

# Crosby House 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?	Good	
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

We carried out an unannounced comprehensive inspection at Crosby House Surgery on the 25 October 2016. This was to follow up on concerns identified at an inspection in January 2016, where the practice was rated as requires improvement overall with an inadequate rating in the well led domain. Following the inspection on the 25 October the overall rating for the practice is good.

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

- The practice had acted on the findings of the previous inspection and had completed all the actions from their action plan.
- Crosby House Surgery had undergone a significant refurbishment since the last inspection. This included complete redecoration; new flooring throughout the practice, the installation of new furniture and other practice facilities has been updated.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. 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 named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

The areas where the provider should make improvement are:

- Display the out of hours contact details on the front door of the building, for patients who may visit the practice when they are closed.

**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 well managed.
- Emergency equipment and medicines were in place and checked regularly to ensure they were fit for use.
- The business continuity plan had been updated to ensure the systems were in place to manage events that could affect the service.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- The practice achieved 99% of the points available in 2015/16 and had a lower than average exception reporting rate of 7%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and a future programme of audit had been developed.
- 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.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey in July 2016 showed an improvement and patients rated the practice similar to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff 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, they worked with the CCG wide diabetes programme to improve the management of diabetes and prevention for those at risk of developing the disease.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Following the last inspection, the practice has undergone a significant refurbishment programme to improve the environment for patients and staff. There were good facilities and the practice was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

# 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 good for the care of older patients.

- 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.
- Performance for diabetes related indicators was 96% which was similar to the clinical commissioning group (CCG) average and the national average of 90%.
- Performance for chronic obstructive pulmonary disease (a chronic lung disease) related indicators was 100% which was similar to the CCG average of 98% and the national average of 96%.
- The practice provided medical support to two local care homes and undertook weekly visits to review the residents' healthcare needs.

Good



### People with long term conditions

The practice is rated as good for the care of patients with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 96% which was similar to the clinical commissioning group average and the national average of 90%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young patients.

Good



# Summary of findings

- 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.
- The practice's uptake for the cervical screening programme was 80% which was comparable to the clinical commissioning group average of 77% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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

The practice is rated as good for the care of working-age patients (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Appointments were available to patients until 8.30pm each weekday evening and on Saturdays and Sundays between 9am and 1pm.
- There were online services for patients to book appointments or order repeat prescriptions.

Good



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

The practice is rated as good for the care of patients whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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.

Good



# Summary of findings

- 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.

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

The practice is rated as good for the care of patients experiencing poor mental health (including patients living with dementia).

- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 83%.
- Performance for mental health related indicators was 99%, which is similar to the clinical commissioning group average of 98% and national average of 92%.
- 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.
- 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.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and seventy-four survey forms were distributed and 108 were returned. This represented 29% of the practice's patient list.

- 53% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 50% and national average of 73%.
  - 82% 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 80% and national average of 76%.
  - 77% of patients described the overall experience of this GP practice as good compared to the CCG average of 73% and national average of 85%.
  - 64% 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 64% and national average of 79%.
- 49% said that they usually get to speak with a preferred GP compared to the CCG average of 42% and national average of 59%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. A number of patients described examples of how the GPs and nursing team were caring and supportive.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient mentioned that it was difficult to get through on the phone in the morning and two others said they often had to wait to see the GP past their appointment time. However, the practice did let them know when there was a delay.

# Crosby House Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Inspection Manager and included a GP specialist adviser.

## Background to Crosby House Surgery

Crosby House Surgery is situated in Slough. The practice resides in an adapted building with car parking for patients and staff. There is access for patients and visitors who have difficulty using steps. All patient services are offered on the ground and first floors. The practice comprises of three consulting rooms, three treatment rooms, one patient waiting area, administrative and management offices, and a meeting room which is sometimes used as a consulting room.

The practice has approximately 11,100 registered patients. The practice population of patients aged between zero and nine and, 20 and 44 years is higher than national averages and similar to the clinical commissioning group (CCG) averages (a CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services). There were mixed levels of deprivation in the practice catchment area. Approximately 34% of patients were white British, 52% Asian, 9% black with 6% patients of a non-white British background.

