

Drs Kumar, Nanu, Croft & Rana

Quality Report

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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?

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Kumar, Nanu Croft and Rana on 6 October 2016. Overall the practice is rated as requires improvement.

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

- The main practice had recently undergone extensive refurbishment to improve facilities in treatment and consulting rooms for patients.
- Services were to be concentrated in the main practice with the branch practice due to close in November 2016. GP and nursing resources could then be focussed upon meeting the care needs of the registered population.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Most risks to patients were assessed and managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Information about how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The provider was aware of and complied with the requirements of the duty of candour.
- Information about 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 from south Asia on the practice list.
- The practice did not demonstrate that audit was driving improvement in clinical outcomes. There was no audit strategy in place to meet the needs of the registered population.

Summary of findings

- Feedback from patients for some aspects of care was below national average.
- There was a leadership structure and staff felt supported by management. However, leadership capacity was limited at the time of inspection by having two part time GP partners in post and reliance upon locum GP cover.

The areas where the provider must make improvements are:

- Ensure the results and actions arising from clinical audit drive improvement in delivery of care and outcomes for patients. Ensure all relevant actions taken in response to national safety alerts are recorded as completed.
- Ensure the needs of the local population are fully identified and understood to plan delivery of services

that are responsive to their needs. For example, in provision of information in appropriate languages and formats and reviewing whether accepting relatives as translators for patients who have difficulty communicating in English is appropriate. Also in the provision of accessible services for patients with both hearing and physical disabilities.

In addition the provider should:

- Review the practice processes to encourage more patients to attend national cancer screening programmes.
- Ensure a system is in place to provide annual health checks for patients diagnosed with a learning disability.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and 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 mostly well managed.

However:

- The practice did not have a process to assure that all necessary action had been taken in response to national safety alerts.

Good



Are services effective?

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

- The practice did not have a strategy of audit to drive improvement in patient outcomes. Audits completed did not show significantly improved outcomes.
- The practice had not identified their lower than national average performance in cancer screening programmes reduced the opportunity for early detection of cancers. For example, in the last 30 months 53% of eligible patients had attended for bowel cancer screening. This was better than the CCG average of 49% but below the national average of 58%.
- One patient out of 20 diagnosed with learning disabilities had received an annual health check. Medical conditions could have gone undiagnosed.
- Understanding of the legal framework for accepting consent from patients aged under 16 was inconsistent.

There were some examples of good practice including:

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to the national average. Last

Requires improvement



Summary of findings

published data showed the practice achieved 95% of the outcome indicators which matched the national average. The practice exceeded fewer patients from the outcome measures than the national average.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. However, records of the meetings between the GPs and other professionals were not always kept.

Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Data from the national GP patient survey showed patients gave the practice mixed feedback for some aspects of care. For example, 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%. Also 78% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%. The practice had not conducted further surveys to ascertain if patient feedback had improved since the GP team had changed.
- 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 from this area on the practice list.

Good



Are services responsive to people's needs?

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services

Requires improvement



Summary of findings

where these were identified. The practice had undergone an extensive refurbishment to provide better facilities for patients. However the refurbishment had been planned by the practice's landlords. The practice had not taken the opportunity to provide improved internal access for patients who used wheelchairs. Internal doors to the reception area and waiting rooms were difficult to open for patients in wheelchairs or those with pushchairs and prams.

- Information about how to complain was available. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff. However, information about how to make a complaint was only available in English and there were a large number of Asian patients registered with the practice.
- The practice had taken some action to address mixed feedback from patients about the quality of care provided. However, they had not sought updated patient feedback to ascertain if changes made improved patient views about the service provided both in terms of accessing appointments and aspects of care and treatment provided.

However we saw some areas of good practice including:

- Provision of Saturday morning extended hours clinics every week to assist patients who found it difficult to attend during the working day.
- All consulting and treatment rooms were on the ground floor.
- Patients with skin conditions were able to receive a diagnosis at the practice because GPs were trained to use a dermascope (a piece of equipment used to examine and diagnose skin conditions). This reduced the need for attendance at hospital clinics.

Are services well-led?

