

# Baltimore Park Surgery

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall.** (Previous inspection November 2014 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Balmore Park Surgery on 22 November 2017. This inspection was carried out as part of our new phase of inspections, which commenced on 1 November 2017. The practice had previously been inspected in October 2014 and was rated as good overall and outstanding for responsive.

At this inspection we found:

- The practice had some systems to manage safety. However, these were not always consistently applied and we found concerns with aspects of medicines management, staff recruitment files and identifying and managing risk.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

# Summary of findings

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

- Ensure care and treatment is provided in a safe way to patients.

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

- Ensure staff health needs are identified, reviewed and recorded so reasonable adjustments can be made, where necessary.

- Review tracking and logging processes for blank prescriptions.
- Review training for non-clinical staff in relation to sepsis and training for all staff on the accessible information standard.
- Improve uptake of health checks for patients with a learning disability.
- Review and update practice policies.

**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.

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

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

<b>Older people</b>	<b>Good</b> 
<b>People with long term conditions</b>	<b>Good</b> 
<b>Families, children and young people</b>	<b>Good</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Good</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b> 

# Balmore Park Surgery

## 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, a second CQC inspector and a CQC pharmacy inspector.

## Background to Balmore Park Surgery

Balmore Park Surgery serves patients in the Caversham area of Reading. The practice premises was purpose built in 1985 and has been extended twice (in 2000 and 2017) to accommodate growing need. The premises also accommodates a commercial pharmacy. The practice is one of the practices in North and West Reading Clinical Commissioning Group and provides general medical services to approximately 17,000 registered patients.

All services and regulated activities are provided from:

Balmore Park Surgery, 59a Hemdean Road, Caversham, Reading, RG4 7SS

Online services can be accessed from the practice website:

[www.balmoreparksurgery.co.uk](http://www.balmoreparksurgery.co.uk)

According to data from the Office for National Statistics, this part of Berkshire has high levels of affluence and low levels of deprivation. However, there are pockets of high deprivation within the practice boundary which affects registered patients. The practice population has a predominantly higher proportion of patients aged 35 to 49 and under 14 years of age compared to national averages. The number of working patients was similar to local averages but higher than the national average. The ethnic mix of patients is predominantly white with approximately 11% of registered patients belonging to black and other minority ethnic groups.

# Are services safe?

## Our findings

**We rated the practice as requires improvement for providing safe services.**

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had a number of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Safeguarding policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. However, the practice did not retain records of staff health assessments to review if there were any reasonable adjustments that were required to support staff in their roles. The practice undertook a risk assessment within two days of the inspection and commenced arrangements to identify health and wellbeing needs of staff through a local occupational health service.
- Disclosure and Barring Service (DBS) checks were undertaken for all clinical staff. (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). We found none of the non-clinical staff had received a DBS check and the practice had not risk assessed this arrangement. When this was highlighted to the practice they showed us a risk assessment within two days of the inspection and advised us they were undertaking DBS checks on reception staff.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Only clinical staff acted as chaperones and had received a DBS check.

- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. GPs had access to a sepsis toolkit and had received training. The practice told us reception staff had also received in-house training for sepsis. We received written feedback from five reception staff who all said they had not received sepsis training to identify unwell patients in the waiting room. (Sepsis is a life threatening condition that requires emergency medical treatment. Early recognition of symptoms can lead to better outcomes for patients). The practice told us after the inspection they had facilitated sepsis training for administration and reception staff.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. For example, the practice had recently had extension building work completed and had carried out a risk assessment on the new building. However, the practice was unable to show us any risk assessments that had been carried out whilst the building work was ongoing, to identify and mitigate risks to patients, staff and visitors.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

## Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

The practice had systems and processes for handling medicines, although there were inconsistencies in how these were managed on a daily basis.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment did not always minimise risks.
- The practice kept prescription stationery securely and documented prescription serial numbers. However, the tracking of blank prescriptions through the practice was not fully adequate as only the first number of a batch of blank prescriptions was recorded and not the last number in order to ensure appropriate monitoring of use.
- Emergency medicines had not been risk assessed and the practice was unable to evidence they had considered emergency provision. Some emergency medicines were stored in a grab box and some were stored in a locked cupboard. The practice had not considered the implications of not having the emergency medicines all together in one place.
- We saw evidence that not all staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. For example, we found the patient group directions (PGDs) had been administered to patients since September 2017 without authorisation being obtained from an appropriate person. The practice told us the nurses had used a generic front sheet for all PGDs which had been countersigned by a GP. The practice had recently learnt that this was not best practice and each PGD should be individually signed. The front sheet that was in use had been destroyed and each nurse had signed individual PGDs in September 2017 but the authorising person had only countersigned these two days prior to the inspection. (Patient Group Directions are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We also reviewed the process for administering patient specific directions (PSDs). (Patient Specific Directions are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis). We found the health care assistant was reviewing and assessing the need for vaccines for individual patients before submitting the document to a prescriber for authorisation. The prescriber was not assessing the individual to ensure the vaccine was suitable for them and was relying on an assessment by a non-clinical member of staff. The documentation we saw did not demonstrate that the prescription had been signed prior to administration as they were dated but not timed.
- The practice held controlled drugs (CDs) on site. (CDs are medicines that require extra checks and special storage because of their potential misuse). The medicines team inspector looked at how they were stored and recorded. The CD recording logs did not correlate to the stock held in the CD cupboard as some medicines designated for destruction had not been removed from the cupboard and destroyed but were identified as not being in stock in the log book. The practice took immediate action to correct the error on the day of the inspection to ensure the risk was mitigated.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. The practice had recently recruited a pharmacist who was undergoing induction, role specific training and was due to commence a prescribing course in January 2018. The practice was working with the pharmacist to identify areas of practice where they could get involved such as long term management of patients with high blood pressure, medicines reviews and patient safety and medicine alerts.