There are two partners and four salaried GPs at the practice. Two GPs are male and four female. The practice employs three practice nurses. The practice manager and

finance and complaints manager are supported by a team of administrative and reception staff. The practice is a training practice. Services are provided via a General Medical Services (GMS) contract.

Services are provided from the following location:

Crosby House Surgery,  
91 Stoke Poges Lane,  
Slough,  
SL1 3NY.

The practice is open routinely between 8am to 6.30pm from Monday to Friday. Extended surgery hours are offered at the following times: 7.30 am to 8am on Monday and Tuesday, 6.30 pm to 8pm on weekdays, and weekends from 9am to 1pm.

Appointment times are:

- Mondays from 7.30am to 12pm and 2pm to 8pm;
- Tuesdays from 7.30am to 12pm, 2pm to 6pm and 6.30pm to 8pm;
- Wednesdays and Fridays from 8.30pm to 12pm, 2pm to 6pm and 6.30pm to 8pm;
- Thursdays from 8.30am to 12pm, 2pm to 5.30pm and 6.30pm to 8pm;
- Saturdays and Sundays from 9am to 1pm.

The practice had obtained funding to provide 48,000 additional appointments jointly with other Slough practices. This enabled Crosby House Surgery's patients and patients from other practices to be seen at evening and weekends. However, clinical staff from Crosby House Surgery only saw patients from their own practice. The other practices were responsible for providing their own administrative support.

# Detailed findings

When the surgery is closed patients can access East Berkshire Out of Hours Service by calling NHS 111.

## 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, some of which were in breach from the last inspection in January 2016, 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

We undertook an announced comprehensive inspection on the 25 October 2016.

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew.

During our visit we:

- Spoke with a range of staff (including 2 GP partners, a practice nurse, the practice manager and other administration and reception staff) and spoke with four 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

At our last inspection in January 2016, we found the practice had breached regulations which posed a risk to patient safety. Concerns were raised in respect of significant events and actions and learning were not undertaken in a timely way; safeguarding training records were not up to date; not all staff had received an appropriate 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); emergency equipment was not regularly checked; flooring and chairs were stained and infection control audit actions had not all been completed; prescriptions were not monitored through the practice or kept securely; recruitment checks were not up to date and records were missing and risk assessments had not picked up health and safety issues identified in January 2016. We reviewed the action plan implemented following the last inspection and found all of the concerns relating to the breaches in regulation had been rectified and improvements made.

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were

discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a patient attended the practice and became aggressive towards staff. We saw from the minutes of the annual review meeting and the significant event form described the actions taken to ensure staff safety and improvements to the security of the practice were underway. The practice had also shared the learning with staff to protect their safety.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses had received child safeguarding training to level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a DBS check. The practice had undertaken a risk assessment to determine which staff required a DBS check. This outlined all the practice roles and provided the reasons why a DBS check was not required.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Since the last inspection, the practice had undertaken a significant level of refurbishment. All the flooring in the practice had been replaced to ensure a high level of cleanliness and to minimise the risk and spread of infection; the practice had been redecorated and new furniture and chairs had been provided. The practice nurse 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

## Are services safe?

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). Fridge temperatures were recorded, the stock was rotated and the fridges were regularly cleaned. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Following the last inspection the practice had implemented a system to ensure blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment.
- We reviewed eight personnel files, which included newly appointed staff. We 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 reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. During the refurbishment, the practice tested the alarm system on a number of occasions and realised that the evacuation procedure was not always efficient. They

reviewed the process and shared the learning with staff to make improvements in the event of a fire. 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 and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw a copy of a general risk assessment which considered everyday risks such as slips, trips and falls, working alone and display screens. A health and safety risk assessment had been completed in August 2016 and corrective actions had been taken.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our last inspection in January 2016, we found the practice had breached regulations and the practice needed to make improvements. Concerns were raised in respect of training not being up to date for child safeguarding, basic life support and health and safety. At this inspection we found all the improvements had been made.

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available. The overall exception rate of the practice was 7% which was lower than the national and clinical commissioning group (CCG) average. (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 2015/16 showed:

- Performance for the overall clinical and public health indicators was 99%, which was similar to the CCG and national average of 97%.
- Performance for diabetes related indicators was 96% which was similar to the CCG average and the national average of 90%.