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

- The practice recognised both opportunities and threats to provision of high quality care. Closure of the branch surgery was underway and plans had been made to strengthen clinical governance by appointment of a third partner and a full time salaried GP. It was too early to tell whether these developments would improve services and patient feedback.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- There was a focus on continuous learning and improvement at all levels. Staff were encouraged to expand their knowledge and skills. For example a member of staff was enrolled on a medical administrator course.
- Staff felt supported by management. The practice had a number of policies and procedures to govern activity and these were kept up to date.

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 effective and responsive services. These ratings apply to all population groups.

- Clinical audit was not driving improvement in patient care.

There were examples of good practice including:

- The care of older patients who were at risk of admission to hospital was kept under review and care planning was undertaken.
- There was a care coordinator who contacted older patients who had been discharged from hospital to ensure they received appropriate care and support.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for provision of effective and responsive services. These ratings apply to all population groups.

- The care provided for this patient group was not driven by improvements identified from clinical audit.

There were some examples of good practice including:

- GPs were supported by nursing staff in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients diagnosed with diabetes who received a foot examination was 93% which was better than the CCG and national average of 88%.
- 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.

Requires improvement



Summary of findings

- 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. However, meetings with other health professionals were not always recorded.
- The practice care coordinator contacted patients with long term conditions who had been discharged from hospital. This enabled appropriate arrangements to be made for their follow up care and support.

Families, children and young people

The practice is rated as requires improvement for provision of effective and responsive services. These ratings apply to all population groups.

- The cervical screening rate was 70% in the last three years. This was below the national average of 72% but better than the CCG average of 69%.
- One member of staff was unaware of the legal framework for accepting consent to treatment from patients under 16 years of age.

We saw some examples of good practice including:

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- One of the partners specialised in medicine for young patients and children. This meant that fewer patients in this group were referred to hospital for their care and treatment.
- 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.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for provision of effective and responsive services. These ratings apply to all population groups.

Requires improvement



Summary of findings

- Extended hours appointments were offered on two occasions on weekdays and every Saturday morning. This benefitted working patients who found it difficult to attend appointments during the working day.
- The needs of the working age population, those recently retired and students had been identified and the practice was in the process of adjusting the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, recruitment of an additional partner and a salaried GP was underway. These appointments would reduce the reliance on locum GP cover.
- The practice was proactive in offering online services as well as a full range of health promotion opportunities for this age group.

However,

- Take up of both bowel and breast cancer screening programmes was below national average.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for provision of effective and responsive services. These ratings apply to all population groups.

- The practice held a register of patients diagnosed with a learning disability. Whilst these patients were identified the practice had undertaken only one annual health check in 20. This meant the remaining patients in this group were at higher risk of health problems going undiagnosed and left untreated.

We saw some examples of good practice including:

- The practice held a register of patients living in vulnerable circumstances including homeless people and travellers. People living in a local hostel for the homeless were able to register at the practice.
- 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



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for provision of effective and responsive services. These ratings apply to all population groups.

However, we saw some examples of good practice including:

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was better than the CCG and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia. Early screening for signs of dementia was promoted.
- 88% of patients diagnosed with long term mental health problems had an agreed care plan in place. This matched the national average of 89% but was below the CCG average of 90%. However, the practice exception rate from this indicator was 8% which was better than the CCG average of 10% and national average of 13%. Therefore, more patients were included in this target than local and national average.
- 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.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The survey periods from which results were taken covered July to September 2015 and January to March 2016. The results showed the practice was mostly performing in line with local and national averages. However, the survey periods covered a time when senior GPs were leaving the practice and a new partner was joining. It was therefore undertaken at a time of instability in the GP workforce. A total of 292 survey forms were distributed and 102 were returned. This represented 1.5% of the practice's patient list and a 35% completion rate.

- 75% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) and national average of 73%.
- 89% 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%.
- 84% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and national average of 85%.

- 74% 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%.

The practice encouraged patients to complete the friends and family recommendation test (asking whether patients would recommend the practice to others). Most recent results published showed 73 patients had taken the test and 78% would recommend the practice. This was an improvement on the national survey results.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards. These showed that 17 of the respondents were entirely happy with the care and treatment they received from the practice. The patients who were positive commented upon the kind and caring nature of staff and were very complimentary about the nursing staff. One patient was unhappy about the appointment system and commented upon the changes in GPs in recent times.