### Track record on safety

The practice did not have a comprehensive log of risk assessments and had not identified some risks.

## Are services safe?

- The practice had reviewed their legionella risk assessment paperwork in November 2017 and found the last risk assessment had an expiry of September 2016. They had immediately made arrangements for an external organisation to attend in late November 2017 to undertake a new assessment. They had not undertaken their own risk assessment or considered actions which could mitigate further risks as an interim measure. We saw evidence the legionella assessment had been carried out two days after the inspection, but it was too early to identify level of risk or any actions required.
- There had been no formal risk assessment of one of the ground floor treatment rooms. The practice used this room for phlebotomy services (blood tests). The room did not have any provision for patients to be made comfortable if they became unwell during a consultation. The practice told us they would ask patients if they needed to lie down for blood tests to be performed and if required, they would offer another treatment room with a couch.
- We saw evidence of fire safety assessments and the practice carried out regular fire drills. New fire safety alarms and fire extinguishers were purchased recently in response to fire risk.
- Although the practice had not undertaken their own risk assessments of building work during construction, building regulation paperwork had been carried out by the construction company.
- General health and safety risk assessments were carried out regularly although there was no recorded plan to ensure all identified actions had been completed in a suitable timescale.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, a GP had a medical emergency in their clinical room. They had pressed the emergency call button on the practice computer system but no assistance arrived. Following a review, the practice determined the emergency button should be pressed twice to activate an emergency call. This was shared throughout the practice to staff at all levels so all staff were aware.
- We noted meetings to review significant events had reduced in the preceding year and this had led to time delays in reviewing some incidents. The practice told us they had reduced the meetings due to space constraints whilst building work was ongoing. The new extension had provided the practice with a large meeting room to accommodate future meetings.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice, and all of the population groups, as good for providing effective services.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Prescribing data for antibiotics and antibacterials was in line with local and national averages, whilst prescribing for hypnotics was below local and national levels.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used technology and equipment to improve treatment and to support patients' independence. For example, a patient communicated with a GP via email when they were unable to attend the practice during core working hours. The GP diagnosed a skin condition from a photograph and arranged a suitable prescription to be sent electronically to a pharmacy near the patients place of work. The patient was able to access GP services and receive the recommended treatment with minimal disruption to their working day.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication. All patients over the age of 65 had a frailty index score and the practice ensured monthly checks were made for any new patients not previously identified.
- The practice shared care plans with external agencies via a computer database. This allowed ambulance services or emergency departments to access information about patient care and treatment without having to contact the practice directly.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. For example, a variety of long term conditions management was nurse led, including diabetes, chronic obstructive pulmonary disease (COPD) (a condition affecting the lungs) and asthma. The nurses had received specialist training and maintained their knowledge through regular updates, continuing professional development and close working with community teams.
- Data from the quality and outcomes framework for 2016/17 showed the practice was achieving scores comparable to or above the clinical commissioning group and national averages for long term conditions.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- Female patients could access a variety of contraceptive services at the practice including intrauterine device insertion/removal and contraceptive implants.

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

- The practice's uptake for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme. Women could access smear appointments outside core hours including Saturdays.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

# Are services effective?

## (for example, treatment is effective)

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients with learning disabilities and had undertaken 54% of health checks for this group during 2016/17. The practice had recognised this was a low uptake and decided to make the service nurse led. The nurse was also identifying the most appropriate way to offer flu vaccines to patients on the register. It was too early to gauge the impact this had on patients.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was worse than the national average of 84%. The practice held regular multi-disciplinary team psychiatric liaison meetings and had recently facilitated dementia training for all staff. All dementia patients were offered a double appointment and had alerts on the practice computer system so clinicians were aware of their enhanced needs.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 93%; CCG 88%; national 91%); and the percentage of patients experiencing poor mental health who had a blood pressure recorded in the preceding 12 months (practice 95%; CCG 92%; national 90%).