- Performance for mental health related indicators was 99%, which was similar to the CCG average of 98% and national average of 92%.
- Performance for hypertension related indicators was 100%, which was similar to the CCG average of 99% and national average of 97%.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits undertaken in 2016, six of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit of read coding in the medical records of patients with chronic kidney disease (CKD). The purpose of the audit was to improve the identification of CKD in the practice. This was to improve the management of patients with CKD and to add them to the disease register. In the first cycle 179 patients were identified with a diagnosis of CKD recorded in the medical records. Changes were implemented to ensure clinicians were recording the disease and treatment correctly. At the second audit 12 months later 277 patients had been identified.
- The practice had an audit strategy and we saw future clinical audit plans.

Information about patients' outcomes was used to make improvements. The practice monitored referral rates and were able to demonstrate how they maintained low referral rates and kept patients out of hospital. The practice also looked at reviewing the medicines of patients and were able to offer alternative medicines which led to savings on their and the CCG's prescribing budget.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

# Are services effective?

## (for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. On the day of inspection, we were told about a member of the reception team was due to commence healthcare assistant training, which would further expand the services to patients.
- 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 of the training gaps from the last inspection in January 2016 had been undertaken and we were showed certificates.
- At the last inspection, locum GPs were not provided with a locum pack. At this inspection we noted that the practice had created a locum pack, which included details about the operations of the practice and how NHS systems and services were set up in the Slough area.

### 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.
- The practice had 26 patients on their palliative care register and held regular multi-disciplinary meetings with other organisations to ensure the patients received the care, treatment and support they and their families needed.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80% which was comparable to the CCG average of 77% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend

## Are services effective? (for example, treatment is effective)

for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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.

- 65% of female patients aged 50 to 70 were screened for breast cancer in the last 36 months compared to the CCG average of 65% and national average of 73%.
- 39% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months compared to the CCG average of 40% and national average of 58%.

Childhood immunisation rates for the vaccinations given were variable when compared to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 100% (CCG 75%-95%) and five year olds from 73% to 92% (CCG 91%-93%). The practice reported that they had difficulty reaching targets for childhood immunisations. Nurses carried out opportunistic immunisations where possible. The practice told us they had held Saturday clinics to improve the uptake.

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. The practice had seen 659 patients for these health checks in the previous five year. 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.

All of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. 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. Since the last inspection, the July 2016 national GP survey data results had been released. This showed how the practice had improved the average for their satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 80% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and the national average of 85%.

- 74% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

### 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 from the July 2016 results had shown improvement to those seen in December 2015. These were in line with local and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 71% and the national average of 82%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the 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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

## Are services caring?

- The practice website could be translated into over 80 different languages.

### **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 129 patients as carers (1.2% of the practice list). 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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our last inspection in January 2016, we found the practice had breached regulations which meant the practice were required to make improvements. Concerns were raised in respect of the low patient's survey results and availability of appointments. Some practice staff were not all aware of the translation service and how to support patients with complaints. Three complaints we reviewed were not processed in line with the timeframes described in the practice's own policy. At this inspection we found all the improvements had been made to the management of complaints and the results from the patient survey in July 2016 showed patients were more satisfied with appointments and their accessibility.

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. The practice had been instrumental in the national campaign that recognised vitamin D deficiencies in patients living in the UK. The practice's work and research on vitamin D deficiencies has led to the improvement in care and treatment for related ailments and conditions. The GPs shared the information with local practices to improve testing for the deficiency, which led to more successful care and treatment of patients locally.

In a second example, the practice has worked closely with other practices in Slough and the CCG to improve the management of patients with diabetes. There was a higher prevalence of diabetes in Slough and the development of new pathways, care and treatment strategies and support networks has seen diabetes management in Slough improve the long term outcomes of patients. It has also offered a preventative measure for patients at risk of developing the disease.

- The practice was the lead practice for the extended hour's service in Slough. The practice offered evening and weekend appointments for working patients or those who could not attend during normal working hour. Funding had been obtained for 48,000 additional appointments, with the support of other Slough practices. This enabled Crosby House Surgery patients

and those from other practices to be seen in the evening and at weekends. However, clinical staff only saw patients from their own practice to offer continuity of care.

- There were longer appointments available for patients with complex needs and patients who were vulnerable.
- 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.
- There were automatic doors and a level surface from the carpark into the practice. Those with mobility issues would easily be able to access the practice, although parking for patients with disabilities was minimal.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. A hearing loop had been installed since the last inspection.
- The practice was able to register patients with no fixed abode.