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

Drs Kumar, Nanu, Croft & Rana

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and a GP specialist adviser.

Background to Drs Kumar, Nanu, Croft & Rana

The practice shares a health centre with another GP practice. They occupy the ground floor of a three storey building. All consulting and treatment rooms are therefore accessible to patients who have difficulty managing stairs. The practice has undergone, and is still going through, a significant change in the team of GPs. Two GP partners retired in 2015 and 2016 and one is in the process of leaving the practice. A new partner joined the practice in 2015 and was in the process of applying to CQC to be registered as a partner.

The main practice is near to the centre of Reading with bus links passing close by.

The practice is in the process of closing their branch surgery in Tilehurst. This is due to close in November 2016. Currently the practice has a registered patient population of approximately 6,800. The practice expectation is that upon the closure of the branch surgery the registered population will fall to around 4,600. This is because some patients currently registered, who live in the Tilehurst area, will register with other practices closer to their home.

The age profile of the practice is predominantly younger than the average for practice in England. There are more patients aged between 0 and 9 and 25 to 39 years old than average. There are fewer patients between 40 and 69 years of age. Income deprivation is an issue amongst the population. National statistics show the practice in the sixth rank in a 10 point scale of deprivation. There is an ethnic mix amongst the registered population with over 10% from backgrounds other than white British.

The practice is staffed by the two part time GP partners (both male) and a team of four regular locum GPs. They make up the equivalent of 3.2 whole time GPs. Three GPs are male and three are female. There is an outgoing GP partner who was not working at the time of our inspection. An experienced GP from the practice that shares the health centre is joining the team of partners on a part time basis. Their appointment is imminent. There are two practice nurses and two health care assistants. Day to day management and administration is undertaken by a Deputy Practice Manager and a team of nine reception and administration staff. The practice manager left the practice one month before the inspection and the practice is in the process of reorganising their management functions. Discussions with the other practice that occupies the health centre to share management and other support resources are at an advanced stage.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 11.30am every morning and 3pm to 6pm daily. Extended hours appointments are offered on a Friday morning from 7am and up to 7.30pm on a Monday evening. A Saturday morning clinic is held every week between 9am and 12pm. The practice provides services via a Personal Medical Services (PMS) contract. (A PMS contract is a locally agreed

Detailed findings

alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract. The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Westcall. The out of hours service is accessed by calling 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and in the practice information leaflet.

Currently service are provided from;

Milman Road Health Centre, Milman Road, Reading, Berkshire, RG2 0AR and

Tilehurst Medical Centre, 5-7 Norcot Road, Tilehurst, Reading, RG30 6BP (Due to close as a branch surgery in November 2016)

We did not visit the branch surgery during our inspection due to the pending closure of services at that site.

A number of registration changes are required of the practice to ensure they remain legally registered in accordance with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The partner who joined in 2015 must be registered as a partner. The outgoing partner is required to cancel their registration as both a partner and registered manager for the service. The incoming partner will be required to submit an application to be added as a partner and apply to become the registered manager.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal 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 6 October 2016. During our visit we:

- Spoke with three GPs, two members of the practice nursing team, the deputy practice manager and two reception/administration staff.
- We also spoke with patients who used the service.
- 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. This was held in the manager's office and 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, when the care of a patient with a urinary tract infection had not been optimised the practice reviewed their use of clinical guidelines. This resulted in all GPs following a standard care protocol to ensure care for patients with this condition was consistent and followed best practice.

The system of disseminating national safety alerts ensured that relevant members of staff received them. We saw records of the alerts being sent out and acknowledgement that they had been received. Staff identified both safety and medicine alerts and told us how they took action in response to them. However, the practice did not have a system in place to record that all relevant action had been completed. This meant the practice did not have a means of assurance that all relevant action to ensure patient safety had been undertaken.

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 and contact details for relevant agencies were held in all consulting and treatment rooms. 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 lead GP for safeguarding matters had previously worked in specialist services for children and demonstrated a detailed knowledge of safeguarding processes and procedures.
- A notice in the waiting room, and in consulting and treatment rooms, 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. One of the nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat

Are services safe?

