted in the highest uptake by patients in the area. Discussions regarding a merger with another local practice were at an advanced stage. The merger of the partnership would give patients flexibility and a wider choice of GPs and locations at which they could be seen for their appointments.

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 17 HSCA (RA) Regulations 2014 Good governance</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 respond to feedback from patients in regard to aspects of the care and treatment they received.</p> <ul style="list-style-type: none"><li>• The practice had not sought patient feedback in relation to the care and treatment they received. Patient opinion arising from the last national patient survey rated the practice below average for certain aspects of the care and treatment received.</li><li>• Systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity were not operated effectively and consistently. For example, the requirements of the Control of Substances Hazardous to Health (COSHH) regulations were not being met in full nor was the code of practice for reducing risks of cross infection being implemented appropriately.</li><li>• Monitoring had not identified that the health care assistant (HCA) was administering vaccines without appropriate authorisation from an approved prescriber.</li><li>• Monitoring systems had not identified that learning from complaints was not being shared with all staff nor that information for patients on how to make a complaint was limited.</li></ul> <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>