### Access to the service

The practice was open routinely between 8 am to 6.30pm from Monday to Friday. Extended surgery hours were offered at the following times: 7.30am to 8am on Mondays and Tuesdays, 6.30pm to 8pm on weekdays, and weekends from 9am to 1pm.

Appointment times were:

- Mondays from 7.30am to 12pm and 2pm to 8pm;
- Tuesdays from 7.30am to 12pm, 2pm to 6pm and 6.30pm to 8pm;
- Wednesdays and Fridays from 8.30pm to 12pm, 2pm to 6pm and 6.30pm to 8pm;
- Thursdays from 8.30am to 12pm, 2pm to 5.30pm and 6.30pm to 8pm;
- Saturdays and Sundays from 9am to 1pm.

In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them. The opening hours of the practice were displayed on

# Are services responsive to people's needs?

(for example, to feedback?)

the practice website, in the reception area and at on the front door. Information about out of hour's services was displayed in the waiting area and on the website, but not outside the 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.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 76%.
- 53% of patients said they could get through easily to the practice by phone compared to the CCG average of 50% and national average of 73%.
- 45% of patients said they always or almost always see or speak to the GP they prefer (CCG average 42%, national average 59%)

The four patients we spoke with on the day of inspection said they were able to get appointments when they needed them. One patient mentioned that it was difficult to get through on the phone in the morning and two others said they often had to wait to see the GP past their appointment time. However, the practice did let them know when there was a delay.

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.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Information was displayed in the waiting room and on the practice website.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a prescribing error was identified and action was taken to mitigate the risk of recurrence. This include the retraining of staff and the development of a process to ensure patients with similar names had flags added to their electronic record. This would prompt staff to double check their actions and reduce the risk for further prescribing errors.

# Are services well-led?

Good 

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

## Our findings

At our last inspection in January 2016, we found the practice had breached regulations which required the practice need to make improvements. Concerns were raised in respect of governance frameworks and systems to monitor the quality and safety of the service. For example, policies were not up to date; the assessment of risk in the practice was not always effective; the monitoring of training and recruitment records had not identified the gaps in information; records of meeting minutes and significant events were not consistent and the patient participation group had not met for some time and was not effective. At this inspection we found the practice had taken full heed of the CQC report and all of the improvements in their action plan had been made.

### Vision and strategy

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

- The practice vision was to place patients' needs at the heart of everything they do. They had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had a five year vision which outlined the improvements the practice wanted to make, which included GP resource and other staffing options; accessibility for patients; clinical performance and governance; services for patients; infrastructure, premises and integrated healthcare.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. We reviewed eight practice policies and they were all up to date with review date for the future.
- A comprehensive understanding of the performance of the practice was maintained

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had taken action against all of the feedback from the last CQC inspection report and implemented changes, which has led to an improved healthcare environment for patients and staff.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. We saw evidence to demonstrate that they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. A clinical governance meeting was held twice a week to discuss clinical matters; gold standards framework; staffing issues; significant events and complaints. The practice manager told us the meetings were held on different days of the week to allow all staff to attend.

# Are services well-led?

Good 

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

- 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 a team away day had been held.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- We asked staff to complete a questionnaire about what is like to work at Crosby House. Six members of staff responded and all were complementary of the practice, stating that the GPs and managers are all supportive and very approachable. They all described working in a well-managed and strong team.

## 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.

- Since the last inspection the practice had increased their efforts in engaging new members for the patient participation group (PPG). The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. A PPG meeting was held in

October 2016 with eight members of the PPG, a GP partner and another member of practice staff. The meeting discussions centred around the CQC report and the improvements at the practice.

- The practice had gathered feedback from staff through a staff away day and generally through staff meetings and appraisals. 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.
- Staff told us that many patients had commented on the improvements the practice had made to the surroundings, following the last CQC inspection.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. They were also proactive in looking at the health inequalities of the local Slough population and how they could improve services for patients. The practice was a training practice and newly qualified doctors. The practice also recognised the challenges of general practice in relation to GP resource. At the time of the inspection they were assessing alternative staffing options to support the services of the practice. This included a physician associates and pharmacist.