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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We checked that medicines fridges had operated within the recommended temperature ranges. There were records to confirm the appropriate temperatures had been achieved. However, the medicines fridges did not have a backup thermometer. A backup thermometer could be checked if the fridge temperature from the main readings went out of range. We discussed this with the practice and an order was placed for backup thermometers before we concluded the inspection.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five 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

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff corridor which identified local health and safety representatives. The practice had up to date fire risk assessment and carried out 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 such as control of substances hazardous to health and infection control. The premises were undergoing significant renovation and improvement including installation of new pipework and heating systems. There was a legionella risk assessment that covered both practices that shared the premises. This was to be updated when the building project was completed. Water quality samples had been tested to confirm that the water was free from legionella bacterium. (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. For example, there were always two GPs 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. The plan was kept updated and we saw that it was available at reception. This meant that a copy was always available for staff that were first to enter, or last to leave, the practice.

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.

The practice had the lowest referral rate within South Reading Clinical Commissioning Group (CCG). One of the partners specialised in gynaecology and was able to treat a number of gynaecological conditions at the practice. The GPs had been trained in the use of a dermascope (a piece of equipment used to examine and diagnose skin conditions). This enabled GPs to diagnose and treat skin conditions for patients who might otherwise have had to attend hospital specialist clinics. The second partner was trained in paediatrics (medicine for children and young people). They accepted referrals of children from the other GPs and were able to diagnose and treat a range of childhood conditions. This also reduced the need to refer children to hospital specialist services. Patients benefitted from not having to wait for hospital appointments and making time consuming visits to outpatient departments.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available. These results had been achieved with a lower than average exception reporting rate. The practice exception rate was 6% compared to the CCG rate of 7% and national average of 9%. There were no disease areas where exception reporting rates deviated significantly from local

and national averages. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15:

- The percentage of patients diagnosed with diabetes who received a foot examination was 93% which was better than the CCG and national average of 88%.
- Performance for having a face to face review of the care plan for patients diagnosed with dementia was 100% compared to the CCG and national average of 84%.
- 88% of patients diagnosed with long term mental health problems had an agreed care plan in place. This matched the national average of 89% but was below the CCG average of 90%. However, the practice exception rate from this indicator was 8% which was better than the CCG average of 10% and national average of 13%. Therefore, more patients were included in this target than local and national average.

There was limited evidence of quality improvement arising from clinical audit. The practice did not have a strategy to ensure clinical audit reflected the needs of their practice population. For example, the practice had not reviewed their lower than average achievement in cancer screening programmes. Quality improvement from audit activity was not always achieved.

- The practice participated in local medicines audits and national benchmarking.
- Audit in the last two years had been limited with four clinical audits undertaken, two were completed cycles where action to improve outcomes had been identified but not always achieved. The audit findings were available to the practice to improve services. However, results did not show any significant improvement in patient outcomes or delivery of care. For example; we reviewed a two cycle audit to identify whether the diagnosis and treatment of patients with urinary tract infections followed best practice treatment guidelines. The first audit identified that the relevant test had been undertaken for 30% of the patients to confirm diagnosis. The second cycle showed a small improvement to 38%. Once diagnosis was made the first audit showed 80% of patients received the medicines and treatment in accordance with clinical guidelines. After the first audit the GPs met and clinical guidelines were reinforced.

Are services effective?

(for example, treatment is effective)

When the second cycle was completed 79% of patients received the medicines and treatment in accordance with the clinical guidelines. Limited improvement in outcomes had been achieved.

Information about patients' outcomes was used to make improvements such as: commencing the closure of the branch surgery. This would enable the practice to focus staff efforts on delivering timely and more effective care at the main practice premises.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The health care assistant was enrolled on a course to become an assistant practitioner. This would enable them to undertake a wider range of treatments for patients once the course was completed.
- 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 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- 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. All staff had a learning account and a training schedule that ensured they maintained their levels of skills and knowledge.

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. There was evidence that meetings took place with other health care professionals on a bi-monthly basis when care plans were routinely reviewed and updated for patients with complex needs. However, records of these meetings were not always kept. This meant that staff who were not present might not be aware of treatment and care decisions reached by those present.