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, a fragility fracture audit demonstrated not all patients were being coded correctly which resulted in a lack of follow up and delays to further treatment. The GP conducting the audit reviewed patient records to identify uncoded fragility fractures and informed the named GP of the results so they could organise appropriate follow up. When the audit was repeated in November 2017, there were still concerns over the lack of suitable coding and follow up. The GP proactively decided to run monthly searches of patients to continue to identify, code and communicate the findings to their named GP. They were also reviewing the communication received from external sources, such as the emergency department, to understand how fractures were being reported to the GP service. These interventions were improving quality of care for patients with fragility fractures through quicker identification and notification.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, an acute otitis media (ear infection) audit was carried out with the local medicines optimisation team. The audit reviewed compliance with local guidance and National Institute for Clinical Excellence (NICE) guidelines. The guidance suggested antibiotics were normally not required as a first line treatment. The practice reviewed 42 patient records (for patients aged 18 or under) and found 67% were given an antibiotic prescription but 0% of these were prescribed in line with local guidelines, whilst 79% were prescribed in line with NICE guidance. The audit was repeated 9 months later where 41 patient records were reviewed. The results found 54% were given an antibiotic prescription, of which 30% of these were in line with local guidelines and 76% were prescribed in line with NICE guidance. The combined audits also highlighted low recording of self-help advice and patient leaflet use. Learning outcomes included ensuring accurate records of self-help advice and patient leaflets, reviewing the otitis media protocol and following prescribing guidance to ensure dosing is compliant for young patients. A further audit was scheduled for completion by March 2018.

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points

# Are services effective?

## (for example, treatment is effective)

available compared with the CCG average of 96% and national average of 96%. The overall exception reporting rate was 7% compared with the CCG average of 8% and national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate). One of the GPs was the lead for QOF and undertook regular reviews of achievement throughout the year. They worked closely with the IT manager and patient liaison officer to ensure QOF reviews, care and support was optimised.

The practice used information about care and treatment to make improvements. The practice reviewed the care and follow up arrangements for patients with a diagnosis of oesophageal cancer (known as Barrett's oesophagus) following a query from a patient. The practice recognised that they had 35 patients documented with this diagnosis but none of them had a known follow up plan. Further investigation found 20 did not require follow up and 11 had a definitive follow up planned at the local hospital. The remaining four patients had either vague or no recall plans. Learning outcomes included ensuring patients who move GP services should be reviewed for any outstanding follow up requirements and vague plans should be actively clarified. The practice had only undertaken one cycle of the audit and were planning to repeat it in March 2018.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example, one of the practice nurses was undergoing additional contraceptive device and technique training to enable further choices for female patients.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision

and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- End of life care planning included multi-disciplinary teams, families and patients. The practice showed us evidence 75% of end of life patients were able to die in a place of their choosing in the preceding 12 months. An end of life care event had been held with the patient participation group where issues relating to power of attorney, wills and advanced care planning were discussed.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

# Are services effective?

(for example, treatment is effective)

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

## **Consent to care and treatment**

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

**We rated the practice as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 61 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test. Five comment cards also gave additional negative feedback about availability of appointments and staff attitude.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. There were 223 surveys sent out, of which 109 were returned. This represented less than 1% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 92% of patients who responded said the GP gave them enough time; CCG - 85%; national average - 86%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG average - 96%; national average - 95%.
- 95% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG average - 87%; national average - 86%.
- 93% of patients who responded said the nurse was good at listening to them; CCG average - 91%; national average - 91%.
- 93% of patients who responded said the nurse gave them enough time; CCG average - 93%; national average - 92%.

- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG average - 98%; national average - 97%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG average - 92%; national average - 91%.
- 94% of patients who responded said they found the receptionists at the practice helpful; CCG average - 88%; national average - 87%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care but few members of staff were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. The practice told us access to interpreters could be difficult due to local demand.
- Staff facilitated patients involvement in decisions about their care. We saw notices in the reception areas informing patients this service was available.
- Not all leaders were fully aware of the Accessible Information Standard but there were arrangements to meet the broad range of communication needs within the patient population. For example, a communication tool had been developed by one of the GPs to improve communication with patients with a learning disability.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice registration leaflet asked patients to identify their carer status and notices in the waiting room offered additional support and sources of information for carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 533 patients as carers (3% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent

## Are services caring?

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.

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 or above local and national averages:

- 92% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 93% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG average - 82%; national average - 82%.