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.
- GPs and one of the nursing team were knowledgeable and confident in carrying out assessments of capacity to consent to treatment for children and young patients. However, one member of the nursing staff was unaware that they could make such an assessment and accept consent from patients under the age of 16. This group of patients could be prevented from receiving treatment if their consent was not accepted. We discussed this with their manager. They made arrangements to brief the member of staff at the earliest possible opportunity.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

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 were identified by the practice. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group. The practice had offered stop smoking advice to 99% of patients with a specified range of long term conditions. This was better than the CCG and national average advice rate of 96%.

The practice's uptake for the cervical screening programme was 78%, which was better than the CCG average of 77%. However, it was four points 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. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. Over 10% of the practice population were from Asian backgrounds yet we found no advice leaflets detailing the benefits of cancer screening in languages other than English. There were failsafe 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. Of the patients eligible to attend breast cancer screening 70% had done so in the last three years. This was below the national average of 72% but better than the CCG average of 69%. In the last 30 months 53% of eligible patients had attended for bowel cancer screening. This was also better than the CCG average of 49% but again below the national average of 58%.

Childhood immunisation rates for the vaccinations given were similar to the CCG average for immunisations given to under two year olds (Practice 83% to 92% and CCG 85% to 93%). For five year olds the practice immunisation rates were better than the CCG average range (Practice 89% to 99% and CCG 83% to 93%).

There were 20 patients registered who had been diagnosed with a learning disability. Only one of these patients received an annual health check in the previous year. Research identifies that physical health checks for this group of patients were important because they can often develop physical health problems that go unnoticed. The practice did not have an effective system in place to deliver these health checks.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Of the 18 patient Care Quality Commission comment cards we received 17 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 two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 satisfaction scores on consultations with GPs and nurses were mixed. For example:

- 86% 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%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 80% 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%.

- 87% 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% national average of 91%.
- 87% 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 recognised that their results were not positive for some aspects of care. They had taken action to recruit long term locums until such time as a new partnership was able to be formed. A decision had been reached to close the branch surgery and this was scheduled for November 2016. Staffing resources could then be focused on the main practice. This would offer greater continuity of care and better availability of GPs and nurses because they would not be alternating between two practice sites. It was too early to tell whether the changes planned would improve patient feedback.

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 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 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:

- 83% 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%.
- 82% 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.

Are services caring?

We saw notices in the reception areas informing patients this service was available. However, GPs told us they accepted relatives acting as translators. This had the risk of patients not wishing to discuss sensitive health issues in the presence of family members.

- Information leaflets were available in easy read format.
- Information leaflets were not available in languages other than 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 106 patients as

carers (1.6% of the practice list). When a patient was identified as a carer the practice care co-ordinator had a process for providing them with relevant information about support organisations. They were also given details of who to contact to access benefits. Written information was 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. We noted that GPs knew patients personally and on occasions attended funerals when the bereaved family felt this appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had worked with commissioners to agree the closure of the branch surgery.

- The practice offered extended hours appointments on a Monday evening (until 7.30pm), Friday morning (from 7am) and every Saturday morning. These benefitted 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 some that were available privately. Patient requiring private travel vaccinations that could not be provided at the practice were referred to other clinics.
- There were translation services available although GPs accepted relatives and friends to translate for patients whose first language was not English.
- The practice provided treatment and consulting rooms on the ground floor.
- The GP partners offered diagnosis of dermatological conditions at the practice. This reduced the need for patients with these conditions to attend hospital clinics.
- One of the GPs specialised in medicine for young patients and children. This meant children with medical conditions could receive a diagnosis at the practice and not have to attend hospital clinics.
- A major refurbishment of the practice was nearing completion. However, we did not see a lowered area of the reception desk provided for patients who used wheelchairs.

- The practice was accessed by automated doors to the lobby area. Once in the building there were manual doors to reception and the waiting area. These restricted internal access for wheelchair users and frail patients.
- A hearing loop was not provided for patients who used hearing aids.

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 3pm to 6pm Monday to Friday. Extended hours appointments were offered on a Monday evening until 7.30pm, from 7am on a Friday morning and every Saturday morning between 9am and 12pm. 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. At the time of inspection appointments were offered at both the main and branch sites. This meant that only one GP was at the branch site at any time. The practice was in the process of closing the branch site to enable a stronger focus on provision of services from the main practice.

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

- 74% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 78% and national average of 76%.
- 75% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.
- 89% of patients said they 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%.
- 97% of patients said the last appointment they got was convenient compared to the CCG average of 915 and national average of 92%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

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.

Are services responsive to people's needs?

(for example, to feedback?)

The duty GP reviewed requests for home visits and called the patient back to assess the clinical need for such a visit. In the rare 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.
- We saw that information was available to help patients understand the complaints system. Advice on how to

complain was held in the patient information leaflet, on posters in the waiting room and on the practice website. However, this information was only available in English despite the practice having a large number of patients registered from Asian backgrounds.

The practice had received 14 complaints in the last year. We reviewed three of these in detail. All three had been handled in a timely manner. Patients received an open and honest reply to their concerns following a thorough investigation. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a complaint had been received regarding staff being able to see the contents of a medical report prepared by a GP for a patient. The practice changed their system to ensure all reports were placed in sealed envelopes immediately they were prepared. This enhanced the confidentiality of patient information.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear ethos to deliver high quality care and promote good outcomes for patients. The ethos also included the objectives of providing a wide range of services from the practice and fostering effective working arrangements with other healthcare professionals.

- The practice had an ethos statement which was available to and understood by staff.
- The practice had a strategy and a supporting business plan which reflected the vision and values and were regularly monitored.
- The business plan included an analysis of the strengths and weaknesses of the practice. This analysis recognised the need to concentrate resources at the main premises. This identified the benefits of GPs working together and avoiding working in isolation. It also identified the need to stabilise the GP workforce following the retirements and departures of previous partners. We noted that the practice was at an advanced stage of recruiting a further GP partner and a full time salaried GP.

Governance arrangements

The practice had a governance framework. Plans to strengthen the governance structure were in place but were yet to be completed. There was limited opportunity for the two partners to meet at other times due to their work timetables. The two part time partners took clinical lead responsibilities. One was responsible for diabetes and clinical governance and the second partner led in all other clinical areas. Governance meetings were held on a three weekly cycle.

The structure in place at the time of inspection contained some effective features:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained and the practice analysed both strengths and threats to provision of services to patients.

- There were arrangements for identifying, recording and managing environmental and equipment risks, issues and implementing mitigating actions.
- There were emerging plans to strengthen the GP workforce and reduce reliance upon locum cover. However, these were yet to be implemented and it was too early to evaluate whether they would deliver further improvements in governance and patient feedback.

Leadership and culture

The partners 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. Patient comments in the CQC comment cards we reviewed and the views of the patients we spoke with reflected the partners' priorities.

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
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted that full practice team meetings were held on two occasions every year. These lasted half a day each and enabled the team to work together on developing the practice and undertake whole team training.
- Staff said they felt respected, valued and supported by the partners and management in the practice. All staff

Are services well-led?

Good 

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

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 met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG raised concerns at the length of time patients waited once they arrived for their appointment. The practice adjusted the appointment schedule and feedback on waiting times had improved. 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. Staff told us they felt involved and engaged to improve how the practice was run and their

views were taken into consideration. For example, when additional training was requested the practice provided it. This included dementia and mental health awareness.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and provided specialist services to reduce the need for referrals to hospital clinics. For example the partners were able to diagnose and treat skin conditions using a dermascope. One partner specialised in gynaecology and was able to treat female patients for a range of gynaecological conditions without referring to hospital services.

The practice had undergone refurbishment to improve facilities for patients. Discussions had commenced with the practice that occupied the same health centre with a view to sharing management and other support resources.

One of the health care assistants was enrolled on an assistant practitioner course. This course enhanced skills to provide a wider range of treatments for patients. A member of the administration and reception team was taking a medical administrator course. Staff were encouraged to enhance and develop both clinical and managerial skills.

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services or 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.</p> <ul style="list-style-type: none">• The practice did not have a recording system in place to ensure all actions were completed in response to national safety alerts.• Information for patients was not provided in languages other than English despite a large number of patients from an Asian background being registered.• The practice had failed to identify that audit was not driving improvement in patient care and clinical outcomes.• The practice had failed to identify that the refurbishment of the practice had not fully catered for the needs of patients with a physical or hearing disability. <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>