- 87% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average - 90%; national average - 90%.
- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG average - 84%; national average - 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. Extended hours were offered one evening per week and Saturday mornings. Patients had access to online services such as booking appointments and requesting repeat prescriptions.
- The practice had considered the Accessible Information Standard (AIS), although this had not been widely shared and not all staff were aware of AIS. The practice informed us after the inspection they had contacted patients directly to ask about their communication needs and had documented requirements into the patient record. The registration form also requested information on communication needs of newly registering patients.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice organised training for staff in communicating with patients with mental health issues after a concern was raised by a patient.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.

#### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local multi-disciplinary teams to discuss and manage the needs of patients with complex medical issues.

#### Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- The practice had added a female genital mutilation policy to the practice shared drive in January 2016 and ensured escalation processes were in place. The policy was recently used and assisted in appropriate care and treatment for a vulnerable patient.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

#### People whose circumstances make them vulnerable:

- An end of life care event had been held with the patient participation group where issues relating to power of attorney, wills and advanced care planning were discussed.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

# Are services responsive to people's needs?

(for example, to feedback?)

- The practice was working towards becoming a dementia friendly practice. They had reviewed and improved the signage within the practice and all staff had received dementia training.
- Clinical staff held regular multi-disciplinary meetings with the local Psychiatric team.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients could access counselling services through the Berkshire wide talking therapies service. The practice facilitated the service for four sessions per week. Details of this were available to patients in the patient leaflet and in reception.

## Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was better than local and national averages. This was supported by observations on the day of inspection and completed comment cards.

There were 223 surveys sent out, of which 109 were returned. This represented less than 1% of the practice population.

- 85% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 82% of patients who responded said they could get through easily to the practice by phone; CCG average – 74%; national average - 71%.
- 92% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG average - 86%; national average - 84%.

- 85% of patients who responded said their last appointment was convenient; CCG average - 82%; national average - 81%.
- 88% of patients who responded described their experience of making an appointment as good; CCG average - 74%; national average - 73%.
- 75% of patients who responded said they don't normally have to wait too long to be seen; CCG average - 62%; national average - 58%.

The practice had displayed the survey results from the friends and family test at a recent team learning afternoon. They also shared positive comments from patients with staff.

## Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Seven complaints were received in the last year. We reviewed the complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, following a complaint about a GPs care and treatment of a young patient, the practice reviewed the patient notes and discussed the situation with the GP involved. The GP stated they had offered treatment and advice on the worsening symptoms but had not documented this in the patient notes. The patient was seen in the local hospital later that day with worsening symptoms. The practice shared the importance of accurate documentation with staff to demonstrate advice and instructions given to patients and their parents/guardians.
- The practice lead GP for complaints had reviewed themes and trends and concluded many were in relation to staff attitude. Subsequently, training was offered to staff in effective communication with patients.

# Are services well-led?

Good 

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

## Our findings

**We rated the practice as good for providing a well-led service.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver good quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the practice had recognised they had a lack of available space for staff meetings and discussion. They had recently completed an extension to the building to accommodate this.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population. The practice leaders were aware of local service provision and the impact of increasing demand for services. They were in discussion with the clinical commissioning group about how to deal with the challenge of an increasing patient list.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management, with the exception of some medicines management processes and practice policies.

- Structures, processes and systems to support good governance and management were clearly set out and understood. However, the governance arrangements were not always effective and we found concerns with patient group directions, patient specific directions, emergency medicine provision and controlled drugs. The practice showed us evidence within two days of the inspection that they had commenced action on the feedback from the inspection.

# Are services well-led?

Good 

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

- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, some policies were overdue a review and we noted inaccurate information in some policies which had been documented as reviewed in the preceding 12 months.

## Managing risks, issues and performance

There were some processes for managing risks, issues and performance.

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, these were managed inconsistently and some risks had not been identified or considered.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group (PPG). We spoke with one member of the PPG who told us they met regularly and offered suggestions for improvements. They also discussed practice performance, patient complaints and patient feedback. The PPG member told us they felt the practice was responsive to the local population and had held discussions with the onsite pharmacy to improve patient repeat prescription services. The PPG encouraged new members through face to face discussion, posters and through the practice website. In recent months the PPG had held discussion events on end of life care and dementia care. These events were attended by up to 70 local residents and patients.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. The practice had invested in a new computer programme to optimise workflow processes.

# Are services well-led?

Good 

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

- Staff knew about improvement methods and had the skills to use them. There were opportunities for staff to undertake training to improve skills and enhance patient care.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p><b>How the regulation was not being met:</b></p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• Emergency medicines had not been reviewed or risk assessed to ensure emergency provision reflected guidance.</li><li>• Patient group directions and patient specific directions had not been administered in line with legislation.</li><li>• Controlled drugs had not been monitored or documented in line with legislation.</li><li>• Not all non-clinical staff had received a DBS check and the provider had not risk assessed this.</li><li>• Risk assessments were inconsistently managed and there was no comprehensive log of risks.</li></ul> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>